

Forms 990 / 990-EZ Return SummaryFor calendar year 2022, or tax year beginning **07/01/22**, and ending **06/30/23****20-3690682****BALD RIDGE LODGE INC****Net Asset / Fund Balance at Beginning of Year** **1,252,017****Revenue**

Contributions	<u>1,233,997</u>
Program service revenue	
Investment income	<u>1,827</u>
Capital gain / loss	
Fundraising / Gaming:	
Gross revenue	
Direct expenses	
Net income	
Other income	<u>0</u>

Total revenue**1,235,824****Expenses**

Program services	<u>938,362</u>
Management and general	<u>56,911</u>
Fundraising	<u>105,559</u>

Total expenses**1,100,832****Excess / (deficit)****134,992**

Changes

88,599**Net Asset / Fund Balance at End of Year****1,475,608****Reconciliation of Revenue**Total revenue per financial statements **1,393,406**

Less:

Unrealized gains	<u>17,034</u>
Donated services	<u>140,548</u>
Recoveries	
Other	

Plus:

Investment expenses	
Other	

Total revenue per return **1,235,824****Reconciliation of Expenses**Total expenses per financial statements **1,169,815**

Less:

Donated services	
Prior year adjustments	
Losses	
Other	<u>68,983</u>

Plus:

Investment expenses	
Other	

Total expenses per return **1,100,832****Balance Sheet**

	Beginning	Ending	Differences
Assets	<u>1,258,362</u>	<u>1,483,721</u>	
Liabilities	<u>6,345</u>	<u>8,113</u>	
Net assets	<u><u>1,252,017</u></u>	<u><u>1,475,608</u></u>	<u>223,591</u>

Miscellaneous Information

Amended return

Return / extended due date **11/15/23**

Failure to file penalty _____

Form **8879-TE****IRS e-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of filerFor calendar year 2022, or fiscal year beginning 7/01, 2022, and ending 6/30, 20 23**Do not send to the IRS. Keep for your records.**
Go to www.irs.gov/Form8879TE for the latest information.**2022****BALD RIDGE LODGE INC**

EIN or SSN

20-3690682Name and title of officer or person subject to tax **ANGELA DIKES**
EXECUTIVE DIRECTOR**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ☒	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>1,235,824</u>
2a Form 990-EZ check here ☐	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ☐	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ☐	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here ☐	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ☐	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ☐	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here ☐	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here ☐	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here ☐	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) ..	10b _____

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

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize ACCOUNTANTS RESOURCE LLC to enter my PIN 26111 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date 12/04/23**Part III Certification and Authentication**

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

58316524502

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature JOHN J. BATCHA III, CPA Date 12/04/23**ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2022)

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2022
Open to Public Inspection**A For the 2022 calendar year, or tax year beginning 07/01/22, and ending 06/30/23****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization**BALD RIDGE LODGE INC**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

505 LAKELAND PLAZA #302

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

CUMMING**GA 30040****D** Employer identification number**20-3690682****E** Telephone number**770-887-1220****G** Gross receipts \$ **1,235,824****F** Name and address of principal officer:**ANGELA DIKES****3850 MANTLE RIDGE DRIVE****CUMMING****GA 30041****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.BALDRIDGELODGE.ORG****H(c)** Group exemption number**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **2005****M** State of legal domicile: **GA****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	
	6	Total number of volunteers (estimate if necessary)	
	Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12
7b		Net unrelated business taxable income from Form 990-T, Part I, line 11	
8		Prior Year	Current Year
9		876,845	1,233,997
10		146	1,827
Expenses	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	16b	Total fundraising expenses (Part IX, column (D), line 25)	
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	
	19	Revenue less expenses. Subtract line 18 from line 12	
	20	Beginning of Current Year	End of Year
	21	1,258,362	1,483,721
	22	6,345	8,113

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date	
	ANGELA DIKES		EXECUTIVE DIRECTOR	
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	JOHN J. BATCHA III, CPA		JOHN J. BATCHA III, CPA	01/16/24
	Firm's name		Firm's EIN	PTIN
	ACCOUNTANTS RESOURCE LLC		45-5408593	P01258995
Firm's address		Phone no.		
3655 NORTH POINT PARKWAY, STE 100		678-205-5278		
ALPHARETTA, GA 30005				

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

Part III Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission:**SEE SCHEDULE O****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☒ Yes ☐ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ **894,647** including grants of \$) (Revenue \$ **1,235,824**)

BRL'S GROUP HOME FOR TEEN BOYS. OUR GOAL FOR RESIDENTS OF THE GROUP HOME IS TO EXPERIENCE NORMALCY/STABILITY IN THEIR HOME ENVIRONMENT AND THAT THEY LEAVE ONLY FOR POSITIVE REASONS (REUNIFICATION WITH FAMILY, ADOPTION, STEP DOWN TO FOSTER HOME, TRANSITION TO ADULT LIVING). OUR GOAL IS THAT EACH CALENDAR YEAR AT LEAST 75% OF YOUTH EXPERIENCE SUCCESSFUL DISCHARGES OR REMAIN SUCCESSFULLY PLACED AT BRL. WE HAVE EXCEEDED THIS GOAL FOR THE PAST TWO YEARS. DURING CALENDAR YEAR 2022, 94% (17 OUT OF 18) OF BALD RIDGE LODGE RESIDENTS PLACED IN THE FACILITY FOR ANY LENGTH OF TIME EXPERIENCED SUCCESSFUL DISCHARGES OR REMAIN SUCCESSFULLY PLACED IN THE GROUP HOME.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**SEE SCHEDULE O****4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)

