

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2001 calendar year, or tax year period beginning _____ and ending _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LYDIA PLACE Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 28487 City or town, state or country and ZIP + 4 BELLINGHAM, WA 98228	D Employer identification number 94-3111948	
	Please use IRS label or print or type See Specific Instructions • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)	E Telephone number (360) 671-7663	F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____
	H and I are not applicable to section 527 organizations H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes," enter number of affiliates _____ H(c) Are all affiliates included? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list) H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I Enter 4-digit GEN _____		

G Web site **N/A**

J Organization type (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

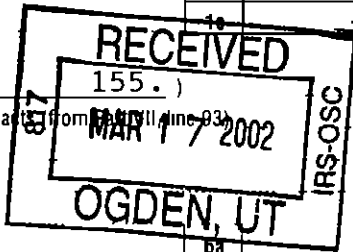
L Gross receipts Add lines 6b, 8b, 9b and 10b to line 12 **195,777.**

M Check if the organization is not required to attach Sch B (Form 990 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

SCANNED APR 11 2001

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	19,147.		
	b	Indirect public support	1b	29,370.		
	c	Government contributions (grants)	1c	55,908.		
	d	Total (add lines 1a through 1c) (cash \$ 104,270. noncash \$ 155.)	1d	104,425.		
	2	Program service revenue including government fees and contracts from Part VII, line 9c	2	9,148.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	1,408.		
	5	Dividends and interest from securities	5	1,886.		
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe _____)	7				
Revenue	8a	Gross amount from sale of assets other than inventory	(A) Securities	<2,553.>	8a	
	b	Less cost or other basis and sales expenses	8b			
	c	Gain or (loss) (attach schedule)	8c	<2,553.>		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	STMT 1	<2,553.>	
Revenue	9	Special events and activities (attach schedule)				
	a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	81,463.		
	b	Less direct expenses other than fundraising expenses	9b	22,767.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	SEE STATEMENT 2	58,696.		
Revenue	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11				
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	173,010.			
Expenses	13	Program services (from line 44, column (B))	13	150,619.		
	14	Management and general (from line 44, column (C))	14	21,536.		
	15	Fundraising (from line 44, column (D))	15	10,373.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	182,528.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<9,518.>			
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	301,778.		
	20	Other changes in net assets or fund balances (attach explanation)	20	0.		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	292,260.		



Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22 Grants and allocations, 23 Specific assistance, 24 Benefits paid, 25 Compensation of officers, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc, 43 Other expenses not covered above (itemize), 44 Total functional expenses.

Joint Costs Check [] if you are following SOP 98 2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [] Yes [X] No
If "Yes," enter (i) the aggregate amount of these joint costs \$, (ii) the amount allocated to Program services \$, (iii) the amount allocated to Management and general \$, and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? ▶

TO PROVIDE TRANSITIONAL RESIDENCE FOR WOMEN AND CHILDREN

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)

Table with 2 columns: Description of program service, Program Service Expenses. Rows include: a PROVIDE TRANSITIONAL HOUSING FOR HOMELESS WOMEN AND CHILDREN AND THE SUPPORT NEEDED TO ENABLE THEM TO MOVE FROM POVERTY TO SELF-RELIANCE (108,000); b PROVIDE REFERRALS AND CASE MANAGEMENT FOR FAMILIES TO ENABLE THEM TO RECEIVE PUBLIC ASSISTANCE, JOB TRAINING, EMPLOYMENT HOUSING AND CHILD CARE (28,000); c PROVIDE BASIC LIVING SKILLS NECESSARY FOR SUCCESSFUL REHABILITATION SUCH AS: BUDGETING, HEALTH AND NUTRITION, PARENTING, COMMUNICATION SKILLS, AND CONFIDENCE BUILDING (14,619); f Total of Program Service Expenses (150,619).

