

CliftonLarsonAllen LLP CLAconnect.com

FAITH'S LODGE FORM 990 INCOME TAX RETURN FOR YEAR ENDED DECEMBER 31, 2022



CliftonLarsonAllen LLP CLAconnect.com

April 25, 2023

Faith's Lodge 505 Hwy. 169 N 245 Plymouth, MN 55441 Attention: Ms. Kelly Mcdyre

Dear Kelly Mcdyre

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-TE to us as soon as possible, but no later than by May 15, 2023 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

MINNESOTA ANNUAL REPORT:

The Minnesota Annual Report should be mailed on or before July 17, 2023 to:

Minnesota Attorney Generals Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

Enclose a check or money order for \$25, payable to State of Minnesota.

Include the organization's Federal Employer Identification Number and 2022 Annual Report on the remittance.

The report should be signed and dated by the authorized individual(s).

As an alternative to mailing to the Minnesota Attorney General's office, the filing may be signed by authorized representatives on the bookmarked pages and emailed to the Minnesota Attorney General at charity.registration@ag.state.mn.us. Include the organization's legal name in the subject line of the email.

WISCONSIN FORM 1952

Please sign and mail or email on or before December 31, 2023.

Mail to:

Department of Financial Institutions

Division of Corporate & Consumer Services PO Box 7879 Madison, WI 53707-7879

Email to:

DFICharitableOrgs@wi.gov

A few final reminders relating to your tax return filings:

- There are substantial penalties for failure to properly disclose and report foreign financial
 accounts and foreign activity. Please make sure you have informed us of any foreign financial
 accounts or foreign activity so that we have the necessary information to complete any required
 disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP

Form 8879-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning , 2022, and ending

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Name of filer

EIN or SSN 20-4967588

Name and title of officer or person subject to tax

FAITH'S LODGE

KELLY MCDYRE

PRESIDENT AND CEO Type of Return and Return Information Part I

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	\mathbf{X}	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)		1b	<u>856,351.</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			Total tax (Form 990-T, Part III, line 4)		6b	
7a	Form 4720 check here			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 S	ignatı	ıre	Authorization of Officer or Person Subject to Tax	(
Jnder _I	penalties of perjury, I declare that	t X	l ar	n an officer of the above entity or 🔲 I am a person subject to t	tax with respe	ect to (na	me
of entit	y)			, (EIN) and	d that I have e	examine	d a copy of the
				es and statements, and, to the best of my knowledge and belief,			, 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
------	-------	-----	-----	------

X I authorize	CLIFTONLARSONALLEN	LLP

to enter my PIN

55104

ERO firm name

Enter five numbers, but do not enter all zeros

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 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_Lwill_enter my PIN on the return's disclosure consent screen.

signature of officer or person subject to tax | telly MeDyre

Date 4/25/2023

Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

41812455902

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

DEIRDRE HODGSON

Date

04/25/23

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

202521 12-16-22

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

<u> A F</u>	or the	2022 calendar year, or tax year beginning	and	d ending		
	heck if oplicable	C Name of organization			D Employer identifie	cation number
	Addres	FAITH'S LODGE				
	Name change	- · · ·			20-49675	88
	Initial return Final	Number and street (or P.O. box if mail is not do 505 HWY • 169 N	elivered to street address)	Room/suite 245	E Telephone number 612-825-	
	Jreturn/ termin- ated	City or town, state or province, country, and	7IP or foreign postal code	<u> </u>	G Gross receipts \$	1,071,648.
]Amend		ZIF or loreign postal code		H(a) Is this a group re	
	return Applica tion		LY MCDYRE		for subordinates	
	pendin	SAME AS C ABOVE			H(b) Are all subordinates in	·····- —
T T	ax-exe	mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	∃ ` ′	list. See instructions
	/ebsit		/ (moore not) 10 11 (a)(1)	01 021	H(c) Group exemptio	
			ssociation Other	L Year		1 State of legal domicile; MN
	rt I	Summary		<u> </u>		
	1	Briefly describe the organization's mission or mos	significant activities: FAIT	H'S LC	DGE SUPPORTS	S PARENTS
Activities & Governance	2	AND FAMILIES COPING WITH	THE DEATH IN A E	PEACEFU	JL ENVIRONME	NT.
ra L	2 (Check this box if the organization disco	ntinued its operations or dispo	sed of more	than 25% of its net ass	
S		Number of voting members of the governing body			3	11
2		Number of independent voting members of the go				11
es		Total number of individuals employed in calendar				18
\₹		Total number of volunteers (estimate if necessary)				70
Ş		Total unrelated business revenue from Part VIII, co				0.
\dashv	b l	Net unrelated business taxable income from Form	990-T, Part I, line 11	<u></u>	Prior Year	0 . Current Year
		Contributions and grants (Part VIII line 1h)			1,403,508.	958,182.
Revenue					0.	0.
		nvestment income (Part VIII, column (A), lines 3, 4	and 7d)		72.	45.
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8d			-38,157.	-101,876.
		Fotal revenue - add lines 8 through 11 (must equal			1,365,423.	856,351.
		Grants and similar amounts paid (Part IX, column			0.	0.
		Benefits paid to or for members (Part IX, column (0.	0.
اي		Salaries, other compensation, employee benefits (440,390.	494,096.
Expenses		Professional fundraising fees (Part IX, column (A),			0.	0.
<u>B</u>		Total fundraising expenses (Part IX, column (D), lin	1 - 0 - 0	24.		
ώ	17 (Other expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)		458,678.	465,014.
		Total expenses. Add lines 13-17 (must equal Part			899,068.	959,110.
\Box	19	Revenue less expenses. Subtract line 18 from line	12		466,355.	-102,759.
Net Assets or Fund Balances				Ве	eginning of Current Year	End of Year
sset: 3alar	20				3,953,559.	3,830,344.
Pit A	21				1,405,811.	1,385,355.
2 <u>3</u>	22 rt	Net assets or fund balances. Subtract line 21 from Signature Block	ı line 20		2,547,748.	2,444,989.
		ties of perjury, I declare that I have examined this return	including accompanying cohodula	oc and etatom	ante and to the best of my	knowledge and belief it is
		, and complete. Declaration of preparer (other than offic				knowledge and belief, it is
uu,	0011001	kelly Medyre	or j is based on an information of w	mon proparoi	4/25/2023	
Sign	, †	Signature: of officer			Date	
Here		KELLY MCDYRE, PRESIDENT A	ND CEO			
		Type or print name and title				
		Print/Type preparer's name	Preparer's signature		Date Check	PTIN
Paid		DEIRDRE HODGSON	DEIRDRE HODGSON	(c)4/25/23 self-employ	P01484710
Prep	arer [Firm's name CLIFTONLARSONALLE			Firm's EIN 4	1-0746749
Use	Only	Firm's address 220 S 6TH STREET,				
		MINNEAPOLIS, MN 5	5402		Phone no. 61	2-376-4500
May	the IR	S discuss this return with the preparer shown abo	ove? See instructions			X Yes No

Form	1990 (2022) FAITH'S LODGE	20-4967588	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		··
•	FAITH'S LODGE PROVIDES A PEACEFUL ESCAPE FOR FAMILIES TO	REFRESH MINI	าร
	AND SPIRITS WHILE SPENDING TIME WITH OTHERS WHO UNDERSTAN		
	ARE EXPERIENCING. PROGRAMMING AND ACTIVITIES ARE DESIGNED		
		IS BOTH	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	neasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	• •	nd
	revenue, if any, for each program service reported.	, the total expenses, an	
4-	600.004	^	0.)
4a			<u> </u>
	FAITH'S LODGE IS A NON-FAITH BASED NONPROFIT RETREAT FACI		
	SUPPORTS PARENTS COPING WITH THE DEATH IN A PEACEFUL ENVI		
	REFLECT ON THE PAST, RENEW STRENGTH FOR THE PRESENT AND E		OR
	THE FUTURE. OUR YEAR-ROUND PARENTS AND FAMILY PROGRAMMIN	G CONNECTS	
	FAMILIES WHO ARE GOING THROUGH SIMILAR CIRCUMSTANCES. PRO	GRAMMING	
	CONSISTS OF OPTIONAL ACTIVITIES INCLUDING PROFESSIONALLY	LED DISCUSS:	ION
	GROUPS, THERAPEUTIC ARTS AND CRAFTS, MINDFULNESS, YOGA, M		
	NORTH WOODS ADVENTURES. LOCATED ON 70 ACRES OF LAND IN N		
	WISCONSIN, OUR 12,000 SQUARE FOOT FACILITY BOASTS EIGHT I		
	DESIGNED PRIVATE GUEST SUITES THAT CAN EACH ACCOMMODATE T	WO TO SIX	
	PEOPLE. FAITH'S LODGE IS A PLACE WHERE HOPE GROWS.		
4b	(Code:) (Expenses \$) (Revenue	e \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$	
	(Code.) (Expenses 4) (Newshall state of the code of	, Ψ	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	

Form **990** (2022)

Form 990 (2022) FAITH'S LODGE
Part IV Checklist of Required Schedules

20-4967588

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	21	
•	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			,,
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Form 990 (2022) FAITH'S LODGE 20-4967588

Pal	Crecklist 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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			77
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
L	Schedule K. If "No," go to line 25a	24a		_^
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
C		24c		
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	244		
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes." complete			
	Schedule L, Part I	25b		Х
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%			1
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
00	"Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
31	contributions? If "Yes," complete Schedule M	30 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-51		<u> </u>
UZ.	, ,	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		ᢏ	1
Pai	Note: All Form 990 filers are required to complete Schedule O 't V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
· a	Chack if School Is O contains a vacanage or note to any line in this Part V			
	Check it Schedule O contains a response of note to any line in this Part V		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		169	140
	Enter the number reported in box 5 of Form 1030. Enter 40 in not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 1			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	

232004 12-13-22

Form 990 (2022) FAITH'S LODGE

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

20-4967588

	i (continued)			V	N.
20	Enter the number of employees reported an Earm W.2. Transmitted of Wags and Tay Statements	ſ		Yes	No
Za	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	18			
h			2b	Х	
b 3a		ſ	3a	21	Х
	KINA HIL NGL I E COSTA HIL O WAS A STATE OF THE STATE OF		3b		
	If "Yes," has it filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		SD		
Ta	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		х
h	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			5a		Х
b			5b		Х
c			5c		
6a					
	any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to th	ie payor?	7a	Х	
b	The state of the s	ſ	7b	Х	
С					
	to file Form 8282?		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year				
е			7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required.	red?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10	098-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.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	-	12a		
	,				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-	120		
а			13a		
h	Note: See the instructions for additional information the organization must report on Schedule O.				
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified health plans				
_	•				
C 140			14a		Х
14a			14b		-25
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		IHD		
13	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		ıJ		
16	Let the appropriate and a section of institution as bis state the section 4000 and in the section of institution and institution as a section of the section		16		Х
.0	If "Yes," complete Form 4720, Schedule O.		10		
17	Section 501(c)(21) organizations. Did the trust, or 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?		17		
	If "Yes," complete Form 6069.				

