# Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

OMB No. 1545-0047

Amended Return Applications of Principal Officer: THELMA ENSINK SAME AS C ABOVE    Tax-exempt status:	oer
Doing business as  Number and street (or P.0. box if mail is not delivered to street address)  Number and street (or P.0. box if mail is not delivered to street address)  144 SOUTH DIVISION  City or town, state or province, country, and ZIP or foreign postal code GRAND RAPIDS, MI 49503  F Name and address of principal officer: THELMA ENSINK SAME AS C ABOVE  I Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527  J Website: WWW.DEGAGEMINISTRIES.ORG  WWW.DEGAGEMINISTRIES.ORG  I Briefly describe the organization's mission or most significant activities: DEGAGE MINISTRIES IS A COMMIC CENTER THAT PROVIDES OVERNIGHT SHELTER, MEAL SERVICES, HYGIENE  C Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.  Number of voting members of the governing body (Part VI, line 1a) 3  4 Number of individuals employed in calendar year 2022 (Part V, line 2a) 5  6 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5  6 Total number of individuals employed in calendar year 2022 (Part V, line 1a) 7  8 Contributions and grants (Part VIII, line 1b) 9  8 Contributions and grants (Part VIII, line 1a) 10  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue - Qart VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 0.	
Number and street (or P.0. box if mail is not delivered to street address)   Room/suite   E Telephone number   144 SOUTH DIVISION   City or town, state or province, country, and ZIP or foreign postal code   G Cross receipts \$ 4 , 2	
Number and street (or P.0. box if mail is not delivered to street address)  144 SOUTH DIVISION  City or town, state or province, country, and ZIP or foreign postal code Amended Amended Amended Special Province, Country, and ZIP or foreign postal code Amended Amended Special Province, Same and address of principal officer: THELMA ENSINK  SAME AS C ABOVE  I Tax-exempt status:	
City or town, state or province, country, and ZIP or foreign postal code GRAND RAPIDS, MI 49503  Finame and address of principal officer: THELMA ENSINK  SAME AS C ABOVE  I Tax-exempt status: X 501(c)(3) 501(c) (	
City or town, state or province, country, and ZIP or foreign postal code GRAND RAPIDS, MI 49503  F Name and address of principal officer: THELMA ENSINK SAME AS C ABOVE  I Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527  J Website: WWW.DEGAGEMINISTRIES.ORG  H(c) Group exemption number  K Form of organization: X Corporation Trust Association Other L Year of formation: 1969 M State of legs  Part I Summary  1 Briefly describe the organization's mission or most significant activities: DEGAGE MINISTRIES IS A COMMO CENTER THAT PROVIDES OVERNIGHT SHELTER, MEAL SERVICES, HYGIENE 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.  3 Number of voting members of the governing body (Part VI, line 1a)  4 Number of independent voting members of the governing body (Part VI, line 1a)  5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)  6 Total number of volunteers (estimate if necessary)  7 a Total unrelated business revenue from Part VIII, column (C), line 12  b Net unrelated business taxable income from Form 990-T, Part I, line 11  Prior Year Curre  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1.3)  14 Benefits paid to or for members (Part IX, column (A), lines 4)	
Amended Return Application: Fix Amended Rand address of principal officer: THELMA ENSINK SAME AS C ABOVE  I Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527  J Website: WWW.DEGAGEMINISTRIES.ORG	95,631.
SAME AS C ABOVE   Tax-exempt status:	
Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527	Yes X No
Website: WWW.DEGAGEMINISTRIES.ORG	Yes No
Part I   Summary   1   Briefly describe the organization's mission or most significant activities:   DEGAGE MINISTRIES IS A COMMUCENTER THAT PROVIDES OVERNIGHT SHELTER, MEAL SERVICES, HYGIENE   2   Check this box   if the organization discontinued its operations or disposed of more than 25% of its net assets.   3   Number of voting members of the governing body (Part VI, line 1a)   3     4   Number of independent voting members of the governing body (Part VI, line 1b)   4     5   Total number of individuals employed in calendar year 2022 (Part V, line 2a)   5     6   Total number of volunteers (estimate if necessary)   6     Total unrelated business revenue from Part VIII, column (C), line 12   To total unrelated business taxable income from Form 990-T, Part I, line 11   To total unrelated business taxable income from Form 990-T, Part I, line 11   Total unrelated business taxable income from Form 990-T, Part I, line 11   Total unrelated business taxable income from Form 990-T, Part I, line 11   Total unrelated business taxable income from Form 990-T, Part I, line 11   Total unrelated business taxable income from Form 990-T, Part I, line 11   Total unrelated business taxable income from Form 990-T, Part I, line 11   Total unrelated business taxable income from Form 990-T, Part I, line 11   Total unrelated business taxable income from Form 990-T, Part I, line 11   Total unrelated business taxable income from Form 990-T, Part I, line 11   Total unrelated business taxable income from Form 990-T, Part I, line 11   Total unrelated business taxable income from Form 990-T, Part I, line 11   Total unrelated business taxable income from Form 990-T, Part I, line 11   Total unrelated business taxable income from Form 990-T, Part I, line 11   Total unrelated business taxable income from Form 990-T, Part I, line 11   Total unrelated business taxable income from Form 990-T, Part I, line 11   Total unrelated business taxable income from Form 990-T, Part I, line 12   Total unrelated business taxable income from Form 990-T, Pa	tructions