Part IV Balance Sheets

Note Where required, attached schedules and amounts within the description column should be for end-of-year amounts only				(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing		4,448.	45	9,591.
	46	Savings and temporary cash investments		40,001.	46	39,434.
	47 a	Accounts receivable	47a			
	b	Less: allowance for doubtful accounts	47b		47c	
	48 a	Pledges receivable	48a			
	b	Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable		3,922.	49	9,411.
	50	Receivables from officers, directors, trustees, and key employees			50	
	51 a	Other notes and loans receivable	51a			
	b	Less: allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use		12,340.	52	7,121.
	53	Prepaid expenses and deferred charges		657.	53	580.
	54	Investments - securities STMT 3	▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	44,676.	54	46,297.
	55 a	Investments - land, buildings, and equipment basis	55a			
	b	Less: accumulated depreciation	55b		55c	
56	Investments - other		0.	56	0.	
57 a	Land, buildings, and equipment basis	57a	399,361.			
b	Less: accumulated depreciation STMT 4	57b	69,048.	57c	330,313.	
58	Other assets (describe ▶)			58	0.	
59	Total assets (add lines 45 through 58) (must equal line 74)		450,029.	59	442,747.	
Liabilities	60	Accounts payable and accrued expenses		4,226.	60	6,462.
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees			63	
	64 a	Tax-exempt bond liabilities			64a	
	b	Mortgages and other notes payable		144,025.	64b	144,025.
65	Other liabilities (describe ▶)			65		
66	Total liabilities (add lines 60 through 65)		148,251.	66	150,487.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		296,778.	67	291,302.
	68	Temporarily restricted		5,000.	68	958.
	69	Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19 column (B) must equal line 21)		301,778.	73	292,260.	
74	Total liabilities and net assets / fund balances (add lines 66 and 73)		450,029.	74	442,747.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes in Part III the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	N/A
b	Amounts included on line a but not on line 12, Form 990	b	
(1)	Net unrealized gains on investments \$ _____		
(2)	Donated services and use of facilities \$ _____		
(3)	Recoveries of prior year grants \$ _____		
(4)	Other (specify) \$ _____		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 12, Form 990 but not on line a	d	
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify) \$ _____		
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	N/A
b	Amounts included on line a but not on line 17 Form 990	b	
(1)	Donated services and use of facilities \$ _____		
(2)	Prior year adjustments reported on line 20, Form 990 \$ _____		
(3)	Losses reported on line 20, Form 990 \$ _____		
(4)	Other (specify) \$ _____		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	
d	Amounts included on line 17, Form 990 but not on line a	d	
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify) \$ _____		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17 Form 990 (line c plus line d)	e	

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JANET CROOK 2317 BROADWAY STREET BELLINGHAM, WA 98225	EXECUTIVE DIRECTOR 30	28,624.	0.	0.
KRISINDA PLENKOVICH 6054 HOFF CIRCLE EVERSON, WA 98247	PRESIDENT 20	0.	0.	0.
SHANNON VAUGHN 1331 COMMERCIAL STREEET BELLINGHAM, WA 98227	VICE PRESIDENT 20	0.	0.	0.
SUSAN THOMSON-SINES PO BOX 5487 BELLINGHAM, WA 98227	TREASURER 20	0.	0.	0.
MAYA HARTFORD C/O WECU; PO BOX 9750 BELLINGHAM, WA 98227	SECRETARY 20	0.	0.	0.

3031 01 02-02

Part VI Other Information

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership governing bodies trustees, officers, etc to any other exempt or nonexempt organization?	80a		X
b	If "Yes" enter the name of the organization and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81 a	Enter direct or indirect political expenditures See line 81 instructions	81a	0.	
b	Did the organization file Form 1120-POL for this year?	81b		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes" did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c	Dues, assessments, and similar amounts from members	85c	N/A	
d	Section 162(e) lobbying and political expenditures	85d	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A	
b	Gross receipts, included on line 12 for public use of club facilities	86b	N/A	
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0. section 4912 0., section 4955 0.			
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955 and 4958			0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			0.
90 a	List the states with which a copy of this return is filed NONE			
b	Number of employees employed in the pay period that includes March 12 2001	90b		13