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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.

						X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11	_		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11	_		
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	direc	t supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		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 ap	point	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, st	ockho	olders, 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	r by th	e following:			
а	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 read	ched a	at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	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 characteristics.	apter	s, 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	befo	re filing the form?	11a	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cor	flicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," c	lescribe			
	on Schedule O how this was done			12c	Х	
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	l by ir	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	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	nent v	vith 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	e its p	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed MN, WI					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	ıd 990	0-T (section 501(c)(3)	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explain					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict	of interest policy, an	d financ	cial	
	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 boo	ks an	d records			
	KELLY MCDYRE - 612-825-2073					
	505 HWY, 169 N 245 PLYMOUTH MN 55441					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the 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.

Name and title	Check this box if neither the organization (A)	(B)							(D)	(E)	(F)
Note Product Product					Pos	itior	1				
Week (list any hours for related organizations below line) From related organizations (W-2/1099-MISC/ 1099-NEC) From related organizations (W-2/1099-NEC) From related or	Name and title			not c	heck I	more	than o		1	1	
Compensation Comp		II									
(1) KELLY MCDYRE			ctor								
(1) KELLY MCDYRE		hours for	r dire				pg.			(W-2/1099-MISC/	from the
(1) KELLY MCDYRE			stee o	ustee			ensa			1099-NEC)	organization
(1) KELLY MCDYRE			al trus	onal tr		loyee	comp		1099-NEC)		
(1) KELLY MCDYRE			dividu	stitutio	ficer	y emp	ghest	rmer			organizations
RESIDENT AND CEO	(1) KELLY MCDYRE		드	드	JO.	황	= =	요			
C2 KELLY HINZE 10.00	PRESIDENT AND CEO	40.00	1		$ _{\mathbf{x}}$				127.652.	0.	1.277.
BOARD CHAIR	(2) KELLY HINZE	10.00									
X	BOARD CHAIR		Х		х				0.	0.	0.
(4) KARI ELIAS	(3) BARNABY ALLEN	2.00									
X X X X X X X X X X	TREASURER		Х		Х				0.	0.	0.
STIM BLINKHORN	(4) KARI ELIAS	2.00									
DIRECTOR	SECRETARY		Х		Х				0.	0.	0.
Column	(5) TIM BLINKHORN	2.00	1							_	_
DIRECTOR X	DIRECTOR		X						0.	0.	0.
Column C		2.00	l								
DIRECTOR			X						0.	0.	0.
(8) MIKE MARKERT		2.00	l								
DIRECTOR			X						0.	0.	0.
(9) MANDY MCKENZIE 2.00 DIRECTOR X (10) HYEDI NELSON 2.00 DIRECTOR X (11) JASON VILLAR 2.00 DIRECTOR X (12) ANDREW VOLLMUTH 2.00		2.00									
DIRECTOR X 0. 0. 0.		0.00	X						0.	0.	0.
(10) HYEDI NELSON		2.00	.,							_	
DIRECTOR		2.00	X						0.	0.	0.
(11) JASON VILLAR 2.00 DIRECTOR X (12) ANDREW VOLLMUTH 2.00		2.00	v						_	_	_
DIRECTOR X 0. 0. 0. (12) ANDREW VOLLMUTH 2.00		2.00									
(12) ANDREW VOLLMUTH 2.00		2.00	x						0.	0.	0.
	(12) ANDREW VOLLMUTH	2.00	<u></u>								
	DIRECTOR		x						0.	0.	0.
										-	-
			1								
			<u> </u>								
			-								
			-								
			1								

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FAITH'S LODGE 20-4967588 Page 8 Form 990 (2022) Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (E) (F) Position Average Name and title Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC/ from the lighest compensated related nstitutional trustee (W-2/1099-MISC/ 1099-NEC) organization organizations ey employee 1099-NEC) and related below organizations line) 127,652. 1b Subtotal 0. 0. c Total from continuation sheets to Part VII, Section A 127,652. 0. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on 3 Х line 1a? If "Yes," complete Schedule J for such individual 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 Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes." complete Schedule J for such person **Section B. Independent Contractors** 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) (B) (C) Name and business address Description of services Compensation NONE

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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

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FAITH'S LODGE

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Pa	rt V	Ш	Statement of Re	venue						
			Check if Schedule O	contains	a respons	e or note to any lir			(0)	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2	b c d e f	Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncash contributions included in	ibutions; grants, ar above	1b	-	958,182.	Iditation revenue	Dusiness revenue	sections 512 - 514
Ŗ.		f	All other program service	revenue						
	3	g	Total. Add lines 2a-2f	ding divid	dends, inte	erest, and	45.			45.
	5		Royalties							
	6	b	Gross rents Less: rental expenses Rental income or (loss)	6a 6b 6c	(i) Real	(ii) Personal				
		d	Net rental income or (loss)) <u></u>						
	7	а	Gross amount from sales of	(i)	Securities	(ii) Other	_			
Revenue		С	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	7a 7b 7c						
r Re			Net gain or (loss)			·····				
Othe			Gross income from fundraisir including \$	442 , 263 line 1c).	3. of See	3a 14,127. 3b 204,391.				
		С	Net income or (loss) from	fundrais	ing event <u>s</u>		-190,264.			-190,264.
			Gross income from gamin Part IV, line 19 Less: direct expenses		<u>g</u>	19,381. 0b 10,906.				
			Net income or (loss) from			<u> </u>	8,475.			8,475.
	10	а	Gross sales of inventory, land allowances	ess retu	rns <u>1</u>	0a 0b				·
			Net income or (loss) from	sales of	inventory					
Miscellaneous Revenue	11	a b	MISCELLANEOUS			Business Code 624100	79,913.			79,913.
ella		C								
lisc. Re			All other revenue							
2							79,913.			
	12		Total revenue. See instruction	ns			856,351.	0.	0.	-101,831.

Form 990 (2022) FAITH'S LODGE
Part IX Statement of Functional Expenses

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Do r	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	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,	120 020	102 142	12 002	12 002
	trustees, and key employees	128,929.	103,143.	12,893.	12,893
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	309,277.	152 770	62,575.	92,924
7	Other salaries and wages	303,411.	153,778.	04,3/3.	34,344
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)	20,580.	12,452.	1 160	3 650
9	Other employee benefits	35,310.	25,220.	4,469. 2,873.	3,659 7,217
10 11	Payroll taxes	33,310.	43,440.	2,0/3.	1,411
	-				
a	Management				
b	Legal	12,883.		12,883.	
	Accounting	12,003.		12,003.	
	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	39,722.	35,722.	1,200.	2,800
12	Advertising and promotion	1,500.	1,500.	1,2001	2,000
13	Office expenses	12,523.	5,430.	681.	6.412
14	Information technology	13,601.	8,235.	2,184.	6,412 3,182
15	Royalties	20,0021	0,2331	2,2021	3,131
16	Occupancy	114,705.	81,660.	16,278.	16,767
17	Travel	4,939.	3,580.	885.	474
18	Payments of travel or entertainment expenses	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7,000		
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	56,369.	56,369.		
21	Payments to affiliates	,	,		
 22	Depreciation, depletion, and amortization	89,675.	89,675.		
 23	Insurance	16,815.	16,815.		
24	Other expenses, Itemize expenses not covered	·	·		
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A).				
	amount, list line 24e expenses on Schedule 0.)				
а	SUPPLIES	35,372.	32,418.	2,954.	
b	REPAIRS	32,558.	32,558.		
С	MISCELLANEOUS	25,736.	9,845.	3,238.	12,653
d	TELEPHONE	8,616.	5,534.	2,339.	743
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	959,110.	673,934.	125,452.	159,724
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)				

Form **990** (2022)

Form 990 (2022)
Part X Balance Sheet

FAITH'S LODGE

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rar	t X	Check if Schedule O contains a response or note to any line in this Part X			
		Check if Scriedule O contains a response of note to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	620,334.	1	706,517
	2	Savings and temporary cash investments	, , , , , , , , , , , , , , , , , , , ,	2	
	3	Pledges and grants receivable, net	697,286.	3	475,257
	4	Accounts receivable, net	12,337.	4	5,540
	5	Loans and other receivables from any current or former officer, director,	22/00/1	_	3,310
		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		j	
	·	$\frac{1}{2}$		6	
	7	Notes and loans receivable, net		7	
ets	8			8	
Assets	9	Inventories for sale or use Prepaid expenses and deferred charges	20,473.	9	19,811
`			20,413.	9	15,011
	iva	Land, buildings, and equipment: cost or other			
	L	basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 3,720,899. 10b 1,147,048.	2,603,129.	40-	2,573,851
			2,003,123.	10c	2,373,031
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	0.	14	10 260
	15	Other assets. See Part IV, line 11		15	49,368
_	16	Total assets. Add lines 1 through 15 (must equal line 33)	3,953,559.	16	3,830,344
	17	Accounts payable and accrued expenses	23,677.	17	24,025
	18	Grants payable	25 004	18	20 200
	19	Deferred revenue	35,004.	19	30,308
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
lab		controlled entity or family member of any of these persons	1 241 020	22	1 000 044
-	23	Secured mortgages and notes payable to unrelated third parties	1,341,039.	23	1,275,944
	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	6 001		FF 0F0
		of Schedule D	6,091.	25	55,078
	26	Total liabilities. Add lines 17 through 25	1,405,811.	26	1,385,355
,,		Organizations that follow FASB ASC 958, check here			
ğ		and complete lines 27, 28, 32, and 33.	1 050 500		1 060 100
lan	27	Net assets without donor restrictions	1,850,738.	27	1,969,182 475,807
	28	Net assets with donor restrictions	697,010.	28	475,807
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here			
		and complete lines 29 through 33.			
2	29	Capital stock or trust principal, or current funds		29	
200	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
AS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Š	32	Total net assets or fund balances	2,547,748.	32	2,444,989
٠ ا	33	Total liabilities and net assets/fund balances	3,953,559.	33	3,830,344

<u>Forn</u>	n 990 (2022) FAITH'S LODGE	20-496	7588	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets			,	
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	856		
2	Total expenses (must equal Part IX, column (A), line 25)	2	959		
3	Revenue less expenses. Subtract line 2 from line 1	3	-102		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,547	', 7	<u> 48.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,444	.,9	<u> 39.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c		_X_
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	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?		. 3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990)

Total

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.