Briefly describe the organization's mission or most significant activities: DEGAGE MINISTRIES IS A COMMINITY CENTER THAT PROVIDES OVERNIGHT SHELTER, MEAL SERVICES, HYGIENE  Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.  Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)  Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Total number of volunteers (estimate if necessary)  Total number of volunteers (estimate if necessary)  Net unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, Part I, line 11  Prior Year  Curre  Curre  Curre  Curre  A (4,473,325. 3,9)  Program service revenue (Part VIII, line 2g)  Investment income (Part VIII, column (A), lines 3, 4, and 7d)  Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  Grants and similar amounts paid (Part IX, column (A), lines 1.3)  Benefits paid to or for members (Part IX, column (A), lines 1.3)  Benefits paid to or for members (Part IX, column (A), lines 4)	
The Briefly describe the organization's mission or most significant activities: DEGAGE MINISTRIES IS A COMMUNICATION OVERNIGHT SHELTER, MEAL SERVICES, HYGIENE  Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.  Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)  Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, Part I, line 11  Prior Year  Curre  Curre  Curre  Curre  Curre  Curre  A Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)  Investment income (Part VIII, column (A), lines 3, 4, and 7d)  Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  A Grants and similar amounts paid (Part IX, column (A), lines 1-3)  Benefits paid to or for members (Part IX, column (A), lines 4)	al domicile: <b>M</b> I
CENTER THAT PROVIDES OVERNIGHT SHELTER, MEAL SERVICES, HYGIENE  Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.  Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)  Total number of individuals employed in calendar year 2022 (Part V, line 2a)  Total number of volunteers (estimate if necessary)  Ta Total unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, Part I, line 11  Prior Year Curre  Curre  Curre  Curre  Curre  Curre  Curre  Curre  A 4, 473, 325. 3, 9  Program service revenue (Part VIII, line 2g)  Investment income (Part VIII, column (A), lines 3, 4, and 7d)  Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  A 5  Grants and similar amounts paid (Part IX, column (A), lines 1-3)  Renefits paid to or for members (Part IX, column (A), lines 4)	
b Net unrelated business taxable income from Form 990-T, Part I, line 11  Prior Year Curre  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)	JNITY
b Net unrelated business taxable income from Form 990-T, Part I, line 11  Prior Year Curre  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)	
b Net unrelated business taxable income from Form 990-T, Part I, line 11  Prior Year Curre  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)	
b Net unrelated business taxable income from Form 990-T, Part I, line 11  Prior Year Curre  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)	11
b Net unrelated business taxable income from Form 990-T, Part I, line 11  Prior Year Curre  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)	11
b Net unrelated business taxable income from Form 990-T, Part I, line 11  Prior Year Curre  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)	84
b Net unrelated business taxable income from Form 990-T, Part I, line 11  Prior Year Curre  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)	114
8 Contributions and grants (Part VIII, line 1h) 4,473,325. 3,9 9 Program service revenue (Part VIII, line 2g) 103,843. 1 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 13,542. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 31,997. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,622,707. 4,2 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0.	0.
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4)  9 Program service revenue (Part VIII, line 1b) 10 10 3,843. 1 13,542. 13 14,622,707. 4,2	
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 10 10 3,843. 11 13,542. 12 4,622,707. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4)	70,487.
12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)	$\frac{70,407.}{20,277.}$
12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)	86,849.
12Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)4,622,707.4,213Grants and similar amounts paid (Part IX, column (A), lines 1-3)0.14Benefits paid to or for members (Part IX, column (A), line 4)0.	57,683.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  0 •	35,296.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.
	0.
σ 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,478,322. 2,2	23,872.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (D), line 25)  17 Other expenses (Part IX, column (A), lines 11a, 11d, 11f, 24e)  18 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  19 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.
b Total fundraising expenses (Part IX, column (D), line 25)	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,111,603. 1,3	54,618.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,589,925. 3,5	78,490.
19 Revenue less expenses. Subtract line 18 from line 12 2,032,782. 6	56,806.
능성 Beginning of Current Year End d	of Year
뚫릴 20 Total assets (Part X, line 16) 10,034,304. 9,9	20,243.
21 Total liabilities (Part X, line 26) 1,199,620. 4	28,753.
22 Net assets or fund balances. Subtract line 21 from line 20 8,834,684. 9,4	91,490.
Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and	nd belief, it is
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Signature of officer Date	
Cigit   1	
Here THELMA ENSINK, EXECUTIVE DIRECTOR  Type or print name and title	
Date	
1 Time Type propared 3 manie	91797
Preparer   Firm's name   HUNGERFORD NICHOLS CPAS + ADVISORS   Firm's EIN **-****  Use Only   Firm's address   2910   LUCERNE   DR   SE	
GRAND RAPIDS, MI 49546  Phone no. 616-949-	3200
May the IRS discuss this return with the preparer shown above? See instructions  X Ye	