INDEPENDENT LIVING PROGRAM (ILP) - BRL COMPLETED RESEARCH AND DEVELOPMENT OF THE ILP, DEVELOPED POLICIES AND PROCEDURES, IDENTIFIED A LOCATION (RENTED HOUSING) FOR THE PROGRAM AND IDENTIFIED IT'S FIRST TWO RESIDENTS. THE LAUNCH OF THE PROGRAM (I.E. RESIDENT MOVE IN) WILL HAPPEN IN FISCAL YEAR 2024.

4d Other program services (Describe on Schedule O.)(Expenses \$ **43,715** including grants of \$) (Revenue \$)**4e** Total program service expenses **938,362**

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d 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 transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	20
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	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:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

Section A. Governing Body and Management

	1a	17		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		17			
b Enter the number of voting members included on line 1a, above, who are independent	1b	17			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			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 appoint one 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, stockholders, or persons other than the governing body?			7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a The governing body?			8a	X	
b Each committee with authority to act on behalf of the governing body?			8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X

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

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	X	
b Other officers or key employees of the organization	15b	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
BALD RIDGE LODGE INC
CUMMING
505 LAKELAND PLAZA
GA 30040
770-887-1220

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANGELA DIKES	50.00									
EXECUTIVE DIRECTOR	0.00			X				88,782	0	1,200
(2) JOHN BRAMBLETT	0.00									
DIRECTOR	0.00	X						0	0	0
(3) GINA BRENK	0.00									
DIRECTOR	0.00	X						0	0	0
(4) JAMES DUNN	0.00									
DIRECTOR	0.00	X						0	0	0
(5) JENNIFER GARNER	0.00									
DIRECTOR	0.00	X						0	0	0
(6) GREG GOSCHY	0.00									
DIRECTOR	0.00	X						0	0	0
(7) ELIZABETH HOWARD	0.00									
DIRECTOR	0.00	X						0	0	0
(8) KRIS-ANN NANSEN	0.00									
DIRECTOR	0.00	X						0	0	0
(9) RANDY O' DELL	0.00									
DIRECTOR	0.00	X						0	0	0
(10) JOSEPH F. PERKINS	0.00									
DIRECTOR	0.00	X						0	0	0
(11) JOHN ROBERTS	0.00									
DIRECTOR	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) KELLY TAM	0.00									
DIRECTOR	0.00	X						0	0	0
(13) JERRY BOWMAN	0.00									
CHAIRMAN	0.00			X				0	0	0
(14) LOGAN BUTLER	0.00									
PAST CHAIR	0.00			X				0	0	0
(15) JULIE WILHARM CLARK	0.00									
CHAIR-ELECT	0.00			X				0	0	0
(16) KACEY MARTIN	0.00									
TREASURER	0.00			X				0	0	0
(17) ADAM RODES	0.00									
SECRETARY	0.00			X				0	0	0
1b Subtotal								88,782		1,200
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								88,782		1,200

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

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

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

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

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

0

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	53,835					
	e Government grants (contributions)	1e	624,144					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	556,018					
	g Noncash contributions included in lines 1a-1f	1g	\$					
	h Total. Add lines 1a-1f							1,233,997
Program Service Revenue			Business Code					
	2a							
	b							
	c							
	d							
	e							
	f All other program service revenue							
g Total. Add lines 2a-2f								
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,827	1,827			
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents		(i) Real	(ii) Personal				
		6a						
		b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c						
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		7a						
		b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c						
	d Net gain or (loss)							
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
		8a						
	b Less: direct expenses	8b						
	c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19								
	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances								
	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue			Business Code					
	11a							
	b							
	c							
	d All other revenue							
e Total. Add lines 11a-11d								
12 Total revenue. See instructions			1,235,824	1,827	0	0		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	619,467	511,817	33,850	73,800
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	9,554	7,867	566	1,121
10 Payroll taxes	54,512	44,889	3,229	6,394
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	38,842	31,985	2,301	4,556
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	10,253			10,253
13 Office expenses	92,781	92,611	85	85
14 Information technology				
15 Royalties				
16 Occupancy	2,639	2,455	92	92
17 Travel	11,065	11,029	12	24
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	40	38	1	1
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	71,333	60,286	8,285	2,762
23 Insurance	28,953	26,927	1,013	1,013
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS AND MAINTENANCE	106,413	98,965	3,724	3,724
b UTILITIES	24,033	22,351	841	841
c MISCELLANEOUS	15,893	14,779	557	557
d TELEPHONE	3,970	3,692	139	139
e All other expenses	11,084	8,671	2,216	197
25 Total functional expenses. Add lines 1 through 24e	1,100,832	938,362	56,911	105,559
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	545,881	1	743,314
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	38,807	4	56,133
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	21,357	9	11,524
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,048,703		
	b Less: accumulated depreciation	10b 584,450	10c	464,253
	11 Investments—publicly traded securities	91,463	11	208,497
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,258,362	16	1,483,721	
Liabilities	17 Accounts payable and accrued expenses	6,345	17	8,113
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	6,345	26	8,113
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		1,252,017	27	1,475,608
28 Net assets with donor restrictions			28	
Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		1,252,017	32	1,475,608
33 Total liabilities and net assets/fund balances	1,258,362	33	1,483,721	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,235,824
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,100,832
3	Revenue less expenses. Subtract line 2 from line 1	3	134,992
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,252,017
5	Net unrealized gains (losses) on investments	5	17,034
6	Donated services and use of facilities	6	140,548
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-68,983
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,475,608