91 The books are in care of SUSAN THOMSON-SINES Telephone no (360) 734-3939

Located at PO BOX 5487, BELLINGHAM, WA ZIP + 4 98227

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a NOMINAL RENTAL FEE			03		9,148.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,408.	
96 Dividends and interest from securities			14	1,886.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			14	<2,553.>	
101 Net income or (loss) from special events			03	58,696.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		59,437.	9,148.
105 Total (add line 104, columns (B), (D) and (E))					68,585.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	PAYMENT OF SMALL RENTAL FEE GIVES BASIC BUDGETING EXPERIENCE FOR TRANSITIONAL HOUSING

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

I am preparing schedules and statements and to the best of my knowledge and belief it is true, correct and complete information of which preparer has any knowledge

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2001

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

LYDIA PLACE

Employer identification number

94 3111948

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶

0

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶

0

Part III Statements About Activities (See page 2 of the instructions)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)

3 X

4 Do you have a section 403(b) annuity plan for your employees?

4 X

Note. Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____

10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)

11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)

11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)

12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)

13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6) if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)

(b) Line number from above

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants and contributions received (Do not include unusual grants See line 28)	114,649.	113,235.	125,256.	86,022.	439,162.
16 Membership fees received					
17 Gross receipts from admissions merchandise sold or services performed or furnishing of facilities in any activity that is related to the organization's charitable, etc purpose	7,119.	6,738.	6,228.	5,508.	25,593.
18 Gross income from interest, dividends amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,685.	2,838.	2,437.	2,526.	10,486.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	124,453.	122,811.	133,921.	94,056.	475,241.
24 Line 23 minus line 17	117,334.	116,073.	127,693.	88,548.	449,648.
25 Enter 1% of line 23	1,245.	1,228.	1,339.	941.	
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24					8,993.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts					0.
c Total support for section 509(a)(1) test Enter line 24, column (e)					449,648.
d Add Amounts from column (e) for lines 18 10,486. 19 22					10,486.
e Public support (line 26c minus line 26d total)					439,162.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					97.6680%
27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year N/A	(2000)	(1999)	(1998)	(1997)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5 000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2) enter the sum of these differences (the excess amounts) for each year N/A	(2000)	(1999)	(1998)	(1997)	
c Add Amounts from column (e) for lines 15 16 17 20 21					N/A
d Add Line 27a total and line 27b total					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test Enter amount on line 23, column (e) 27f					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show for each year, the name of the contributor, the date and amount of the grant and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15

NONE

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes" please describe, if "No" please explain (If you need more space, attach a separate statement)		

32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements and other written communications to the public dealing with student admissions, programs and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above please explain (If you need more space, attach a separate statement)		

33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587 covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500 000 20% of the amount on line 40 Over \$500 000 but not over \$1 000 000 \$100,000 plus 15% of the excess over \$500,000 Over \$1 000 000 but not over \$1 500 000 \$175 000 plus 10% of the excess over \$1 000 000 Over \$1 500 000 but not over \$17 000 000 \$225 000 plus 5% of the excess over \$1 500 000 Over \$17 000 000 \$1 000 000		
42	Grassroots nontaxable amount (enter 25% of line 41)		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

N/A

During the year, did the organization attempt to influence national state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches lectures or any other means
- i Total lobbying expenditures (Add lines c through h)

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Name of organization

LYDIA PLACE

Employer identification number

94-3111948

Organization type (check one)

- | Filers of | Section |
|--------------------|---|
| Form 990 or 990 EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General rule** or a **Special rule** (Note Only a section 501(c)(7), (8), or (10) organization can check box(es) for both the General rule and a Special rule-see instructions)

General Rule-

- For organizations filing Form 990 990 EZ, or 990 PF that received during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II)