Form	1 990 (2022) DEGAGE MINISTRIES	**_****	Page 2
	rt III Statement of Program Service Accomplishments		, age
			X
_	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:	DOODG DV	
	TO REFLECT THE LOVE OF CHRIST TO ALL WHO COME THROUGH OUF		
	BUILDING RELATIONSHIPS AND OFFERING PROGRAMS THAT FOSTER	DIGNITY AND	
	RESPECT.		
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.		
2		Vac	Y No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	res	ZZ 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 n	neasured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	s, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	0 574 600	<sub>le \$</sub> 229,	175 <b>.</b> )
	DEGAGE MINISTRIES PROGRAMS WORKED IN CONJUCTION WITH ONE		′
	OFFER OVERALL ASSISTANCE TO 400-500 HOMELESS AND LOW-INCO		ΔT.C
	ON A DAILY BASIS. DURING 2022 THE FOLLOWING SERVICES AND		ОПТ
		LUCITITIES	
	WERE PROVIDED TO PATRONS:		
	* OPEN DOOR WOMENS CENTER PROVIDED A SAFE HAVEN TO ADUI		
	CRISIS DURING THE CRITICAL OVERNIGHT HOURS. THE CENTER PR		5
	OVERNIGHT STAYS IN 2022 AND OFFERED HELP SECURING PERMANE	ENT AND	
	SUSTAINABLE HOUSING.		
	* THE DINING ROOM OFFERED LOW-COST AND FREE MEALS WHILE	PROVIDING	
	PATRONS AN OPPORTUNITY TO BUILD RELATIONSHIPS AND PARTICI		
	COMMUNITY ACTIVITIES. IN 2022, ALMOST 60,000 MEALS WERE S		T.C.
	HIGIENE FACIBILIES SOCI AS SHOWERS, LAUNDRI, LOCKERS,		
4b	(Code:) (Expenses \$	e \$	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenu	¢	1
70	Code. / (Expenses 9		
_			
4d	Other program services (Describe on Schedule O.)		
-	(Expenses \$ including grants of \$ ) (Revenue \$	1	
10	0.574.600	J	
<u>4e</u>	Total program service expenses 2,5/4,603.	- 0	00 /