Part XII Financial Statements and ReportingCheck 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 ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

BALD RIDGE LODGE INC

Employer identification number

20-3690682

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f

Enter the number of supported organizations

g

Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	263,577	335,181	367,531	876,845	1,233,997	3,077,131
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	263,577	335,181	367,531	876,845	1,233,997	3,077,131
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						223,367
6 Public support. Subtract line 5 from line 4						2,853,764

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	263,577	335,181	367,531	876,845	1,233,997	3,077,131
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,427	743	385	146	1,827	4,528
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						3,081,659
12 Gross receipts from related activities, etc. (see instructions)					12	4,528

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	92.60 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	90.27 %
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ☒		
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐		
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ 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.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
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 .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	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 organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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 D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022Open to Public
Inspection

Name of the organization

Employer identification number

BALD RIDGE LODGE INC**20-3690682****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** ☐ Public exhibition **d** ☐ Loan or exchange program
b ☐ Scholarly research **e** ☐ Other

c ☐ 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 or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐ Yes ☐ No

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
(ii) Related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		734,013	275,020	458,993
c Leasehold improvements				
d Equipment		314,690	309,430	5,260
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				464,253

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(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 ☐

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1,393,406
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	17,034
b	Donated services and use of facilities	2b	140,548
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	157,582
3	Subtract line 2e from line 1	3	1,235,824
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,235,824

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	1,169,815
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	68,983
e	Add lines 2a through 2d	2e	68,983
3	Subtract line 2e from line 1	3	1,100,832
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,100,832

Part XIII Supplemental Information.

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

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

DEPRECIATION - BOOK / TAX DIFFERENCE	\$	68,983
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Part XIII	Supplemental Information <i>(continued)</i>
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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

BALD RIDGE LODGE INC

Employer identification number

20-3690682

FORM 990 - ORGANIZATION'S MISSION

THE MISSION OF BALD RIDGE LODGE (BRL) IS TO PROVIDE SAFE AND STABLE SUPPORT TO YOUNG MEN IN THE GROUP HOME, INDEPENDENT LIVING PROGRAM, AND COMMUNITY BASED SERVICES, IN A MANNER THAT NURTURES THE YOUTH, STRENGTHENS HEALTHY RELATIONSHIPS, AND AIDS YOUNG MEN IN THEIR TRANSITION TO ADULTHOOD. THIS IS ACCOMPLISHED THROUGH PARTNERSHIPS WITH CAREGIVERS AND A COMMUNITY SEEKING TO CARE FOR ITS OWN. BRL WORKS TOWARD THE GOAL THAT YOUNG MEN IMPACTED BY TRAUMA BECOME THRIVING, SELF-SUFFICIENT ADULTS WHO STOP A GENERATIONAL CYCLE OF INVOLVEMENT IN AND DEPENDENCE ON SOCIAL SERVICES. WE BELIEVE WE CAN CHANGE LIVES. WE BELIEVE THAT PROVIDING A SAFE AND NURTURING HOMELIKE ENVIRONMENT IS ESSENTIAL TO THE CARE AND WELLBEING OF OUR BOYS. WE BELIEVE THAT SUPPORTING THE BOYS IN TRANSITIONING OUT OF FOSTER CARE IS IMPERATIVE TO THEIR FUTURE SUCCESS AS ADULTS. WE BELIEVE IN THE POWER OF BRINGING THE RESOURCES OF THE COMMUNITY TOGETHER. WE BELIEVE THAT IT IS A PRIVILEGE TO WORK WITH, AND ON BEHALF OF, OUR YOUTH.