OMB No. 1545-0047

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization FAITH'S LODGE 20-4967588 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or X 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

chedule A (Form 990) 2022 F. A	AITH'S LO	DGE			20-496	7588 Pag
Support Schedule for C	Organizations	Described in	_		l 170(b)(1)(A)(vi)
fails to qualify under the tests I			-			9
ection A. Public Support						
endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				• •		
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
Total. Add lines 1 through 3						
The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
Public support. Subtract line 5 from line 4.						
ction B. Total Support		T			1	
endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Amounts from line 4						
Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
Net income from unrelated business						
activities, whether or not the						
business is regularly carried on						
Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
Total support. Add lines 7 through 10	ata (saa inatrustii	ne)			12	
Gross receipts from related activities, e First 5 years. If the Form 990 is for the			fourth or fifth toy v			
organization, check this box and stop						
ection C. Computation of Public		centage	• • • • • • • • • • • • • • • • • • • •			
Public support percentage for 2022 (lin			column (f))		14	
Public support percentage from 2021 S					15	
ia 33 1/3% support test - 2022. If the or						and
stop here. The organization qualifies a						

Schedule A (Form 990) 2022

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

 Schedule A (Form 990) 2022

FAITH'S LODGE

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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.)

Sed	etion A. Public Support	ciow, picase comp	icte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	,	,	,	,	,	.,
	include any "unusual grants.")	845,807.	593,060.	1144778.	1384781.	958,182.	4926608.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	542,580.	666,286.	19,759.	49,140.		1277765.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1388387.	1259346.	1164537.	1433921.	958,182.	6204373.
	Amounts included on lines 1, 2, and 3 received from disqualified persons	1006317.	241,131.	301,800.	633,728.	117,844.	2300820.
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						0.
c	: Add lines 7a and 7b	1006317.	241,131.	301,800.	633,728.	117,844.	2300820.
	Public support. (Subtract line 7c from line 6.)						3903553.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	1388387.	1259346.	1164537.	1433921.	958,182.	6204373.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	746.	1,801.	396.	72.	45.	3,060.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	746.	1,801.	396.	72.	45.	3,060.
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.)	42,544.	21,108.	210,318.	72,421.	79,913.	426,304.
	Total support. (Add lines 9, 10c, 11, and 12.)	1431677.	1282255.	1375251.	1506414.	1038140.	6633737.
14	First 5 years. If the Form 990 is for th	S .		,		()()	· —
60.		o Cumport Dor					
	etion C. Computation of Publi					45	58.84 %
	Public support percentage for 2022 (li		•			15	40.0=
	Public support percentage from 2021 ction D. Computation of Inves					16	48.95 %
	Investment income percentage for 20			ne 13 column (f)		17	.05 %
	Investment income percentage from 2			(1)		18	.05 %
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						T
b	33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, che	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
					s a publicly suppol		

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Schedule A (Form 990) 2022

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
_		
1		
2		
3a		
3b		
3с		
4 -		
4a		
4b		
4c		
-10		
5a		
5b		
5c		
6		
7		
8		
9a		
01-		
9b		
9c		
10a		
401-		
10b		Щ.

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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.

20-4967588 Page 6 FAITH'S LODGE Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations □ 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. 4

Schedule A (Form 990) 2022

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Income tax imposed in prior year

instructions)

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

5

6

Schedule A (Form 990) 2022 FAITH'S LODGE 20-4967588 Page 7

	edule A (Form 990) 2022 FAITH'S LODGE	a)/3) Supporting Over	nizations		J-4967588 Pag
	rt V Type III Non-Functionally Integrated 509(ajjoj supporting Orga	nizations (continu	<i>ied)</i> T	Current Year
1	Amounts paid to supported organizations to accomplish exer	mnt nurnoses		1	Juli Elli I Edi
	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp				
~	organizations, in excess of income from activity	r parposes or supported		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets	s or supported organizations	•	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	ovide details iii i art vii		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
Ū	(provide details in Part VI). See instructions.	io organization lo responsive		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ıs	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	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:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
_	Fundamental COCC				

Schedule A (Form 990) 2022

e Excess from 2022

20-4967588 Page 8 FAITH'S LODGE Schedule A (Form 990) 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 A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME: MISCELLANEOUS INCOME 42,544. 2018 AMOUNT: \$ 2019 AMOUNT: 21,108. 210,318. 2020 AMOUNT: \$ 72,421. 2021 AMOUNT: 2022 AMOUNT: 79,913.

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

	FAITH'S LODGE	20-4967588					
Organization type (chec	k one):						
Filers of:	Section:						
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	ial Rule. See instructions.					
-	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to any one contributor. Complete Parts I and II. See instructions for determining a contrib	•					
Special Rules							
sections 509(a)(contributor, dur	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sup 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16 ing the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount EZ, line 1. Complete Parts I and II.	6b, and that received from any one					
contributor, dur literary, or educ	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contribution is checked, enter purpose. Don't	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received ons exclusively for religious, charitable, etc., purposes, but no such contributions total or here the total contributions that were received during the year for an exclusively recomplete any of the parts unless the General Rule applies to this organization becausele, etc., contributions totaling \$5,000 or more during the year	aled more than \$1,000. If this box eligious, charitable, etc., use it received <i>nonexclusively</i>					
answer "No" on Part IV, I	n that isn't covered by the General Rule and/or the Special Rules doesn't file Scheduline 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990 ling requirements of Schedule B (Form 990).						

 $\label{eq:local_local_local_local} \text{LHA} \quad \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Contradic D (i citi coo) (Local)	i ago -
Name of organization	Employer identification number
FAITH'S LODGE	20-4967588

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FRANK AND KATINA GOUGEON 4729 ANNAWAY DR EDINA, MN 55436	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4 STEVIE AND BILL SISLO 3951 NATCHEZ AVE S SAINT LOUIS PARK, MN 55416	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	WARREN AND MARY STALEY 4517 EDINA BLVD EDINA, MN 55424	\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4 RICHARD M. SCHULZE FAMILY FOUNDATION 6600 FRANCE AVE. SOUTH, SUITE 550 EDINA, MN 55435	\$ 52,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	BROOKLYN TOOL COMPANY 7875 RANCHERS ROAD NE FRIDLEY, MN 55432	\$ 12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	DAVE AND SHANNON KELLER CHARITABLE TRUST 6108 RYAN AVE EDINA, MN 55424	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2022)

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	9
Name of organization	Employer identification number
FAITH'S LODGE	20-4967588

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ONAN FAMILY FOUNDATION PO BOX 500667 MINNEAPOLIS, MN 55403	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	DONALD A. AND MARILYN ANDERSON FOUNDATION INC. 1221 JOHN Q HAMMONS DRIVE, SUITE 101 MADISON, WI 53717	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	EDWARD R. BAZINET CHARITABLE FOUNDATION 1805 W LAKE ST UNIT 203 MINNEAPOLIS, MN 55408	\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4 DMC MANAGEMENT, LLC 1907 WAYZATA BLVD, SUITE 180 WAYZATA, MN 55391	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	CREW FAMILY FOUNDATION 100 E MAIN STREET PLAINVILLE, CT 06062	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	VOIGT LENMARK 2115 GARLAND LN N PLYMOUTH , MN 55447	\$\$2,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

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Name of organization	Employer identification number
FAITH'S LODGE	20-4967588

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
13	FLY HIGH FOUNDATION 19277 99TH PLACE CORCORAN, MN 55374	\$10,300.	Person X Payroll			
(a)	(b)	(c)	(d)			
No. 14	Name, address, and ZIP + 4 KIM AND STEVE SPAID 1843 N WILSON PL ARLINGTON HEIGHTS, IL 60004	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
15	TAYLOR ANDERSON 1005 W RICHWAY DR ALBERT LEA, MN 56007	\$5,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
16	CAROLYN KINZEL 15764 VENTURE LN EDEN PRAIRIE, MN 55344	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
17	KARSYN'S KRUSADERS PO BOX 2851 WATERLOO, IA 50704	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	THING HAM 653, HIM EII TT	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

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Schedule B (Form 990) (2022) Page **3**

Name of organization

Employer identification number

FAITH'S LODGE

20-4967588

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				

Schedule B (Form 990) (2022) Page 4 Name of organization **Employer identification number** FAITH'S LODGE 20-4967588 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Inspection

Name of the organization

FAITH'S LODGE

Employer identification number 20-4967588

Par	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 and of year						
2	Total number at end of 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 v	L writing that the assets held in donor advi	sed funds				
Ū	are the organization's property, subject to the organization's	•					
6	Did the organization inform all grantees, donors, and donor a						
•	for charitable purposes and not for the benefit of the donor o	* *	-				
Pai							
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (for example, recrea		of a historically important land area				
	Protection of natural habitat		of a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	fied 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				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c				
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register						
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by th	e organization during the tax				
	year						
4	Number of states where property subject to conservation eas		-				
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing concerv	ation accoments during the year				
′	Amount of expenses incurred in monitoring, inspecting, hand	alling of violations, and emorcing conserv	ation easements during the year				
8	Does each conservation easement reported on line 2(d) abov	re satisfy the requirements of section 170	0(h)(4)(R)(i)				
Ū		o canory and requirements or escalar re-					
9	In Part XIII, describe how the organization reports conservation						
	balance sheet, and include, if applicable, the text of the footr	•					
	organization's accounting for conservation easements.	3					
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther 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 95	8, not to report in its revenue statement	and balance sheet works				
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in t	urtherance of public				
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these iter	ns.				
b	If the organization elected, as permitted under FASB ASC 95	8, 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 fur	therance of public service,				
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		\$				
2	If the organization received or held works of art, historical treatments	asures, or other similar assets for financi	al gain, provide				
	the following amounts required to be reported under FASB A	SC 958 relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1		\$ <u> </u>				
	Assets included in Form 990, Part X		\$				
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2022				