15000927 400738 775060.00

# Form 990 (2022) DEGAGE MINISTRIES Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	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,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		1
8	, ,			x
_	Schedule D, Part III	8		
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_		<u> </u>
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,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	Х
14a	Did the appropriation projection of the control of the Light of the Light of the Control	14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u></u> -
J	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	175		
13		15		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<del>  ^</del>
10		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<del>  ^</del>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<b> </b> ₩
40	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		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	<del>                                     </del>
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
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV	Ch	ecklist 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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	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			<b>.</b>
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	000		$ _{\mathbf{x}}$
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			<b>.</b>
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34	Х	
35a	Part V, line 1  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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	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?			
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
rai	Check if Schedule O contains a response or note to any line in this Part V			
	Officery if Octobation Contrains a response of flote to any lifte in this Part v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

232004 12-13-22

Form **990** (2022)

(gambling) winnings to prize winners?

F	990 (2022) DEGAGE MINISTRIES **-***	***		<b>5</b>
	1 990 (2022) DEGAGE MINISTRIES **-****  To V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Р	age 5
	continued)		Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		163	NO
Za	filed for the calendar year ending with or within the year covered by this return  2a 84			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<del></del>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	0.0		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		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 the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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			

• •	occuon so hely 12/ organizations. Enter.	1		
а	Gross income from members or shareholders	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a	
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	13b		
С	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or		
	excess parachute payment(s) during the year?		15	X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16	X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities		

**b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ......

Form **990** (2022)

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 11 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 11 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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 conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MI Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Own website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records THELMA ENSINK - 616-454-1661

Form **990** (2022)

144 SOUTH DIVISION, GRAND RAPIDS.

# 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.

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

- 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.

(A) Name and title	(B) Average hours per week	box	not c , unle: cer ar	Pos heck i ss per	more son is	than o s both	n an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) THELMA ENSINK	40.00			.,				116 072	_	
EXECUTIVE DIRECTOR	1.00			Х				116,973.	0.	0.
(2) ALEX FERNANDEZ	1.00	<b>.</b> ,							0.	_
BOARD MEMBER (3) CHARLES BURPEE	1.00	Х						0.	0.	0.
(3) CHARLES BURPEE BOARD MEMBER	1.00	Х						0.	0.	_
(4) FRED LAKE	1.00	Λ						0.	0.	0.
PRESIDENT	1.00	Х		х				0.	0.	0.
(5) JEFF VANDERLAAN	1.00	Λ		^				0.	0.	•
BOARD MEMBER	1.00	Х						0.	0.	0.
(6) KEN FAWCETT	1.00							•	•	
BOARD MEMBER	1.00	х						0.	0.	0.
(7) LUANN VAHAREN	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(8) MICHAEL LUNT	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(9) PATTY RIVA	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(10) RENEE POWERS	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(11) DEREK DEKEM	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(12) BECKI BYKERK	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(13) OJONE AMEADAJI	1.00								_	_
BOARD MEMBER	1.00	Х						0.	0.	0.
		ļ								
		-								
				l				1		

\*\*\_\*\*\*\*

Section A. Officers, Directors, Trus	stees, Key Em	oloy	ees,	and	j Hi	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(-1-		Pos				Reportable	Reportable		Est	timate	d
	hours per	box	, unle	ss per	rson i	than d is both	n an	compensation	compensation	on	am	ount o	of
	week		cer ar	nd a di	irecto	or/trus	tee)	from	from related	t	(	other	
	(list any	ector						the	organization			pensat	
	hours for	or dir	a.			ated		organization	(W-2/1099-MIS			om the	
	related	stee	truste			bens		(W-2/1099-MISC/	1099-NEC)			anizati	
	organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)				l relate	
	line)	divid	stitut	Officer	sy em	ghes	Former				orga	nizatio	) 15
	<del> </del>	드	드	0	3	<u> 王 ē</u>	Œ						
		-											
	+	<u> </u>				$\vdash$							
		-											
	-		_			├							
		1											
						_							
		L	L			L							
		1											
		1											
	1					$\vdash$							
		1											
	+												
		-											
		<u> </u>						116 072		_			_
1b Subtotal								116,973.		0.			0.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)								116,973.		0.			0.
2 Total number of individuals (including but i	not limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	Э			
compensation from the organization													1
												Yes	No
3 Did the organization list any former officer	, director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for	such individual										3		Х
4 For any individual listed on line 1a, is the s	um of reportab	le co	mpe	ensa	tion	and	oth	er compensation from t	ne organization				
and related organizations greater than \$15											4		X
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes." cor	•				•			•			5		Х
Section B. Independent Contractors	npiete ochedan	001	01 30	<i>i</i> CII <u>,</u>	<i>JC13</i>	OII .						-	
Complete this table for your five highest co	mnensated inc	lene	nder	nt cc	ntra	acto	rs th	nat received more than \$	100 000 of com	nensat	tion fro	m	
the organization. Report compensation for										JU11341			
(A)	ano calendar y	Jai C	, iuil	ıg w		v۷ ۱ ر	3 1111	(B)	<u> </u>		(C	١	
Name and busines:	address	M	ONE	7				Description of s	ervices	C	omper	<i>ı</i> ısatior	1
		-11	7±4±				$\dashv$				F 21		
							$\dashv$						
							_						
2 Total number of independent contractors (	including but n	ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organ					(				l				