FORM 990, PART III, LINE 2

YES, DURING FISCAL YEAR 2023, BRL COMPLETED RESEARCH AND DEVELOPMENT FOR LAUNCHING AN INDEPENDENT LIVING PROGRAM(ILP). THE FIRST RESIDENT(S) WILL MOVE IN DURING THE EARLY MONTHS OF FISCAL YEAR 2024. THE GOAL OF THE ILP IS TRANSITIONING YOUTH AGE 18+ INTO RESPONSIBLE ADULT LIFE BY PREPARING THEM TO BE SOCIALLY, EMOTIONALLY, AND FINANCIALLY INDEPENDENT OF SOCIAL SERVICES WHILE CONNECTING THEM TO LIFE-LONG SUPPORTIVE RELATIONSHIPS AND EDUCATIONAL/CAREER OPPORTUNITIES. THIS IS ACCOMPLISHED THROUGH RENTED

HOUSING WHERE BRL ASSUMES FINANCIAL RESPONSIBILITY AND PROVIDES GRADUATED

Name of the organization

Employer identification number

BALD RIDGE LODGE INC

20-3690682

LEVELS OF OVERSIGHT WHILE RESIDENTS LEARN TO TAKE ON INCREMENTALLY
INCREASING FINANCIAL AND PERSONAL RESPONSIBILITY.

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT

PROGRAM SERVICE ACCOMPLISHMENTS - AFTERCARE PROGRAM. YOUTH TRANSITIONING
OUT OF FOSTER CARE ARE KNOWN TO EXPERIENCE DISTURBINGLY HIGH RATES OF
HOMELESSNESS, INCARCERATION, EARLY PARENTING, POOR EDUCATIONAL ACHIEVEMENT,
AND UNEMPLOYMENT. BRL'S AFTERCARE PROGRAM LOWERS THESE RISKS BY SUPPORTING
TWO TYPES OF FORMER RESIDENTS: YOUNG MEN LIVING AS ADULTS AFTER AGING OUT
OF CARE AND YOUTH REUNIFIED WITH FAMILY. OUR AFTERCARE SPECIALIST SUPPORTS
YOUNG MEN TO BE RESPONSIBLE AND CONTRIBUTING MEMBERS OF SOCIETY. IN WORKING
WITH REUNIFIED FAMILIES, WE SUPPORT, COACH, & TRAIN PARENTS, PREPARE
FAMILIES FOR REUNIFICATION, AND FOLLOW UP AFTER. FOR YOUTH LIVING AS
ADULTS, AFTERCARE SERVES A ROLE LIKE THAT OF PARENTING AN ADULT CHILD -
GUIDING, SUPPORTING, GIVING HOLIDAY GIFTS, AND MAKING CONNECTIONS FOR
EDUCATION AND CAREER SUCCESS. TWENTY-ONE (21) INDIVIDUALS WERE
SERVED THROUGH THIS PROGRAM IN 2022 INCLUDING FORMER GROUP HOME RESIDENTS
AND FAMILY MEMBERS/CAREGIVERS OF THOSE FORMER RESIDENTS. AFTERCARE SERVICES
ARE UNIQUE TO EACH YOUNG ADULT AND FAMILY INVOLVED. SERVICES THIS YEAR HAVE
RANGED FROM SETTING UP PARENTAL CONTROLS ON A TEEN'S COMPUTER FOR NON-TECH
SAVVY GRANDPARENTS TO HELPING A FORMER RESIDENT ACCESS COLLEGE BENEFITS,
FOR EXAMPLE. OUR AFTERCARE SPECIALIST, AMONG OTHER THINGS, HAS COACHED
PARENTS THROUGH BEHAVIOR MANAGEMENT CRISES, REFERRED FOR
COUNSELING, ANSWERED QUESTIONS ABOUT "ADULTING", OFFERED HOLIDAY GIFTS, AND
ASSISTED WITH NAVIGATING SOCIAL SERVICES. BASED ON QUALITATIVE SURVEYS
CONDUCTED DURING BOTH 2021 AND 2022, OUR FORMER RESIDENTS WHO RESPONDED TO
SURVEYS ARE FOR THE MOST PART DOING WELL IN THE FOLLOWING AREAS:

Name of the organization

Employer identification number

BALD RIDGE LODGE INC

20-3690682

EXPERIENCING STABLE HOUSING (I.E. NO FORCED MOVES); EXPERIENCING SUPPORTIVE
RELATIONSHIPS; AVOIDING PROBLEMATIC INTERACTIONS WITH LAW ENFORCEMENT.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

OUR MISSION IS TO PROVIDE A SAFE HAVEN AND COUNSELING IN A THERAPEUTIC
ENVIRONMENT FOR BOYS WHO ARE IN NEED OF PROTECTION, DIRECTION AND
SUPERVISION, IN A MANNER THAT NUTURES THE CHILD, STRENGTHENS FAMILY
RELATIONSHIPS AND ALLOWS THE COMMUNITY TO CARE FOR THEIR OWN.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

ORGANIZATION'S PROCESS TO REVIEW FORM 990 - THE FORM 990 IS REVIEWED BY THE
EXECUTIVE DIRECTOR AND COPIES ARE MADE AVAILABLE TO THE BOARD OF DIRECTORS
(GOVERNING BODY) BEFORE FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE EXECUTIVE COMMITTEE EVALUATES ANY CONFLICT IDENTIFIED AND DETERMINES
THE APPROPRIATE COURSE OF ACTION.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE EXECUTIVE COMMITTEE MEMBERS GATHER COMPARATIVE COMPENSATION INFORMATION
FOR ALL EMPLOYEES AND MAKES RECOMMENDATIONS TO THE ENTIRE BOARD OF
DIRECTORS BASED IN PART ON SUCH COMPARATIVE DATA.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE MEMBERS OF THE BOARD OF DIRECTORS ARE VOLUNTEERS AND ARE NOT
COMPENSATED FINANCIALLY FOR THEIR SERVICE.