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

_	edule D (Form 990) 2022 FAITH'S		rt Hieta	orical Tre	asuras o	r Other	Simila	20-49 r ∆ ssets	67588	Page 2
3	, (Continued)									
Ü	collection items (check all that apply):									
а	Public exhibition	(d \square	l oan or excl	hange progra	am				
b	Scholarly research				nango progra					
c	Preservation for future generations	·								
4	Provide a description of the organization's co	ollections and explai	n how th	ev further th	e organizatio	n's exem	nnt nurna	se in Part	XIII	
5	During the year, did the organization solicit of							oo iirr air	,	
•	to be sold to raise funds rather than to be ma								Yes	☐ No
Pa	rt IV Escrow and Custodial Arran									
	reported an amount on Form 990, Pa			5. gaa				,,,	5, 5.	
1a	Is the organization an agent, trustee, custodi		diary for c	contributions	s or other ass	sets not in	ncluded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII									
~		and complete are re							Amount	
С	Beginning balance						1c			
	Additions during the year									
e	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII.						•		_	
	rt V Endowment Funds. Complete									
	<u> </u>	(a) Current year		rior year	(c) Two year			ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	0									
c										
d										
	Other expenditures for facilities									
Ī	and programs									
f	Administrative expenses									
g g	End of year balance									
2	Provide the estimated percentage of the curr		e (line 10	column (a)) held as:	· ·				
– a		one your one building	%	,, co.a (a)	,					
b	Permanent endowment	%	— ~							
c		<u></u> ,°								
·	The percentages on lines 2a, 2b, and 2c sho	· ·								
За	Are there endowment funds not in the posse		ation that	t are held an	nd administer	ed for the	a			
- Ju	organization by:	ocion or the organiza	ation that	aro mora an	ia aarriiriiotor	04 101 411			<u> </u>	'es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
h	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on Sc	hedule R2						
4	Describe in Part XIII the intended uses of the								00	
	rt VI Land, Buildings, and Equipm		WITHERIE II	urius.						
	Complete if the organization answere		0. Part IV	. line 11a. S	ee Form 990	. Part X. I	line 10.			
	Description of property	(a) Cost or o			or other		ccumulate	ed	(d) Book	value
	Description of property	basis (investi		basis			preciation		(d) Dook	value
12	Land	'	,		0,000.	34			430	,000.
	Buildings				3,025.	۶	35,5	79.	2,087	.446.
	Leasehold improvements			_,,,	-,		30,0		_, 507	,
	Equipment			31	0,720.	2	265,7	45.	44	,975.
	Other				7,154.		45,7			$\frac{7373.}{430.}$
	I. Add lines 1a through 1e. (Column (d) must e		X colum		-				2,573	

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 FAITH'S LODG Part VII Investments - Other Securities.		20-4967588 Page	
Complete if the organization answered "Yes" or	n 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)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n 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)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 000 Part IV line	11d Soc Form 000 Part V line 15	
-	Description	Fird. See Form 990, Part A, line 13.	(b) Book value
	ocsonption		(b) Book value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, I	
. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITIES			55,078
(3)			
(4)			
(4)			
(5)			
(5) (6)			
(5) (6) (7)			
(5) (6)			

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

20-4967588 Page 4 FAITH'S LODGE Schedule D (Form 990) 2022 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. 1,079,072. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 a Net unrealized gains (losses) on investments 6,923. Donated services and use of facilities 2b Recoveries of prior year grants 2c Other (Describe in Part XIII.) 6,923. Add lines 2a through 2d 2e 1.072.149. Subtract line 2e from line 1 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 Other (Describe in Part XIII.) -215,798. c Add lines 4a and 4b 4c 856,351. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 5 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. 1,181,831. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 6.923. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c Other (Describe in Part XIII.) 6,923. Add lines 2a through 2d 2e 1,174,908. 3 Subtract line 2e from line 1 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 Other (Describe in Part XIII.) -215,798. c Add lines 4a and 4b 4c 959,110. Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) 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 X, LINE 2: THE ORGANIZATION HAS TAX EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND MINNESOTA STATUTE 290.05. THE ORGANIZATION HAS ADOPTED GUIDANCE IN THE INCOME TAX STANDARD REGARDING THE RECOGNITION OF UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES REGOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON THE TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. THE ORGANIZATION'S TAX RETURNS FOR THE YEARS 2018 THROUGH 2022 ARE OPEN TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES.

Schedule D (Form 990) 2022

PART XI, LINE 2D - OTHER ADJUSTMENTS:

IN-KIND SERVICES

Schedule D (Form 990) 2022 FAITH'S LODGE Part XIII Supplemental Information (continued)	20-4967588 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSE	-215,798.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSE	-215,798.
	-,

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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 FAITH'S	LODGE					20-4967	ntification number
	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1		
required to complete this par	t.						
 Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations 	e Solicitat f Solicitat g Special	tion of tion of fundra	non-g gover aising	overnment grants nment grants events			
 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	art VII) or entity in connection with prividuals or entities (fundraisers) pursua	rofessi	onal fu	undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)			Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
Total							
3 List all states in which the organization or licensing.			utions	or has been notified	it is	exempt from re	gistration

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

Schedule G (Form 990) 2022

Schedule G (Form 990) 2022

FAITH'S LODGE

20-4967588 Page 2

Pa	Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.					
		of fundraising event contributions and gro	oss income on Form 990 (a) Event #1	EZ, lines 1 and 6b. List e	events with gross receipt (c) Other events	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			HOPE ROCKS	HOPE WALKS	1	(add col. (a) through
4			(event type)	(event type)	(total number)	col. (c))
anue						
Revenue	1	Gross receipts	313,267.	75,728.	67,395.	456,390.
_	2	Less: Contributions	302,073.	72,795.	67,395.	442,263.
	3	Gross income (line 1 minus line 2)	11,194.	2,933.		14,127.
		Ocale malace				
	4	Cash prizes				
õ	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	3,842.	145.	4,880.	8,867.
	7	Food and beverages	18,636.	896.	6,370.	25,902.
	8	Entertainment	5,965.			5,965.
	9	Other direct expenses	131,965.	12,182.	19,510.	163,657.
	10		9 in column (d)			204,391.
_		Net income summary. Subtract line 10 from li				-190,264.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
eve						
	1	Gross revenue			19,381.	19,381.
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
irect	4	Rent/facility costs				
	5	Other direct expenses			10,906.	10,906.
	Ť		Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	X No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			10,906.
		Not gaming income summary. Subtract line 7	from line 1 column (ch			8,475.
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)			0,4/3.
9	En	ter the state(s) in which the organization condu	cts gaming activities:			
а		the organization licensed to conduct gaming ac	_	states?		Yes X No
b	b If "No," explain:					
	_					
10-	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes X No					
		Yes," explain:			,oui:	165140
-	_	· ·				
2320	32 10	0-27-22			Sche	dule G (Form 990) 2022

Schedule & (Form 990) 2022

Sch	Schedule G (Form 990) 2022 FAITH'S LODGE	20-49	967	588	Page 3
11	11 Does the organization conduct gaming activities with nonmembers?			Yes	X No
12	12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership				
	to administer charitable gaming?	1		Yes	X No
13	13 Indicate the percentage of gaming activity conducted in:				
	a The organization's facility		13a		%
	b An outside facility		13b		%
	14 Enter the name and address of the person who prepares the organization's gaming/special				
•	The the hame and address of the person who propares the organization o gaming special	events books and rootius.			
	Name				
	Address				
	Address				
15	15a Does the organization have a contract with a third party from whom the organization receive	es gaming revenue?		Yes	X No
	b If "Yes," enter the amount of gaming revenue received by the organization \$	and the amount			
	of gaming revenue retained by the third party \$				
	c If "Yes," enter name and address of the third party:				
•	on 165, enter name and address of the third party.				
	Name				
	Name				
	Address				
	Address				
16	16 Gaming manager information:				
16	Gaming manager information.				
	Nama				
	Name				
	Coming manager compananties				
	Gaming manager compensation \$				
	Description of convices provided				
	Description of services provided				
	Director/officer Employee Independent contracto	ſ			
	17 Mandatory distributions:				
á	a Is the organization required under state law to make charitable distributions from the gamin	g proceeds to			
	retain the state gaming license?			Yes	X No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt	organizations or spent in the			
D	organization's own exempt activities during the tax year \$				
Pa	Part IV Supplemental Information. Provide the explanations required by Part I, line		III, lin	es 9, 9	b, 10b,
_	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See i	nstructions.			
		•			

Schedule (Form 990) FAITH'S LODGE 20-4967588 Page 4 Part IV Supplemental Information (continued)	Schedule G (Form 990)	FAITH'S LODGE	20-4967588 Page 4
	Part IV Supplemental II	nformation (continued)	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number 20-4967588

	FAITH'S LODG	E					20-	4967	588	
Pai	t I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribu amounts reported Form 990, Part VIII,	d on	n	Method of oncash contr		_	s
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods	X		8,	619.	FMV				
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous									
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other \dots									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory	X	7	2,	877.	FMV				
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (<u>AUCTION</u>)	X	115		645.					
26	Other (ADVERTISING)	X	3		000.					
27	Other (EQUIPMENT)	X	1	6,	000.	FMV				
28	Other ()									
29	Number of Forms 8283 received by the organization	zation during	g the tax year for co	ontributions						
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement	29				0	
									Yes	No
30a	During the year, did the organization receive by						hat it			
	must hold for at least 3 years from the date of									
	exempt purposes for the entire holding period?	?						30a		X
b	If "Yes," describe the arrangement in Part II.									
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?					X				
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell no	oncash					_
	contributions?							32a		X
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	ked,				
	describe in Part II.									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

Schedule M (Form 990) 2022 FAITH'S LODGE	20-4967588	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3	3, and whether the organiza	tion
is reporting in Part I, column (b), the number of contributions, the number of items received, or a con	nbination of both. Also comp	plete
this part for any additional information.		
SCHEDULE M, PART I, COLUMN (B):		
COLUMN (B) REPORTS THE NUMBER OF CONTRIBUTORS.		

Schedule M (Form 990) 2022

232142 09-09-22

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.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

FAITH'S LODGE

Employer identification number 20-4967588

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PLANNED PROGRAMMING AND TIMES FOR PARENTS AND FAMILIES TO COME TOGETHER IN A MORE INFORMAL MANNER.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR CONVENING THE LEADERSHIP OF THE BOARD TO DEAL WITH MATTERS THAT MAY NOT BE ABLE TO WAIT UNTIL THE FULL BOARD OF DIRECTORS MEETS AND TO ADDRESS OTHER MATTERS REFERRED TO THE COMMITTEE BY THE FULL BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND MEMBERS OF THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

FAITH'S LODGE HAS AN OFFICIAL CONFLICT OF INTEREST POLICY, WHICH IS APPROVED EVERY YEAR BY THE BOARD OF DIRECTORS. EACH BOARD MEMBER SIGNS A DOCUMENT AGREEING TO ABIDE BY THE CONFLICT OF INTEREST POLICY. TO ENFORCE THE CONFLICT OF INTEREST POLICY, THE BOARD MEMBERS REVIEW ALL CONTRACTS THAT FAITH'S LODGE ENTERS INTO, AS WELL AS PARTNERSHIPS WITH COMPANIES AND IF A CONFLICT IS IDENTIFIED OR PERCEIVED, THE ATTENTION OF THE BOARD. IF THE BOARD DETERMINES THAT THE CONFLICT IS KNOWN AND ACCEPTABLE, WE MOVE FORWARD. IF THE BOARD DETERMINES THAT THE CONFLICT IS UNACCEPTABLE, ALL TRANSACTIONS BETWEEN THE CONFLICTED PARTIES WOULD CEASE. BOARD MEETING MINUTES WOULD DOCUMENT ANY PERCEIVED CONFLICTS

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

AND SUBSEQUENT ACTION (OR INACTION).