Form 990 (2022) DEGAGE

Part VIII Statement of Revenue

		Check if Schedule O contains a response	e or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns 1a					
ant		Membership dues 1b					
င်္ခ ရွ		Fundraising events 1c	152,476.	-			
fts,		Related organizations 1d	132/1701				
ig ë			158,577.				
ns, Sim		Government grants (contributions) 1e	130,377.	-			
e ë	Ť	All other contributions, gifts, grants, and	CEO 424				
혈된			<u>,659,434.</u>				
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in lines 1a-1f 1g \$	270,895.	2 252 425			
<u>2 g</u>	h	Total. Add lines 1a-1f		3,970,487.			
			Business Code	100 000	100 000		
9	2 a	MEAL AND ASSISTANCE	624200	120,277.	120,277.		
Program Service Revenue	b						
Se	С						
an eve	d						
ğ	е						
Pro	f	All other program service revenue					
		Total. Add lines 2a-2f		120,277.			
	3	Investment income (including dividends, inte		,			
	_	other similar amounts)		74,874.			74,874.
	4	Income from investment of tax-exempt bond		, 1, 0, 11			7270720
	5	•	·				
	3	Royalties(i) Real	(ii) Personal				
	•		(ii) i ersoriai	-			
		Gross rents 6a					
		Less: rental expenses 6b		-			
		Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities					
		assets other than inventory <b>7a</b>	11,975.				
	b	Less: cost or other basis					
ē		and sales expenses <b>7b</b>	0.				
ē	С	Gain or (loss) 7c	11,975.				
ě		Net gain or (loss)	•	11,975.			11,975.
ther Revenue		Gross income from fundraising events (not		·			
퇀	-	including \$152,476. of					
		contributions reported on line 1c). See					
		Part IV, line 188	a 9,120.				
	h		60,335.	-			
			b  00,333.	-51,215.			-51,215.
		Net income or (loss) from fundraising events		J1,41J.			J1, 41J.
	<b>9</b> а	Gross income from gaming activities. See					
		Part IV, line 19					
		Less: direct expenses9	b				
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances <u>10</u>	)a				
	b	Less: cost of goods sold10	)b				
	С	Net income or (loss) from sales of inventory					
,,			<b>Business Code</b>				
Miscellaneous Revenue	11 a	OTHER INCOME	900099	108,898.	108,898.		
ane Maria	b						
eve	С						
<u>i</u> §	d	All other revenue					
2	е	Total. Add lines 11a-11d		108,898.			
	12	Total revenue. See instructions		4,235,296.	229,175.	0.	35,634.