Name of the organization

Employer identification number

BALD RIDGE LODGE INC

20-3690682

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

GOVERNMENT DOCUMENTS ARE VERY ACCESSIBLE AND ALWAYS MADE AVAILABLE UPON REQUEST FROM ANY INTERESTED PARTY.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

DEPRECIATION - BOOK / TAX DIFFERENCE **\$ -68,983**

Form **4562**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2022Attachment
Sequence No. **179****BALD RIDGE LODGE INC**Identifying number
20-3690682

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,080,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,700,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	43,715
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2022	17	27,618
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	71,333
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **4562** (2022)
THERE ARE NO AMOUNTS FOR PAGE 2

Year Ended: June 30, 2023

20-3690682

Bald Ridge Lodge Inc
505 Lakeland Plaza #302
Cumming, GA 30040

**Electing out of Bonus Depreciation Allowance for
All Eligible Depreciable Property**

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible depreciable property placed in service during the tax year.

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

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<u>5-year GDS Property:</u>										
34	Honda	7/01/22	43,715			X	0	5 HY 200DB	0	43,715
			<u>43,715</u>				<u>0</u>		<u>0</u>	<u>43,715</u>
<u>Prior MACRS:</u>										
12	Playground	1/26/18	3,384			X	0	7 HY 200DB	3,384	0
14	Building	6/30/11	734,013				734,013	39 MMS/L	256,199	18,821
16	2016 Ford	6/21/17	30,505			X	15,253	5 HY 200DB	30,505	0
18	2 Laptops	1/09/17	1,360			X	680	5 HY 200DB	1,360	0
19	Table	6/21/17	2,549			X	1,274	7 HY 200DB	2,357	128
20	HVAC	6/09/17	12,103			X	6,051	15 HY S/L	8,119	404
21	Vehicles	6/30/11	18,375			X	0	5 HY 200DB	18,375	0
22	Vehicles	8/03/12	17,608			X	8,804	5 HY 200DB	16,871	0
23	Generator	10/16/16	12,401			X	6,200	7 HY 200DB	11,606	530
25	Furniture	12/04/08	77,159			X	47,681	7 HY 200DB	29,478	0
26	Furniture	7/01/18	6,103				6,103	7 HY 200DB	4,197	544
28	Leasehold Imporvement	7/01/18	14,651				14,651	15 HY 150DB	4,504	1,015
29	Furniture	7/01/19	6,774				6,774	7 HY 200DB	3,812	846
30	Leasehold Improvement	7/01/19	18,951				18,951	15 HY 150DB	4,368	1,458
31	Furniture	7/01/20	10,749				10,749	7 HY 200DB	4,168	1,880
32	Leasehold Improvements	7/01/20	23,291				23,291	15 HY 150DB	3,377	1,992
33	Leasehold Improvements	3/22/22	15,013			X	0	15 HY 150DB	15,013	0
			<u>1,004,989</u>				<u>900,475</u>		<u>417,693</u>	<u>27,618</u>
Grand Totals			1,048,704				900,475		417,693	71,333
Less: Dispositions and Transfers			0				0		0	0
Less: Start-up/Org Expense			0				0		0	0
Net Grand Totals			<u>1,048,704</u>				<u>900,475</u>		<u>417,693</u>	<u>71,333</u>

GA Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	GA Prior	GA Current	Federal Current	Difference Fed - GA
<u>5-year GDS Property:</u>								
34	Honda	7/01/22	43,715	43,715	0	8,743	43,715	34,972
			<u>43,715</u>	<u>43,715</u>	<u>0</u>	<u>8,743</u>	<u>43,715</u>	<u>34,972</u>
<u>Prior MACRS:</u>								
12	Playground	1/26/18	3,384	3,384	2,629	302	0	-302
14	Building	6/30/11	734,013	734,013	256,199	18,821	18,821	0
16	2016 Ford	6/21/17	30,505	30,505	30,505	0	0	0
18	2 Laptops	1/09/17	1,360	1,360	1,360	0	0	0
19	Table	6/21/17	2,549	2,549	2,357	128	128	0
20	HVAC	6/09/17	12,103	12,103	8,926	807	404	-403
21	Vehicles	6/30/11	18,375	18,375	18,375	0	0	0
22	Vehicles	8/03/12	17,608	17,608	16,871	0	0	0
23	Generator	10/16/16	12,401	12,401	11,606	530	530	0
25	Furniture	12/04/08	77,159	77,159	29,478	0	0	0
26	Furniture	7/01/18	6,103	6,103	4,197	544	544	0
28	Leasehold Imporvement	7/01/18	14,651	14,651	4,504	1,015	1,015	0
29	Furniture	7/01/19	6,774	6,774	3,812	846	846	0
30	Leasehold Improvement	7/01/19	18,951	18,951	4,368	1,458	1,458	0
31	Furniture	7/01/20	10,749	10,749	4,168	1,880	1,880	0
32	Leasehold Improvements	7/01/20	23,291	23,291	3,377	1,992	1,992	0
33	Leasehold Improvements	3/22/22	15,013	15,013	751	1,426	0	-1,426
			<u>1,004,989</u>	<u>1,004,989</u>	<u>403,483</u>	<u>29,749</u>	<u>27,618</u>	<u>-2,131</u>
Grand Totals			1,048,704	1,048,704	403,483	38,492	71,333	32,841
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>1,048,704</u>	<u>1,048,704</u>	<u>403,483</u>	<u>38,492</u>	<u>71,333</u>	<u>32,841</u>