Schedule O (Form 990) 2022

A4780802

Name of the organization	Employer identification number
FAITH'S LODGE	20-4967588
FORM 990, PART VI, SECTION B, LINE 15A:	
COMPENSATION IS DETERMINED ANNUALLY BASED ON A FORMAL REVI	EW WHICH IS
REVIEWED AND APPROVED BY THE FULL BOARD. THE INDEPENDENT E	OARD CHAIR SENDS
A PERFORMANCE EVALUATION QUESTIONNAIRE TO THE BOARD OF DIF	ECTORS, WHICH
ALSO MAINTAINS INDEPENDENCE, PRIOR TO THEIR ANNUAL MEETING	. THEY REVIEW
COMPARATIVE INFORMATION ON LIKE-SIZED ORGANIZATIONS. A REV	IEW IS ASSEMBLED
THAT IS DISCUSSED WITH THE COMPENSATED INDIVIDUALS. COMPEN	SATION WAS MOST
RECENTLY REVIEWED IN 2022.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINA	NCIAL STATEMENTS
ARE MADE AVAILABLE THROUGH THE CHARITIES REVIEW COUNCIL.	

Mail To:

Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

STATE OF MINNESOTA

CHARITABLE ORGANIZATION ANNUAL REPORT FORM

4	\sim	

	ebsite Address: rw.ag.state.mn.us/charity	(Pursuant to Minn. Stat. ch. 309)				
SE	SECTION A: Organization Information					
Le	gal Name of Organization $_$ $ t FAIT$	H'S LODGE				
Federal EIN: 20-4967588		Fiscal Year-End: 12312022 mm/dd/yyyy				
			Did the organization's fiscal year-en	nd change?	Yes	X No
	ailing Address: KELLY MCDYRE		Physical Address: KELLY MCDYRE			
Contact Person 505 HWY. 169 N, NO. 245			Contact Person 505 HWY • 169 N, NO	0. 245		
	Street Address PLYMOUTH, MN 55441		Street Address PLYMOUTH, MN 55441			
0	ity, State, and ZIP Code 512-825-2073		City, State, and ZIP Code 612-825-2073			
	Phone Number KELLYMCDYRE@FAITHSL	ODGE.ORG	Phone Number KELLYMCDYRE@FAITHSLODGE.ORG			
LE	mail Address		Email Address			
1.	Organization's website: <u>WWW • F</u>	AITHSLODGE.ORG				
2.				Former Former		
3.	 List all names under which the organization solicits contributions (attach list if more space is needed). FAITH'S LODGE 					
4.	Is the organization incorporated pure	suant to Minn. Stat. ch. 317A?	X Yes No			
5.	Total amount of contributions the or	ganization received from Minnesota	donors:	\$	464	,404.
6.	Has the organization's tax-exempt st	tatus with the IRS changed? attach explanation.				
7.	Has the organization significantly ch	anged its purpose(s) or program(s)? attach explanation.				

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

8.	Has the organization been denied the right to solicit contributions by any court or governing X No X No If yes, attach explanation.	rnment agency?		
9.	Does the organization use the services of a professional fundraiser (outside solicitor or solicit contributions in Minnesota? Yes X No If yes, provide the following information for each (attach list if more space is needed):	consultant) to		
	Name of Professional Fundraiser	Compensation		
	Street Address	City, State, and ZIP Code	9	
	If yes, is the organization required to file an audit? Yes, audit attached No Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold. 11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000?			
	compensation* of more than \$100,000? X Yes No If yes, provide the following information for the five highest paid individuals:			
	Name and title	Compensation*	Other compensation	
	KELLY MCDYRE PRESIDENT AND CEO	127,652.	1,277.	
		12.7,002.0	2,2,7,0	
	*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 10	` '		

3(i) and Minn. Stat. \S 317A.011 for definitions.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N.

Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCO	ME	
1.	Contributions Received	\$ 1
2.	Government Grants	\$
3.	Program Service Revenue	\$ 3
4. Other Revenue		\$ 4
5.	TOTAL INCOME	\$ 5
EXPE	ENSES	
6.	Program Expenses	\$ 6
7.	Management & General Expenses	\$ 7
8.	Fund-raising Expenses	\$ 8
9.	TOTAL EXPENSES	\$
10.	EXCESS or DEFICIT	\$ 10
	(Line 5 minus Line 9)	
ASSE	ETS	
11.	Cash	\$ 11
12.	Land, Buildings & Equipment	\$ 12
13.	Other Assets	\$
14.	TOTAL ASSETS	\$ 14
LIAB	ILITIES	
15.	Accounts Payable	\$ 15
16.	Grants Payable	\$ 16
17.	Other Liabilities	\$ 17
18.	TOTAL LIABILITIES	\$ 18
FUNI	D BALANCE/NET WORTH	\$
(Line 1	4 minus Line 18)	

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF

	mns B, C, and D must equal Column A. The amour	it on Line 25, Column 7	T	TIO TOTTI 990-LZ OF LINE	20 01 INS 1 01111 990-F1 .
		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1.	Grants and other assistance to governments				
<u> </u>	and organizations in the U.S.				
2.	Grants and other assistance to individuals in the U.S.				
3.	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
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				
8.	Pension plan contributions (include section				
-	401(k) and section 403(b) employer contributions)				
9.	Other employee benefits				
10.	Payroll taxes				
11.	1 1 , ,				
a.	Management				
b.	Legal				
c.	Accounting				
d.	Lobbying				
е.	Professional fundraising services				
f.	Investment management fees				
g.	Other				
12.	Advertising and promotion				
13.	Office expenses				
14.	Information technology				
15.	Royalties				
16.	Occupancy				
17.	Travel				
18.	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19.	Conferences, conventions, and meetings				
20.	Interest				
21.	Payments to affiliates				
22.	Depreciation, depletion, and amortization				
23.	Insurance				
24.	Other expenses. Itemize expenses not covered				
	above. Expenses labeled miscellaneous may				
	not exceed 5% of total expenses (Line 25).				
a.					
b.					
c.					
d.					
25.	Total functional expenses. Add lines 1 through 24d				
26.	Joint costs. Check here if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

CHARITABLE ORGANIZATION ANNUAL REPORT FORM (Continued)

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. \S 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly co	onstituted officers of this organization, being the
(Title) and	(Title) respectively, and
that we execute this document on behalf of the organization pursuar	nt to the resolution of the
	(Board of Directors, Trustees, or Managing Group) adopted on the
day of, 20, approving the contents of the	document, and do hereby certify that the
	(Board of Directors, Trustees, or Managing Group) has assumed, and will continue
to assume, responsibility for determining matters of policy, and have	supervised, and will continue to supervise, the operations and finances of the
organization. We further state that the information supplied is true, c	orrect and complete to the best of our knowledge.
_	_
Name (Print)	Name (Print)
Signature	Signature
_	_
Title	Title
Date	 Date

Chapter 202, Wis. Stats. Subchapter II

STATE OF WISCONSIN Department of Financial Institutions

Division of Corporate and Consumer Services

Mailing Address: PO Box 7879 Madison, WI 53707-7879

E-Mail: DFICharitableOrgs@wi.gov Telephone: (608) 267-1711 Fax: (608) 267-6813



www.wdfi.org

FORM #1952 - WISCONSIN SUPPLEMENT TO FINANCIAL REPORT

Purpose: Charitable organizations that are registered, or are required to be registered, with the Department of Financial Institutions – Division of Corporate and Consumer Services ("division") must file an annual financial report with the division within 12 months after the organization's fiscal year-end unless the organization qualifies for an exemption from the annual filing requirement.

An organization must file its annual report on Form #308 or on Form #1952. This form, Form #1952, is a shorter, more commonly used version of the annual report form and must be accompanied by the organization's IRS 990, 990EZ, or 990-PF. If an organization is unable to submit an IRS 990, 990EZ, or 990-PF, it should submit Form #308 to the division instead of Form #1952.

Please note that an organization may not have to file a Form #308 or a Form #1952 if:

- it received \$25,000 or less in contributions during its most recently completed fiscal year, or
- it operates solely in the county in which its principal office is located <u>and</u> received less than \$50,000 in contributions during its most recently completed fiscal year.

If the organization's contributions fall into either of the above categories, an Affidavit in Lieu of Annual Financial Report (Form #1943) should be submitted instead of Form #308 or Form #1952.

Print or type the information requested in the spaces provided.