232009 12-13-22

\*\*\_\*\*\*\*

# Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respons			<u>(C)</u>	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
Ü	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	116,973.	56,147.	44,450.	16,376
6	Compensation not included above to disqualified		777		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,867,428.	1,400,114.	189,960.	277,354
8	Pension plan accruals and contributions (include	, ,	, ,	, , , , , ,	,
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	97,384.	58,076.	20,495.	18,813
10	Payroll taxes	142,087.	84,734.	29,903.	27,450
11	Fees for services (nonemployees):	,	,	.,	,
 а					
b		6,762.	5,640.	561.	561
c		32,641.	27,223.	2,709.	2,709
d		V=/V==-			
e					
f	Investment management fees				
g g					
9	column (A), amount, list line 11g expenses on Sch 0.)	16.482.	13,708.	1.387.	1.387
12	Advertising and promotion	16,482. 81,925.	13,650.	1,387. 2,735.	1,387 65,540 6,675
13	Office expenses	98,552.	85,202.	6,675.	6,675
14	Information technology	20,0021	00,1011	0,0.00	5,5.5
 15	Royalties				
16	Occupancy	280,045.	233,371.	23,337.	23,337
17	Travel	7,424.	2,331.	2,331.	2,762
'' 18	Payments of travel or entertainment expenses	., ====			
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
 22	Depreciation, depletion, and amortization	24,147.	24,147.		
23	Insurance	44,163.	36,803.	3,680.	3,680
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	DIGERTAL AND HER OF	270,895.	223,582.	24,955.	22,358
b	DIDECE DROCKEN EVENIOR	244,746.	244,746.	,	
c	CARTERAL CAMPATON EXPENS	169,349.			169,349
d	WEGGET I ANDONG TWDENGEG	57,282.	48,290.	3,755.	5,237
	All other expenses	20,205.	16,839.	1,683.	1,683
25 25	Total functional expenses. Add lines 1 through 24e	3,578,490.	2,574,603.	358,616.	645,271
<u> </u>	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)
Part X Balance Sheet

Fal	IL A	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,363,652.	1	1,801,331.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			852,211.	3	395,982.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, suk	stantial c	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqu	rsons (as defined				
		under section 4958(f)(1)), and persons describ		6			
ι	7	Notes and loans receivable, net			5,421,533.	7	5,408,875.
Assets	8	Inventories for sale or use				8	
ğ	9	Prepaid expenses and deferred charges				9	4,605.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	328,801.			
	b	Less: accumulated depreciation	. 10b	280,280.	135,979.	10c	48,521.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	e 11			12	
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			2,260,929.	15	2,260,929.
	16	Total assets. Add lines 1 through 15 (must ed	qual line 3	33)	10,034,304.	16	9,920,243.
	17	Accounts payable and accrued expenses		199,620.	17	128,753.	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sub					
ä		controlled entity or family member of any of the			1 000 000	22	200 000
_	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·	1,000,000.	23	300,000.
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D			1 100 600	25	400 752
	26	Total liabilities. Add lines 17 through 25			1,199,620.	26	428,753.
Ø		Organizations that follow FASB ASC 958, c	neck her	e X			
nce		and complete lines 27, 28, 32, and 33.			4,275,784.	07	3 950 469
<u>a</u>	27				4,558,900.	27	3,859,468. 5,632,022.
e B	28	Net assets with donor restrictions			4,330,300.	28	3,032,022.
Ë		Organizations that do not follow FASB ASC	958, CN6	eck nere			
è		and complete lines 29 through 33.	1-			00	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund			29		
SSE	30	Paid-in or capital surplus, or land, building, or				30	
∍t A	31	Retained earnings, endowment, accumulated			8,834,684.	31	9,491,490.
ž	32	Total liabilities and not assets/fund balances			10,034,304.	32	9,920,243.
	33	Total liabilities and net assets/fund balances			10,034,304.	33	9,920,243.

Form	1 990 (2022) DEGAGE MINISTRIES	**_***	***	Pad	ge <b>12</b>
	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)		4,235		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,578	, 4	90.
3	Revenue less expenses. Subtract line 2 from line 1	3	656	, 8	06.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,834	.,6	84.
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	9,491	.,4	90.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
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				
	consolidated basis, or both:				
	Separate basis X 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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
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 required	ed audit			
	ar audite explain why an Cabadula O and describe any stone taken to undergo auch audite		ah	- 1	ı

#### SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization DEGAGE MINISTRIES \*\*\_\*\*\* 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). X 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, С 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

g Provide the following information	about the supporte	ed organization(s).				
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed	(v) Amount of monetary	(vi) Amount of other
organization		(described on lines 1-10	Yes	No	support (see instructions)	support (see instructions)
		above (see instructions))	103	110		
Total				·		
						/=