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

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
<u>5-year GDS Property:</u>												
34	Honda	7/01/22	43,715			X	0	5	HY	200DB	0	43,715
			<u>43,715</u>				<u>0</u>				<u>0</u>	<u>43,715</u>
<u>Prior MACRS:</u>												
12	Playground	1/26/18	3,384			X	0	7	HY	200DB	3,384	0
14	Building	6/30/11	734,013				734,013	39	MMS/L		256,199	18,821
16	2016 Ford	6/21/17	30,505			X	15,253	5	HY	200DB	30,505	0
18	2 Laptops	1/09/17	1,360			X	680	5	HY	200DB	1,360	0
19	Table	6/21/17	2,549			X	1,274	7	HY	200DB	2,357	128
20	HVAC	6/09/17	12,103			X	6,051	15	HY	S/L	8,119	404
21	Vehicles	6/30/11	18,375			X	0	5	HY	200DB	18,375	0
22	Vehicles	8/03/12	17,608			X	8,804	5	HY	200DB	16,871	0
23	Generator	10/16/16	12,401			X	6,200	7	HY	200DB	11,606	530
25	Furniture	12/04/08	77,159			X	47,681	7	HY	200DB	29,478	0
26	Furniture	7/01/18	6,103				6,103	7	HY	200DB	4,197	544
28	Leasehold Imporvement	7/01/18	14,651				14,651	15	HY	150DB	4,504	1,015
29	Furniture	7/01/19	6,774				6,774	7	HY	200DB	3,812	846
30	Leasehold Improvement	7/01/19	18,951				18,951	15	HY	150DB	4,368	1,458
31	Furniture	7/01/20	10,749				10,749	7	HY	200DB	4,168	1,880
32	Leasehold Improvements	7/01/20	23,291				23,291	15	HY	150DB	3,377	1,992
33	Leasehold Improvements	3/22/22	15,013			X	0	15	HY	150DB	15,013	0
			<u>1,004,989</u>				<u>900,475</u>				<u>417,693</u>	<u>27,618</u>
Grand Totals			1,048,704				900,475				417,693	71,333
Less: Dispositions and Transfers			<u>0</u>				<u>0</u>				<u>0</u>	<u>0</u>
Net Grand Totals			<u>1,048,704</u>				<u>900,475</u>				<u>417,693</u>	<u>71,333</u>

Bonus Depreciation Report**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
12	Playground	1/26/18	3,384		0	0	3,384	0
16	2016 Ford	6/21/17	30,505		0	0	15,252	15,253
18	2 Laptops	1/09/17	1,360		0	0	680	680
19	Table	6/21/17	2,549		0	0	1,275	1,274
20	HVAC	6/09/17	12,103		0	0	6,052	6,051
21	Vehicles	6/30/11	18,375		0	0	18,375	0
22	Vehicles	8/03/12	17,608		0	0	8,804	8,804
23	Generator	10/16/16	12,401		0	0	6,201	6,200
25	Furniture	12/04/08	77,159		0	0	29,478	47,681
33	Leasehold Improvements	3/22/22	15,013		0	0	15,013	0
34	Honda	7/01/22	43,715		0	43,715	0	0
Grand Total			<u>234,172</u>		<u>0</u>	<u>43,715</u>	<u>104,514</u>	<u>85,943</u>