1.	Name of charitable organization and any trade names or DBA (doing business as) names the organization uses when soliciting.							
	FAITH'S LODGE							
2.	WI Charitable Organization Registration	Numl	ber:		13546-	800		
3.	3. Federal Employer Identification Number: 20-4967588							
4.	Provide the following information for the	e orga	nization's heado	uarters office,	if any:			
	Street: 505 HWY 169 N, SUITE 245							
	City: Sta PLYMOUTH	te: MN	Zip: 55441		Daytime	Phone Number: 612-825-2073		
5.	Provide the organization's mailing address if different than above.							
	Street Address:					P.O. Box:		
	City:			State:		Zip:		

has more than one Wisconsin office. This item does not have to be completed if the headquarters office noted on page 1 is the

	only Wiscons	in office.				-	•				
	Street:										
	City:		State:	Zip:			Daytime Phon	e Number:			
7.	Provide the for pages, if neces	ollowing informa	ntion for the pe	erson(s) who	has custody	of the organ	nization's financ	cial records. A	ttach additional		
	First Name: Last Name: KELLY MCDYRE					Street: 505 HWY	169 N, SUITE 245				
	City: PLYMOUTI	Н	State:	Zip:	55441		Daytime Phon				
8.		following information intributions. Atta				aritable orga	anization who l	nas final respon	nsibility for the		
	First Name: KELLY		Last Na MCDYF			Street: 505 HWY	169 N, SUITE 2	245			
	City: PLYMOUTI	H	State:	Zip:	55441	000 11 ((1	Daytime Phon				
9.		ollowing inform Attach addition			thin the org	ganization w	ho is responsib	le for the final	l distribution of		
	First Name: KELLY		Last Na MCDYF	Last Name:			Street: 505 HWY 169 N, SUITE 245				
	City: PLYMOUTI	H	State:	Zip:	55441	303 11 11	Daytime Phon				
10	matters.	following inform		erson to who		sk questions		and other regi	istration related		
	First Name: KELLY		Last Name: MCDYRE		Phone: 612-825-2073		E-mail: KELLYMCDYRE@FAITHSLODGE.G				
	Street: 505 HWY 10	59 N, SUITE 245	5	City: PLYM	1OUTH		State: MN	Zip:	5441		
11		charitable purpos (You can disrega									
12	counsel or di or employee If YES , provi	ons in Wisconsin d your organizat of your organiza de the following	ion pay a pers ation, during the information a	on to solicit on the previous fi	contribution iscal year?	s, other than	a salaried offic	er	Yes V No		
	Name:	onal pages, if nec	cessary.			Fu	nd-Raiser:	Fund-Raising	Counsel:		
	Street:					City:		2 und retioning (
		7:		mh au : NY 1					1/		
	State:	Zip:	Tele	phone Numb	oer:		und-raiser/fund- contributions ::	raising counsel			

13.	Has any of the information your organization previously submitted to the division changed (i.e. name of the organization, address of the principal office, address of any Wisconsin branch offices, accounting period, names of persons who have final authority for custody or final distribution of contributions, articles, by-laws, statement of purpose, etc.)?	No
_	If YES , describe the changes below. If the organization's corporate name has changed, also attach a copy of the name change amendment. (Please note that you do not need to provide this information if, as required by law, you already submitted the information to the division within 30 days after the date of the change.)	
14.	Is your organization authorized by any other state/governmental authority to solicit contributions?	No
15.	During the past year, has your organization had its authority to solicit contributions denied, suspended, revoked, or enjoined by a court or other governmental authority?	No
	If YES, provide a detailed statement of explanation.	
16.	Does your organization intend to accumulate an increasing surplus in net assets, rather than spend current revenue on the organization's stated purpose?	No
_	If YES , please explain.	
17.	Did the registrant make a grant, award, or contribution to any organization in which any of the registrant's officers or directors hold an interest; or was the registrant a party to any transaction in which any of its directors, trustees or officers has a material financial interest; or did any officer or director of the registrant receive anything of value not reported as compensation? If YES to any of the above, please explain.	No
Γ	11 125 to any of the above, please explain.	

FINANCIAL INFORMATION

Enter the accounting period (month, day, and year) that the following financial information applies to and identify the accounting method used when preparing the information.

	Beginning Date: 01-01-2022 Ending Date: 12/31/2022		
	Accounting Method: Cash Accrual Other (specify)		
1.	Contributions	1	958,182
	 ("Contribution" means a grant or pledge of money, credit, property, or other thing of any kind or value, except food, used clothing, or used household goods, to a charitable organization or for a charitable purpose. Bequests received directly from the public and indirect public support, such as contributions received through solicitation campaigns conducted by federated fundraising agencies like United Way should be included in this amount. "Contribution" does not include: Income from bingo or raffles conducted under ch. 563, Wis. Stats. government grants bona fide fees, dues, or assessments paid by a member of a charitable organization, except that, if initial membership in a charitable organization is conferred solely as consideration for making a grant or pledge of money to the charitable organization in response to a solicitation, that grant or pledge of money is a contribution.) 		
2.	Other Revenues	2	-101,831
3.	Total Revenue (line 1 plus line 2)	3	856,351
4.	Expenses:		
	a Expenses Allocated to Program Services 4a 673,934		
	b. Expenses Allocated to Management and General		
	c. Expenses Allocated to Fund-raising		
	d. Expenses Allocated to Payments to Affiliates		
	e. Total Expenses	4e	959,110
5.	Excess or Deficit (line 3 minus line 4e)	5	-102,759
6.	Net Assets at Beginning of Year	6	2,547,748
7.	Other Changes in Net Assets or Fund Balances (See 990, part XI)	7	
8.	Net Assets at End of Year	8	2,444,989

ATTACHMENTS

Check the box next to the items that are attached to your annual report. Items A., B., and C. are required. Item D. or E. (or Waiver Application of D. or E.) is required if the contributions received by your organization fall into the described ranges. (Note: If you are submitting this form with your initial application, DO NOT submit the following attachments. Submit the attachments cited in the application form instead).

R E Q U I R E D

List of all officers, directors, trustees, and principal salaried employees - The list must include each individual's name, address, and title. Please note that "principal salaried employees" refers to the chief administrative officers of your organization, but does not include the heads of separate departments or smaller units within the organization. (You can disregard this item if you are attaching an IRS 990 that already includes the requested information.)



A list of states that have issued a license, registration, permit, or other formal authorization to the organization to solicit contributions. (You can disregard this item if you are attaching an IRS 990 that already includes the requested information.)

R E Q U I R E D	C.	IRS Form #990, 990EZ, or 990-PF. Do not include Schedule B of the 990. (Note: If you file an IRS Form 990-N, you cannot use this form. You must complete a Form #308 or Form #1943 instead.)
ע	/ / D.	Audited Financial Statements if the organization received contributions in excess of \$500,000 during its fiscal year. The financial statements must be prepared in accordance with generally accepted accounting principles and be accompanied by the opinion of an independent certified public accountant.
C H E C		Apply for Waiver of "D. Audited Financial Statements" if (1.) the organization's contributions were, during each of the past 3 fiscal years, less than \$100,000; and (2.) during the fiscal year for which the waiver is being requested, the organization received one or more contributions from one contributor that exceeded \$400,000. Include documentation to support (1.) and (2.).
K O N E	E.	Reviewed Financial Statements if the organization received contributions in excess of \$300,000, but not more than \$500,000 during its fiscal year. The financial statements must be prepared in accordance with generally accepted accounting principles by an independent certified public accountant. Audited financial statements are also acceptable.
		Apply for Waiver of "E. Reviewed Financial Statements" if (1.) the organization's contributions were, during each of the past 3 fiscal years, less than \$100,000; and (2.) during the fiscal year for which the waiver is being requested, the organization received one or more contributions from one contributor that exceeded \$200,000. Include documentation to support (1.) and (2.).
	CERTIFIC	CATION
	This docume	ent MUST be signed by the chief fiscal officer. Two different officer signatures required.
		that we have reviewed this report, including the accompanying schedules and statements, and to the best of our he information furnished is true, correct, and complete.
	Signature of	President or Authorized Officer Date Signature of Chief Fiscal Officer Date

RETURN MATERIALS TO:

Department of Financial Institutions Division of Corporate and Consumer Services

Mailing Address: PO Box 7879 Madison, Wisconsin 53707-7879

Notice: Completion of this form is required under Section 202.12, Wisconsin Statutes. Failure to comply may result in further action by our Department. Personal information you provide may be used for secondary purposes.

This document can be made available in alternate formats upon request to qualifying individuals with disabilities.

FAITH'S LODGE FINANCIAL STATEMENTS YEARS ENDED DECEMBER 31, 2022 AND 2021



FAITH'S LODGE TABLE OF CONTENTS YEARS ENDED DECEMBER 31, 2022 AND 2021

I	NDEPENDENT AUDITORS' REPORT	1
F	FINANCIAL STATEMENTS	
	STATEMENTS OF FINANCIAL POSITION	3
	STATEMENTS OF ACTIVITIES	4
	STATEMENTS OF FUNCTIONAL EXPENSES	6
	STATEMENTS OF CASH FLOWS	8
	NOTES TO FINANCIAL STATEMENTS	9



CliftonLarsonAllen LLP CLAconnect.com

INDEPENDENT AUDITORS' REPORT

Board of Directors Faith's Lodge Minneapolis, Minnesota

Report on the Audit of the Financial Statements Opinion

We have audited the accompanying financial statements of Faith's Lodge, which comprise the statements of financial position as of December 31, 2022 and 2021, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Faith's Lodge as of December 31, 2022 and 2021, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Faith's Lodge and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Faith's Lodge's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Board of Directors Faith's Lodge

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due
 to fraud or error, and design and perform audit procedures responsive to those risks. Such
 procedures include examining, on a test basis, evidence regarding the amounts and disclosures
 in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit
 procedures that are appropriate in the circumstances, but not for the purpose of expressing an
 opinion on the effectiveness of Faith's Lodge's internal control. Accordingly, no such opinion is
 expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Faith's Lodge's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

CliftonLarsonAllen LLP

Clifton Larson Allen LLP

Minneapolis, Minnesota March 15, 2023

FAITH'S LODGE STATEMENTS OF FINANCIAL POSITION DECEMBER 31, 2022 AND 2021

	2022			2021	
ASSETS					
CURRENT ASSETS					
Cash and Cash Equivalents	\$	706,517	\$	620,334	
Accounts Receivable		5,540		12,337	
Pledges and Grants Receivable		232,000		279,000	
Prepaid Expenses		19,811		20,473	
Total Current Assets		963,868		932,144	
OTHER ASSETS					
Pledges and Grants Receivable, Net of Current Portion		243,257		418,286	
Property and Equipment, Net		2,573,851		2,603,129	
Right of Use Asset, Net of Accumulated Depreciation		49,368		-	
Total Other Assets		2,866,476		3,021,415	
Total Assets	\$	3,830,344	\$	3,953,559	
LIABILITIES AND NET ASSETS					
CURRENT LIABILITIES					
Accounts Payable	\$	7,780	\$	11,981	
Accrued Expenses	Ψ	16,245	Ψ	11,696	
Lease Liabilities		36,044		-	
Deferred Revenue		30,308		35,004	
Deferred Rent		-		6,091	
Debt, Current Portion		67,955		65,094	
Total Current Liabilities		158,332		129,866	
LONG-TERM LIABILITIES					
Debt, Net of Current Portion		1,207,989		1,275,945	
Lease Liabilities		19,034			
Total Liabilities		1,385,355		1,405,811	
NET ASSETS					
Without Donor Restrictions		1,969,182		1,850,738	
With Donor Restrictions		475,807		697,010	
Total Net Assets		2,444,989		2,547,748	
Total Liabilities and Net Assets	\$	3,830,344	\$	3,953,559	