\*\*\_\*\*\*\*\*

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2587301.	3526863.	3563669.	4498975.	3979607.	18156415.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2587301.	3526863.	3563669.	4498975.	3979607.	18156415.
	The portion of total contributions						
Ŭ	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)						232,150.
_	** ************************************						17924265.
	Public support. Subtract line 5 from line 4.						μ <i>192</i> 4205.
		(-) 0040	(1-) 0040	/-\ 0000	(-1) 0004	(-) 0000	(6) T-1-1
	ndar year (or fiscal year beginning in)	(a) 2018 2587301.	(b) 2019 3526863.	(c) 2020 3563669.	(d) 2021 4498975.	(e) 2022	(f) Total 18156415.
	Amounts from line 4	2307301.	3320003.	3303009.	4430373.	39/900/-	10130413.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	0 777	4 060	1 505	12 542	74 074	06.040
	and income from similar sources	2,777.	4,068.	1,587.	13,542.	74,874.	96,848.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		1,959.	14,802.	54,826.		180,485.
11	<b>Total support.</b> Add lines 7 through 10						<u> 18433748.</u>
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	477,274.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, 1	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stor						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	97.24 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	98.59 <u>%</u>
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			
17a	10% -facts-and-circumstances test	•	• •				
	and if the organization meets the fact						
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test	-	•	* **	-		
-	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-	-41	
18	Private foundation. If the organization		-		•		
	ato roundation. It the organizatio	ala not oncon a i	SSA SIT III IC 10, 100	., 100, 11a, 01 11b	, or look trill box al		/Farm 000\ 0000