Depreciation Adjustment Report**All Business Activities**

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
<u>MACRS Adjustments:</u>						
Page 1	1	12	Playground	0	0	0
Page 1	1	14	Building	18,821	18,821	0
Page 1	1	16	2016 Ford	0	0	0
Page 1	1	18	2 Laptops	0	0	0
Page 1	1	19	Table	128	128	0
Page 1	1	20	HVAC	404	404	0
Page 1	1	21	Vehicles	0	0	0
Page 1	1	22	Vehicles	0	0	0
Page 1	1	23	Generator	530	530	0
Page 1	1	25	Furniture	0	0	0
Page 1	1	26	Furniture	544	544	0
Page 1	1	28	Leasehold Imporvement	1,015	1,015	0
Page 1	1	29	Furniture	846	846	0
Page 1	1	30	Leasehold Improvement	1,458	1,458	0
Page 1	1	31	Furniture	1,880	1,880	0
Page 1	1	32	Leasehold Improvements	1,992	1,992	0
Page 1	1	33	Leasehold Improvements	0	0	0
Page 1	1	34	Honda	43,715	43,715	0
				<u>71,333</u>	<u>71,333</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
12	Playground	1/26/18	3,384	0	0
14	Building	6/30/11	734,013	18,821	18,821
16	2016 Ford	6/21/17	30,505	0	0
18	2 Laptops	1/09/17	1,360	0	0
19	Table	6/21/17	2,549	64	64
20	HVAC	6/09/17	12,103	403	403
21	Vehicles	6/30/11	18,375	0	0
22	Vehicles	8/03/12	17,608	0	0
23	Generator	10/16/16	12,401	265	265
25	Furniture	12/04/08	77,159	0	0
26	Furniture	7/01/18	6,103	545	545
28	Leasehold Improvment	7/01/18	14,651	913	913
29	Furniture	7/01/19	6,774	605	605
30	Leasehold Improvement	7/01/19	18,951	1,313	1,313
31	Furniture	7/01/20	10,749	1,343	1,343
32	Leasehold Improvements	7/01/20	23,291	1,792	1,792
33	Leasehold Improvements	3/22/22	15,013	0	0
34	Honda	7/01/22	43,715	0	0
			<u>1,048,704</u>	<u>26,064</u>	<u>26,064</u>
Grand Totals			<u>1,048,704</u>	<u>26,064</u>	<u>26,064</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>GA</u>
<u>Prior MACRS:</u>				
12	Playground	1/26/18	3,384	302
14	Building	6/30/11	734,013	18,821
16	2016 Ford	6/21/17	30,505	0
18	2 Laptops	1/09/17	1,360	0
19	Table	6/21/17	2,549	64
20	HVAC	6/09/17	12,103	807
21	Vehicles	6/30/11	18,375	0
22	Vehicles	8/03/12	17,608	0
23	Generator	10/16/16	12,401	265
25	Furniture	12/04/08	77,159	0
26	Furniture	7/01/18	6,103	545
28	Leasehold Improvment	7/01/18	14,651	913
29	Furniture	7/01/19	6,774	605
30	Leasehold Improvement	7/01/19	18,951	1,313
31	Furniture	7/01/20	10,749	1,343
32	Leasehold Improvements	7/01/20	23,291	1,792
33	Leasehold Improvements	3/22/22	15,013	1,284
34	Honda	7/01/22	43,715	13,989
			<u>1,048,704</u>	<u>42,043</u>
Grand Totals			<u>1,048,704</u>	<u>42,043</u>

Form 990		Two Year Comparison Report		2021 & 2022		
Name		For calendar year 2022, or tax year beginning 07/01/22 , ending 06/30/23		Taxpayer Identification Number		
BALD RIDGE LODGE INC				20-3690682		
		2021	2022	Differences		
Revenue	1. Contributions, gifts, grants	1. 414,130	609,853	195,723		
	2. Membership dues and assessments	2.				
	3. Government contributions and grants	3. 462,715	624,144	161,429		
	4. Program service revenue	4.				
	5. Investment income	5. 146	1,827	1,681		
	6. Proceeds from tax exempt bonds	6.				
	7. Net gain or (loss) from sale of assets other than inventory	7.				
	8. Net income or (loss) from fundraising events	8.				
	9. Net income or (loss) from gaming	9.				
	10. Net gain or (loss) on sales of inventory	10.				
	11. Other revenue	11.				
	12. Total revenue. Add lines 1 through 11		12. 876,991	1,235,824	358,833	
Expenses	13. Grants and similar amounts paid	13.				
	14. Benefits paid to or for members	14.				
	15. Compensation of officers, directors, trustees, etc.	15. 82,315		-82,315		
	16. Salaries, other compensation, and employee benefits	16. 468,733	683,533	214,800		
	17. Professional fundraising fees	17.				
	18. Other professional fees	18. 32,630	38,842	6,212		
	19. Occupancy, rent, utilities, and maintenance	19. 24,598	2,639	-21,959		
	20. Depreciation and Depletion	20. 46,671	71,333	24,662		
	21. Other expenses	21. 142,901	304,485	161,584		
	22. Total expenses. Add lines 13 through 21		22. 797,848	1,100,832	302,984	
	23. Excess or (Deficit). Subtract line 22 from line 12		23. 79,143	134,992	55,849	
Other Information	24. Total exempt revenue	24. 876,991	1,235,824	358,833		
	25. Total unrelated revenue	25.				
	26. Total excludable revenue	26. 146	1,827	1,681		
	27. Total assets	27. 1,258,362	1,483,721	225,359		
	28. Total liabilities	28. 6,345	8,113	1,768		
	29. Retained earnings	29. 1,252,017	1,475,608	223,591		
	30. Number of voting members of governing body	30. 22	17			
31. Number of independent voting members of governing body	31. 22	17				
32. Number of employees	32. 17	20				
33. Number of volunteers	33.					