FAITH'S LODGE STATEMENT OF ACTIVITIES YEAR ENDED DECEMBER 31, 2022

	 out Donor estrictions	ith Donor estrictions	Total
SUPPORT AND REVENUES			
Contributions:			
Cash	\$ 495,488	\$ 5,521	\$ 501,009
In-Kind	 21,834	 _	 21,834
Subtotal Support and Revenues	517,322	5,521	522,843
Special Event Revenue	367,542	-	367,542
Donated Special Event Revenue	108,728	-	108,728
Other Income	79,959	-	79,959
Net Assets Released from Restrictions	 226,724	 (226,724)	
Total Support and Revenues	1,300,275	(221,203)	1,079,072
EXPENSES			
Program	680,857	-	680,857
Management and General	125,452	-	125,452
Fundraising	159,724	-	159,724
Special Event - Fundraising	215,798	 	215,798
Total Expenses	1,181,831		1,181,831
INCREASE (DECREASE) IN NET ASSETS	118,444	(221,203)	(102,759)
Net Assets - Beginning of Year	 1,850,738	 697,010	 2,547,748
NET ASSETS - END OF YEAR	\$ 1,969,182	\$ 475,807	\$ 2,444,989

FAITH'S LODGE STATEMENT OF ACTIVITIES YEAR ENDED DECEMBER 31, 2021

	 Without Donor Restrictions		With Donor Restrictions		Total	
SUPPORT AND REVENUES						
Contributions:						
Cash	\$ 368,157	\$	602,204	\$	970,361	
In-Kind	12,856				12,856	
Subtotal Support and Revenues	 381,013		602,204		983,217	
Special Event Revenue	399,086		-		399,086	
Donated Special Event Revenue	51,618		-		51,618	
Other Income	72,493		-		72,493	
Net Assets Released from Restrictions	233,676		(233,676)			
Total Support and Revenues	1,137,886		368,528		1,506,414	
EXPENSES						
Program	646,920		-		646,920	
Management and General	103,761		-		103,761	
Fundraising	148,387		-		148,387	
Special Event - Fundraising	140,991		_		140,991	
Total Expenses	1,040,059		-		1,040,059	
INCREASE (DECREASE) IN NET ASSETS	97,827		368,528		466,355	
Net Assets - Beginning of Year	 1,752,911		328,482		2,081,393	
NET ASSETS - END OF YEAR	\$ 1,850,738	\$	697,010	\$	2,547,748	

FAITH'S LODGE STATEMENT OF FUNCTIONAL EXPENSES YEAR ENDED DECEMBER 31, 2022

	Program Services	Management and General	Fundraising	Special Event - Fundraising	Total
Salaries	\$ 256,921	\$ 75,468	\$ 105,817	\$ -	\$ 438,206
Payroll Taxes	25,220	2,873	7,217	-	35,310
Other Payroll Expenses	2,488	964	-	-	3,452
Employee Benefits	9,964	3,505	3,659		17,128
Total Salaries and					
Benefits	294,593	82,810	116,693	-	494,096
Contract Services	35,722	1,200	2,800	-	39,722
Other Professional Fees	-	12,883	-	117,911	130,794
Printing and Production	2,992	411	3,998	1,632	9,033
Supplies	39,341	2,954	· -	16,369	58,664
Information Technology	8,235	2,184	3,182	-	13,601
Occupancy	81,660	16,278	16,767	-	114,705
Travel and Meetings	3,580	885	474	1,387	6,326
Interest	56,369	-	-	-	56,369
Postage and Delivery	2,438	270	2,414	654	5,776
Insurance	16,815	-	-	-	16,815
Repairs and Maintenance	32,558	-	-	-	32,558
Telephone	5,534	2,339	743	-	8,616
Advertising and Public					
Relations	1,500	-	-	51,000	52,500
Depreciation	89,675	-	-	-	89,675
Bad Debt	-	-	-	-	-
Other	9,845	3,238	12,653	26,845	52,581
Total Functional					
Expenses	\$ 680,857	\$ 125,452	\$ 159,724	\$ 215,798	\$ 1,181,831

FAITH'S LODGE STATEMENT OF FUNCTIONAL EXPENSES YEAR ENDED DECEMBER 31, 2021

	Program Services	Management and General	Fundraising	Special Event - Fundraising	Total
		and Contral	- unaraionig	- unununung	- rotar
Salaries	\$ 230,184	\$ 63,160	\$ 96,562	\$ -	\$ 389,906
Payroll Taxes	22,308	2,751	6,418	· -	31,477
Other Payroll Expenses	2,761	879	· <u>-</u>	_	3,640
Employee Benefits	8,489	3,525	3,353	-	15,367
Total Salaries and					
Benefits	263,742	70,315	106,333	-	440,390
Contract Services	35,038	670	3,220	-	38,928
Other Professional Fees	-	13,578	-	113,299	126,877
Printing and Production	641	612	2,939	1,575	5,767
Supplies	32,620	1,996	604	8,778	43,998
Information Technology	26,064	2,256	2,860	-	31,180
Occupancy	69,339	7,460	19,668	-	96,467
Travel and Meetings	3,148	605	257	2,015	6,025
Interest	59,115	-	-	-	59,115
Postage and Delivery	1,761	501	4,462	1,372	8,096
Insurance	16,143	-	-	-	16,143
Repairs and Maintenance	31,496	-	-	-	31,496
Telephone	9,905	2,145	777	-	12,827
Advertising and Public					
Relations	-	-	-	-	-
Depreciation	90,531	-	-	-	90,531
Bad Debt	-	400	-	-	400
Other	7,377	3,223	7,267	13,952	31,819
Total Functional					
Expenses	\$ 646,920	\$ 103,761	\$ 148,387	\$ 140,991	\$ 1,040,059

FAITH'S LODGE STATEMENTS OF CASH FLOWS YEARS ENDED DECEMBER 31, 2022 AND 2021

	2022		2021	
CASH FLOWS FROM OPERATING ACTIVITIES				
Increase (Decrease) in Net Assets	\$	(102,759)	\$	466,355
Adjustments to Reconcile Increase (Decrease) in Net Assets				
to Net Cash Provided by Operating Activities:				
Depreciation		89,675		90,531
Amortization of ROU Asset		31,070		-
Changes in Operating Assets and Liabilities:				
Pledges and Grants Receivable		222,029		(390,204)
Prepaid Expenses		662		(6,599)
Accounts Receivable		6,797		(7,242)
Accounts Payable		(4,201)		331
Accrued Expenses		4,549		(12,953)
Deferred Revenue		(4,696)		12,422
Deferred Rent		-		(7,494)
Cash Paid for Operating Lease Liability		(31,451)		
Net Cash Provided by Operating Activities		211,675		145,147
CASH FLOWS FROM INVESTING ACTIVITIES				
Payments on Long-Term Debt		(65,095)		(62,354)
Purchase of Fixed Assets		(60,397)		(18,891)
Net Cash Used by Investing Activities		(125,492)		(81,245)
NET INCREASE IN CASH AND CASH EQUIVALENTS		86,183		63,902
Cash and Cash Equivalents - Beginning of Year		620,334		556,432
CASH AND CASH EQUIVALENTS - END OF YEAR	\$	706,517	\$	620,334
SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION Cash Paid for Interest	\$	56,369	\$	59,115
In-Kind Donations	\$	130,562	\$	64,474

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

Faith's Lodge (the Organization) was incorporated in 2006 to be operated as a charitable organization. The mission of Faith's Lodge is to support parents and families coping with the death or medically complex condition of a child in a peaceful environment to reflect on the past, renew strength for the present, and build hope for the future. The real value in the experience comes from the connections that parents make in talking to others who are experiencing the same challenges surrounding difficult circumstances. A grieving mother that connects with another mother who knows her depth of pain is going to have more success navigating her journey of grief for many years to come. The lodge accommodates up to eight families at a time and operates year-round serving either couples or families on designated dates. Every "bereaved" week includes facilitated group discussion with a licensed therapist as well as scheduled therapeutic activities for individuals and activities for couples and families. Activities include yoga, mindfulness, memorial birdhouse painting, and a heart stone ritual for all families.

Net Asset Classification

Net assets and revenues, gains, and losses are classified based on donor-imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

Net Assets Without Donor Restrictions – Net assets not subject to donor-imposed stipulations.

Net Assets With Donor Restrictions – Net assets subject to donor-imposed stipulations that: a) restrict their use to a specific purpose satisfied by actions of the Organization or passage of time; or b) require that they be maintained in perpetuity by the Organization. The Organization has no net assets restricted in perpetuity.

Revenue Recognition

Contributions are recognized as revenue when they are received or unconditionally pledged.

Support that is with donor restrictions is reported as an increase in net assets without donor restrictions if the restriction expires in the reporting period in which the support is recognized. All other donor-restricted support is reported as an increase in net assets with donor restrictions, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified to net assets without donor restriction and reported in the statements of activities as net assets released from restrictions.

Cash and Cash Equivalents

For the purposes of the statements of cash flows, the Organization considers all cash and other highly liquid investments available for current use with an initial maturity of three months or less to be cash equivalents.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Cash and Cash Equivalents (Continued)

At times, cash and cash equivalents may be in excess of the Federal Deposit Insurance Corporation (FDIC) insurance limit.

Pledges and Grants Receivable

Pledges and grants receivable are recorded at fair value at the time of gift. Pledges and grants receivable that are expected to be collected in greater than one year are recorded at the present value of the amounts expected to be collected using a discount rate reflective of the market and conditions at the time of gift. Amortization of the discount is included in contribution revenue.

Management provides an allowance for bad debts using the allowance method, which is based on management judgment considering historical information. An allowance is provided for other accounts when a significant pattern of uncollectibility has occurred. When all collection efforts have been exhausted, the accounts are written off against the related allowance. No allowance was recorded for 2022 or 2021.

Property and Equipment

Property and equipment purchases exceeding \$1,000 are recorded at cost. Contributed items are recorded at fair market value at date of donation. If the donor stipulates how long the assets must be used, the contributions are recorded as restricted for purpose or time support. In the absence of such stipulation, contributions of property and equipment are recorded as without donor restrictions. Depreciation is recorded through the use of the straight-line method over the estimated useful life of the asset. Construction in progress is not depreciated until placed into service or materially complete. Buildings have an estimated useful life of 40 years, equipment has an estimated useful life ranging from 3 to 10 years, and the website has an estimated useful life of five years.

<u>Leases</u>

Faith's Lodge determines if an arrangement is a lease at inception. Leases are reported on the balance sheet as a right-of-use (ROU) asset and finance lease liability.