Special Rules-

- For a section 501(c)(3) organization filing Form 990, or Form 990 EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1 000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III)
- For a section 501(c)(7) (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc , purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc , contributions of \$5,000 or more during the year) ▶ \$ _____

Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization

Employer identification number

LYDIA PLACE

94-3111948

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 29,370.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Asset Number	Description of property							
	Date placed in service	Method/IRC sec	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
BUILDINGS								
10	BUILDING	040789SL	40.00	19	82,200.		24,146.	2,055.
32	BUILDING	123100SL	40.00	19	144,025.		150.	3,601.
33	BUILDING/FEES & PERMITS	111300SL	40.00	19	1,316.		4.	33.
* 990 PAGE 2 TOTAL BUILDINGS					227,541.	0.	24,300.	5,689.
FURNITURE & FIXTURES								
11	FIXTURES & EQUIPMENT	040789SL	5.00	19	6,775.		6,775.	0.
12	FREEZER	040190SL	5.00	19	350.		350.	0.
13	HOT WATER TANK	080193SL	5.00	19	558.		558.	0.
14	GAS FURNACE	100193SL	10.00	19	2,500.		1,875.	250.
15	GAS HOT WATER TANK	120193SL	5.00	19	425.		425.	0.
16	FITNESS GEAR	120193SL	5.00	19	750.		750.	0.
17	WASHER AND DRYER	030395SL	10.00	19	1,018.		577.	102.
18	BUNK BEDS	063095SL	10.00	19	323.		162.	32.
19	BUNK BEDS	083195SL	10.00	19	964.		450.	96.
20	FAX MACHINE	051596SL	5.00	19	250.		217.	33.
21	APPLIANCE	112497SL	5.00	19	290.		203.	58.
22	COMPUTER	021598SL	5.00	19	500.		250.	100.
23	COMPUTER	090198SL	5.00	19	945.		472.	189.
24	APPLIANCE	102798SL	7.00	19	1,682.		600.	240.
25	STORAGE UNITS	102798SL	7.00	19	2,046.		731.	292.
26	APPLIANCE	121798SL	7.00	19	2,091.		747.	299.
27	KITCHEN TABLE/CHAIRS	121798SL	7.00	19	854.		305.	122.
28	KITCHEN APPLIANCES	010199SL	12.00	19	4,312.		539.	359.
29	VACUUM	012699SL	12.00	19	798.		100.	67.
30	COPIER	020599SL	6.00	19	539.		135.	90.
34	LIGHTS	113000SL	7.00	19	688.		49.	98.

Asset Number	Description of property							
	Date placed in service	Method/IRC sec	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
35	APPLIANCE							
	12/11/00	SL	7.00	19	448.		32.	64.
36	APPLIANCE							
	12/14/00	SL	7.00	19	1,084.		77.	155.
37	BLINDS							
	12/14/00	SL	7.00	19	148.		10.	21.
38	PHONES							
	12/22/00	SL	7.00	19	647.		46.	93.
* 990 PAGE 2 TOTAL FURNITURE & FIXTURES					30,985.	0.	16,435.	2,760.
LAND								
1	LAND							
	04/07/89	SL	.000	19	54,800.			0.
* 990 PAGE 2 TOTAL LAND					54,800.	0.	0.	0.
PROGRAM SERVICES								
2	BUILDING IMPROVEMENTS							
	07/01/94	SL	35.00	19	4,874.		905.	139.
3	BUILDING IMPROVEMENTS							
	07/01/95	SL	35.00	19	10,000.		1,333.	286.
4	BUILDING IMPROVEMENTS							
	12/15/98	SL	39.00	19	5,638.		488.	145.
5	PAINTING & FLOORING							
	03/17/97	SL	7.00	19	3,509.		1,755.	501.
6	FENCING							
	05/19/97	SL	15.00	19	2,120.		495.	141.
7	VINYL-BEDROOMS							
	03/31/98	SL	7.00	19	1,839.		657.	263.
8	BATHROOM REMODEL							
	06/11/98	SL	15.00	19	21,110.		3,518.	1,407.
9	KITCHEN REMODEL							
	12/17/98	SL	15.00	19	29,656.		4,943.	1,977.
31	KITCHEN REMODEL							
	01/26/99	SL	20.00	19	7,289.		547.	365.
* 990 PAGE 2 TOTAL PROGRAM SERVICES					86,035.	0.	14,641.	5,224.
* GRAND TOTAL 990 PAGE 2 DEPR					399,361.	0.	55,376.	13,673.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
CHARLES SCHWAB INVESTMENTS	<2,316.>	0.	0.	<2,316.>
CHARLES SCHWAB INVESTMENTS-UNREALIZED LOSS	<237.>	0.	0.	<237.>
TO FORM 990, PART I, LINE 8	<2,553.>	0.	0.	<2,553.>