Form 990		Tax Return History					2022	
Name		BALD RIDGE LODGE INC					Employer Identification Number	
							20-3690682	
		2018	2019	2020	2021	2022	2023	
Contributions, gifts, grants		645,540	676,721	814,810	876,845	1,233,997		
Memberships dues								
Program service revenue								
Capital gain or loss				-3,384				
Investment income		1,427	743	385	146	1,827		
Fundraising revenue (income/loss)								
Gaming revenue (income/loss)								
Other revenue								
Total revenue		646,967	677,464	811,811	876,991	1,235,824		
Grants and similar amounts paid								
Benefits paid to or for members								
Compensation of officers, etc.				78,345	82,315			
Other compensation		515,276	525,914	479,918	468,733	683,533		
Professional fees		10,375	10,375	10,298	32,630	38,842		
Occupancy costs		15,027	17,375	17,955	24,598	2,639		
Depreciation and depletion		31,854	33,071	33,931	46,671	71,333		
Other expenses		125,052	157,214	128,327	142,901	304,485		
Total expenses		697,584	743,949	748,774	797,848	1,100,832		
Excess or (Deficit)		-50,617	-66,485	63,037	79,143	134,992		
Total exempt revenue		646,967	677,464	811,811	876,991	1,235,824		
Total unrelated revenue								
Total excludable revenue		1,427	743	-2,999	146	1,827		
Total Assets		1,016,837	1,088,361	1,111,367	1,258,362	1,483,721		
Total Liabilities		253	97,070	2,372	6,345	8,113		
Net Fund Balances		1,016,584	991,291	1,108,995	1,252,017	1,475,608		

Federal Statements

Taxable Interest on Investments

Description			Unrelated	Exclusion	Postal	Acquired after	US
	Amount	Business	Code	Code	6/30/75	Obs	(\$ or %)
INTEREST INCOME	\$ 1,827						
TOTAL	\$ 1,827						

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
DUES AND SUBSCRIPTIONS	\$ 3,921	\$ 3,647	\$ 137	\$ 137
STAFF TRAINING	3,442	3,442		
ADMINISTRATIVE EXPENSE	2,019		2,019	
BANK CHARGES	1,691	1,573	59	59
TAXES & LICENSES	11	9	1	1
TOTAL	\$ 11,084	\$ 8,671	\$ 2,216	\$ 197

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Schedule A, Part II, Line 1(e)

Description	Amount
INDIRECT PUBLIC SUPPORT	\$ 53,835
GOVERNMENT GRANTS	624,144
GRANTS	132,500
DONATIONS	416,746
OTHER INCOME	6,772
TOTAL	\$ 1,233,997

Federal Statements**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
ANVERSE	\$ 52,000	\$
AUTOMATION DIRECT	285,000	223,367
BILL HOWELL	10,000	
CHILDREN'S HEALTHCARE OF ATLANTA	5,000	
CITIZENS BANK	20,000	
COMMUNITY FOUNDATION	5,000	
DAVID & MARLA MANN	5,000	
DAVID & SHAW DIVITA	25,000	
DEALER SOLUTIONS & DESIGN	25,000	
EASTGATE CHURCH	5,000	
FORSYTH COUNTY COMMUNITY FOUNDATION	10,000	
GRIGG FAMILY	5,000	
HARRY NORMAN REALTORS	24,330	
INGENICO	5,000	
JOHN AND LESLEY WHISNER	5,000	
KW COMMUNITY PARTNERS	15,000	
LANIER FORSYTH ROTARY	38,000	
NORTH GEORGIA COMMUNITY FOUNDATION	15,000	
NORTH POINT MINISTRIES	35,000	
PATTERNSON BARCLAY	15,000	
PATTERSON BARCLAY MEMORIALFOUNDATION	20,000	
SAWNEE ELECTRIC	19,500	
SCHIAVI FAMILY FOUNDATION	16,000	
SOUTH FORSYTH ROTARY	6,500	
SCOTT HUDGENS FAMILY FOUNDATION	10,000	
TERRY AND KATHY MATHIS	25,000	
THE BENJAMIN F BRADY	55,000	
THE UPS FOUNDATION	5,000	
UNITED WAY GREATER ATLANTA	5,000	
BRIAN AND PERRI YEARWOOD	5,000	
CHILDREN'S RESTORATION NETWORK	8,000	
CHOATE BRIDGES FOUNDATION	20,000	
ED AND ELAINE GLEESON	5,000	
ERYK JOHNSON	5,000	
FRED AND MARYBETH LEAMER	5,000	
JOHN AND LISA ROBERTS	10,000	
TOM SHARP	29,139	
WARE2GO	5,000	
RAYMOND JAMES FOUNDATION	10,000	
TOTAL	\$ 868,469	\$ 223,367

Federal Statements

Schedule A, Part II, Line 12 - Current year

Description	Amount
INTEREST INCOME	\$ 1,827
TOTAL	\$ 1,827