ROU assets represent the Organization's right to use an underlying asset for the lease term and lease liabilities represent the Organization's obligation to make lease payments arising from the lease. ROU assets and liabilities are recognized at commencement date based on the present value of lease payments over the lease term. Lease terms may include options to extend or terminate the lease when it is reasonably certain that the Organization will exercise that option. Lease expense for operating lease payments is recognized on a straight-line basis over the lease term. The Organization has elected to recognize payments for short-term leases with a lease term of 12 months or less as expense as incurred and these leases are not included as lease liabilities or right of use assets on the balance sheets.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Leases (Continued)

The individual lease contracts do not provide information about the discount rate implicit in the lease. Therefore, the Organization has elected to use a risk-free discount rate determined using a period comparable with that of the lease term for computing the present value of lease liabilities. The Organization has elected not to separate nonlease components from lease components and instead accounts for each separate lease component and the nonlease component as a single lease component.

Interest Costs

Interest costs incurred as part of the cost of acquiring or constructing a qualifying asset are capitalized as part of the qualifying asset's basis. Interest costs incurred on qualifying assets financed with the proceeds of externally restricted tax-exempt borrowings are capitalized net of any interest earned by temporarily investing the proceeds of the borrowings.

Interest costs that are not related to the cost of acquiring or constructing a qualifying asset are expensed as incurred. Total interest expense was \$56,369 and \$59,115 for the years ended December 31, 2022 and 2021, respectively.

Donated Services, Materials, and Equipment

Contributions of noncash assets (materials and equipment) are recorded at their fair values in the period received. Contributions of services that create or enhance nonfinancial assets or that require specialized skills, are provided by individuals possessing those skills, and which would typically need to be purchased if not provided by donation, are recorded at their estimated fair values in the period received. Internal special event in-kind amounts are donated items recorded at fair value that are used in facilitating the event. Examples of such donated items are generally food, beverage, facility costs, and auction items. The Organization estimates the fair value of these donated items based on the current market rates for similar items in the Organization's market.

In-kind contributions received during the years ended December 31 consisted of:

	2022		2021
Advertising	\$	51,000	\$ -
Auction Items		54,645	41,899
Professional Services		500	-
Miscellaneous Donations		2,583	 9,719
Total Donated Event Contributions		108,728	 51,618
Food and Beverage		294	525
Equipment		6,000	-
Supplies		8,619	5,461
Professional Services		6,921	 6,870
Total Donated Nonevent Contributions		21,834	12,856
Total In-Kind Contributions	\$	130,562	\$ 64,474

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Functional Allocation of Expense

Salaries and related expenses are allocated based on timesheets maintained by management. Expenses, other than salaries and related expenses, which are not directly identifiable by function, are allocated based on the best estimates of management.

Estimates and Assumptions

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from the estimates used.

Income Tax

The Organization has tax-exempt status under Section 501(c)(3) of the Internal Revenue Code and Minnesota Statute 290.05. The Organization has adopted guidance in the income tax standard regarding the recognition of uncertain tax positions. This guidance prescribes recognition threshold principles for the financial statement recognition of tax positions taken or expected to be taken on a tax return that are not certain to be realized.

Fair Value Measurements

The Organization uses fair value measurements to record fair value adjustments to certain assets and liabilities and to determine fair value disclosures. The Organization follows the accounting policy which measures fair value using a three-level hierarchy for fair value measurements based upon the transparency of inputs to the valuation of an asset or liability. The Organization currently does not have any financial assets or financial liabilities that are measured at fair value on a recurring or nonrecurring basis.

Gift Cards

The Organization sells gift cards online. The Organization does not charge fees on unused gift cards and cards do not expire. Revenue from gift cards is recognized when the gift card is redeemed by the customer or the likelihood of the gift card being redeemed is remote and the Organization has no legal obligation to remit the unused balance to relevant jurisdictions as unclaimed property. The Organization estimates its gift card breakage rate based on historical redemption experience and recognizes the projected breakage 24 months after a gift card is issued, which is the time the Organization considers redemption remote. Gift card breakage income included in revenue for the years ended December 31, 2022 and 2021 was \$6,989 and \$-0-, respectively.

Adoption of New Accounting Standards

In February 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update 2016-02, *Leases (ASC 842)*. The new standard increases transparency and comparability among organizations by requiring the recognition of right-of-use (ROU) assets and lease liabilities on the balance sheet. Most prominent of the changes in the standard is the recognition of ROU assets and lease liabilities by lessees for those leases classified as operating leases. Under the standard, disclosures are required to meet the objective of enabling users of financial statements to assess the amount, timing, and uncertainty of cash flows arising from leases.

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Adoption of New Accounting Standards (Continued)

Faith's Lodge adopted the requirements of the guidance effective January 1, 2022 and has elected to apply the provisions of this standard to the beginning of the period of adoption.

The Organization has elected to adopt the package of practical expedients available in the year of adoption. The Organization has elected to adopt the available practical expedient to use hindsight in determining the lease term and in assessing impairment of the Organization's ROU assets

Subsequent Events

In preparing these financial statements, the Organization has evaluated events and transactions for potential recognition or disclosure through March 15, 2023, the date the financial statements were available to be issued.

NOTE 2 PLEDGES AND GRANTS RECEIVABLE

Pledges and grants receivable consists of grants from foundations and pledges from individuals and foundations. Pledges and grants receivable as of December 31:

	 2022	_	2021
Receivable in Less Than One Year	\$ 232,000		\$ 279,000
Receivable in One to Five Years	20,000		200,000
Receivable in Over Five Years	350,000		350,000
Less: Discount to Net Present Value at			
Rates Ranging from 1.72% to 3.05%	 (126,743)	_	(131,714)
Total Pledges and Grants Receivable	\$ 475,257		\$ 697,286

No allowance for doubtful accounts was recorded for 2022 or 2021.

As of December 31, 2022 and 2021, \$200,000 was due from one contributor and \$688,286 was due from two contributors, respectively.

NOTE 3 RESTRICTIONS AND LIMITATIONS ON NET ASSET BALANCES

Net assets with donor restrictions are available for the following purposes or periods at December 31:

	 2022	 2021
Purpose Restricted:		
Purpose Restrictions - Kitchen Remodel	\$ -	\$ 2,224
Time Restrictions	 475,807	 694,786
Total Net Assets with Donor Restrictions	\$ 475,807	\$ 697,010

NOTE 3 RESTRICTIONS AND LIMITATIONS ON NET ASSET BALANCES (CONTINUED)

Net assets released from restrictions during the year were comprised of the following at December 31:

	 2022	_	2021
Time Restrictions	\$ 475,807	-	\$ 214,500
Purpose Restrictions - Kitchen Remodel	 	_	19,176
Total Release from Restrictions	\$ 475,807		\$ 233,676

NOTE 4 PROPERTY AND EQUIPMENT

A summary of property and equipment is as follows as of December 31:

	2022	2021
Land	\$ 430,000	\$ 430,000
Building	2,923,025	2,883,826
Furniture and Equipment	310,720	289,522
Website	57,154	57,154
Less: Accumulated Depreciation	(1,147,048)	(1,057,373)
Total	\$ 2,573,851	\$ 2,603,129

NOTE 5 NOTE PAYABLE

The Organization holds a note secured by land and building. The Organization refinanced the note on October 26, 2020 to a 60-month note totaling approximately \$1,416,000 bearing an interest rate of 4.25% to mature on October 13, 2025. Payments of interest and principal of approximately \$10,100 are due each month, with all remaining principal and accrued interest due at time of maturity.

At December 31, 2022, the debt payments are due in the following years:

<u>Year Ending December 31,</u>	 Amount
2023	\$ 67,955
2024	70,796
2025	 1,137,193
Total	\$ 1,275,944

NOTE 6 BENEFIT PLAN

During 2016, the Organization started a simple individual retirement account (IRA) plan. The plan is available for any employees receiving more than \$5,000 in compensation per year for two years. Participating employees may defer any part of their salary, up to \$12,500 per year or \$15,500 if the employee is over 50 years old. The Organization will provide matching contributions up to 1% of employees' salary. Matches made to the plan during the years ended December 31, 2022 and 2021 was \$2,254 and \$2,129, respectively.

NOTE 7 RELATED PARTY TRANSACTIONS

During the years ended December 31, 2022 and 2021, the Organization received contributions of \$45,917 and \$236,360 from board members and directors, respectively. As of December 31, 2022 and 2021, \$200,000 and \$396,498 was included in pledge receivables, net of present value discount, respectively.

NOTE 8 LIQUIDITY DISCLOSURE

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments, while also striving to maximize the investment of its available funds. As of December 31, the following assets could be made readily available within one year to meet general expenditures:

	 2022		2021
Cash and Cash Equivalents	\$ 706,517	\$	620,334
Accounts Receivable	5,540		12,337
Pledges and Grants Receivable	232,000		279,000
Cash Purpose Restricted by Donors			(2,224)
Total	\$ 944,057	\$	909,447

The majority of the Organization's liquidity is provided by cash and cash equivalents. Based on historical experience, only the portion of contributions receivable due within one year are considered liquid.

NOTE 9 RIGHT OF USE ASSET AND LEASE LIABILITIES

Faith's Lodge leases office space under a long-term, noncancelable lease agreement. The lease term expires on June 30, 2024 with monthly payments of \$3,106. The following table provides Faith's Lodge's right of use assets and lease liabilities for the year ended December 31, 2022.

Right of Use Assets:	
Operating Leases	\$ 49,368
Total	\$ 49,368
Lease Liabilities:	
Current:	
Operating Leases	\$ 36,044
Noncurrent:	
Operating Leases	 19,034
Total	\$ 55,078

NOTE 9 RIGHT OF USE ASSET AND LEASE LIABILITIES (CONTINUED)

The following table provides quantitative information concerning Faith's Lodge's leases for the year ended December 31, 2022.

Operating Lease Costs Amortization of ROU Assets Interest on Lease Liabilities Total Lease Costs	\$ 40,125 31,451 71,576
Other Information Cash Paid for Amounts Included in the Measurement of	
Lease Liabilities: Operating Cash Flows from Finance Leases	\$ (381)
ROU Assets Obtained in Exchange for New Finance	
Lease Liabilities Weighted Average Remaining Lease Term:	80,438
Operating Leases	1.4 years
Weighted Average Discount Rate: Operating Leases	4.25%

A maturity analysis of annual undiscounted cash flows for lease liabilities as of December 31, 2022, is as follows:

	Op	erating
Year Ending July 31,	L	eases
2023	\$	37,560
2024		19,202
Total Lease Payments		56,762
Less: Interest		(1,684)
Present Value of Lease Liabilities	\$	55,078

For the year ended December 31, 2021, total rent expense was \$53,352.

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