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
WISE BUYS THRIFT STORE PEOPLE WHO CARE CHARITY AUCTION	18,565.		18,565.	10,298.	8,267.
HUMAN RACE WALK-A-THON	29,648.		29,648.	9,753.	19,895.
COMMUNITY GARAGE SALE	1,971.		1,971.	0.	1,971.
HOLIDAY APPEAL	12,078.		12,078.	1,397.	10,681.
OTHER EVENTS	18,170.		18,170.	1,143.	17,027.
	1,031.		1,031.	176.	855.
TO FM 990, PART I, LINE 9	81,463.		81,463.	22,767.	58,696.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 3

DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
CHARLES SCHWAB INSTITUTIONAL AOL STOCK			44,692.		44,692.
	1,605.				1,605.
TO FM 990, LN 54 COL B	1,605.		44,692.		46,297.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 4

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	54,800.	0.	54,800.
BUILDING IMPROVEMENTS	4,874.	1,044.	3,830.
BUILDING IMPROVEMENTS	10,000.	1,619.	8,381.
BUILDING IMPROVEMENTS	5,638.	633.	5,005.
PAINTING & FLOORING	3,509.	2,256.	1,253.
FENCING	2,120.	636.	1,484.
VINYL-BEDROOMS	1,839.	920.	919.
BATHROOM REMODEL	21,110.	4,925.	16,185.
KITCHEN REMODEL	29,656.	6,920.	22,736.
BUILDING	82,200.	26,201.	55,999.
FIXTURES & EQUIPMENT	6,775.	6,775.	0.
FREEZER	350.	350.	0.
HOT WATER TANK	558.	558.	0.
GAS FURNACE	2,500.	2,125.	375.
GAS HOT WATER TANK	425.	425.	0.
FITNESS GEAR	750.	750.	0.
WASHER AND DRYER	1,018.	679.	339.
BUNK BEDS	323.	194.	129.
BUNK BEDS	964.	546.	418.
FAX MACHINE	250.	250.	0.
APPLIANCE	290.	261.	29.
COMPUTER	500.	350.	150.
COMPUTER	945.	661.	284.
APPLIANCE	1,682.	840.	842.
STORAGE UNITS	2,046.	1,023.	1,023.
APPLIANCE	2,091.	1,046.	1,045.
KITCHEN TABLE/CHAIRS	854.	427.	427.
KITCHEN APPLIANCES	4,312.	898.	3,414.
VACUUM	798.	167.	631.
COPIER	539.	225.	314.
KITCHEN REMODEL	7,289.	912.	6,377.
BUILDING	144,025.	3,751.	140,274.
BUILDING/FEES & PERMITS	1,316.	37.	1,279.
LIGHTS	688.	147.	541.
APPLIANCE	448.	96.	352.
APPLIANCE	1,084.	232.	852.
BLINDS	148.	31.	117.
PHONES	647.	139.	508.
TOTAL TO FORM 990, PART IV, LN 57	399,361.	69,049.	330,312.