Schedule A (Form 990) 2022

\*\*\_\*\*\*\*\*

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and	(4) 2010	(6) 2013	(6) 2020	(u) 2021	(6) 2022	(i) Total
membership fees received. (Do not						
include any "unusual grants.")						
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						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to	)					
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and	d l					
3 received from disqualified person	s					
<b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support	•			•		
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest,	-					
<b>10a</b> Gross income from interest, dividends, payments received on						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
<b>10a</b> Gross income from interest, dividends, payments received on						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income						
<ul> <li>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> <li>b Unrelated business taxable income (less section 511 taxes) from businesse</li> </ul>						
<ul> <li>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> <li>b Unrelated business taxable income (less section 511 taxes) from businesse acquired after June 30, 1975</li> </ul>	s .					
<ul> <li>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> <li>b Unrelated business taxable income (less section 511 taxes) from businesse acquired after June 30, 1975</li> <li>c Add lines 10a and 10b</li> </ul>	s					
<ul> <li>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> <li>b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975</li> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated busines activities not included on line 10b,</li> </ul>	s					
<ul> <li>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> <li>b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975</li> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated busines activities not included on line 10b, whether or not the business is</li> </ul>	s					
<ul> <li>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> <li>b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975</li> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated busines activities not included on line 10b, whether or not the business is regularly carried on</li> </ul>	s					
<ul> <li>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> <li>b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975</li> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated busines activities not included on line 10b, whether or not the business is regularly carried on</li> </ul>	s					
<ul> <li>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> <li>b Unrelated business taxable income (less section 511 taxes) from businesse acquired after June 30, 1975</li> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated busines activities not included on line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> </ul>	S S S S S S S S S S S S S S S S S S S					
<ul> <li>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> <li>b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975</li> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated busines activities not included on line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.</li> </ul>	S S S S S S S S S S S S S S S S S S S					
<ul> <li>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> <li>b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975</li> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated busines activities not included on line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.</li> <li>14 First 5 years. If the Form 990 is for</li> </ul>	s s s the organization's f			•	. , . ,	•
<ul> <li>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> <li>b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975</li> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated busines activities not included on line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.</li> <li>14 First 5 years. If the Form 990 is for check this box and stop here</li> </ul>	s s s the organization's f			•	. , . ,	•
<ul> <li>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> <li>b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975</li> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated busines activities not included on line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.</li> <li>14 First 5 years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Pul</li> </ul>	the organization's f	rcentage			······	······
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated busines activities not included on line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.  14 First 5 years. If the Form 990 is for check this box and stop here  Section C. Computation of Pul  15 Public support percentage for 2022	the organization's f	rcentage divided by line 13, o	column (f))		15	%
<ul> <li>10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</li> <li>b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975</li> <li>c Add lines 10a and 10b</li> <li>11 Net income from unrelated busines activities not included on line 10b, whether or not the business is regularly carried on</li> <li>12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)</li> <li>13 Total support. (Add lines 9, 10c, 11, and 12.</li> <li>14 First 5 years. If the Form 990 is for check this box and stop here</li> <li>Section C. Computation of Pul</li> <li>15 Public support percentage from 2026</li> <li>16 Public support percentage from 20</li> </ul>	the organization's formula of the organization	rcentage divided by line 13, o			······	······
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated busines activities not included on line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.  14 First 5 years. If the Form 990 is for check this box and stop here  Section C. Computation of Pul  15 Public support percentage for 2022  16 Public support percentage from 20 Section D. Computation of Inv	the organization's folic Support Peres (line 8, column (f), column	rcentage divided by line 13, of lill, line 15 e Percentage	column (f))		15 16	<u>%</u>
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated busines activities not included on line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.  14 First 5 years. If the Form 990 is for check this box and stop here  Section C. Computation of Pul  15 Public support percentage from 20.  3ection D. Computation of Inv.  17 Investment income percentage for	the organization's folic Support Per 2 (line 8, column (f), column	rcentage divided by line 13, of the line 15 contage mn (f), divided by line	column (f)) ne 13, column (f))		15 16	% % %
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated busines activities not included on line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.  14 First 5 years. If the Form 990 is for check this box and stop here  Section C. Computation of Pul  15 Public support percentage from 20.  Section D. Computation of Inv  17 Investment income percentage from 18.	s the organization's folic Support Pel (line 8, column (f), column	rcentage divided by line 13, of the line 15 the line 15 the line 15 the line 17 the line 18 the line 1	column (f)) ne 13, column (f))		15 16 17 18	% % %
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated busines activities not included on line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.  14 First 5 years. If the Form 990 is for check this box and stop here  Section C. Computation of Pul  15 Public support percentage from 20  Section D. Computation of Inv  17 Investment income percentage for 19a 33 1/3% support tests - 2022. If the section 19a 1/3% support tests - 2022.	the organization's formula to the organization of the organization	rcentage divided by line 13, of the line 15 of the line 15 of the line 17 of the line 18 of the	ne 13, column (f))	a 15 is more than 3	15 16 17 18 3 1/3%, and line 17	% % % %
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated busines activities not included on line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.  14 First 5 years. If the Form 990 is for check this box and stop here  Section C. Computation of Pul  15 Public support percentage from 20  16 Public support percentage from 20  Section D. Computation of Inv  17 Investment income percentage for 18 Investment income percentage from 19a 33 1/3% support tests - 2022. If the more than 33 1/3%, check this box	the organization's formula to the organization of the organization of the organization of the organization did not and stop here. The	rcentage divided by line 13, of the Percentage mn (f), divided by line 17 not check the box of the organization qualification of the property of the percentage of the percent	ne 13, column (f)) on line 14, and line	e 15 is more than 3 upported organiza	15 16 17 18 3 1/3%, and line 17	% % % % 7 is not
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  b Unrelated business taxable income (less section 511 taxes) from business acquired after June 30, 1975  c Add lines 10a and 10b  11 Net income from unrelated busines activities not included on line 10b, whether or not the business is regularly carried on  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.  14 First 5 years. If the Form 990 is for check this box and stop here  Section C. Computation of Pul  15 Public support percentage from 20  Section D. Computation of Inv  17 Investment income percentage for 19a 33 1/3% support tests - 2022. If the support tests - 2022.	the organization's formula to the organization of the column of the column of the column of the column of the organization of	rcentage divided by line 13, of lill, line 15 e Percentage mn (f), divided by line 17 not check the box of a organization quality and check a box or	ne 13, column (f)) on line 14, and line fies as a publicly s line 14 or line 19a	e 15 is more than 3 upported organiza	15 16 17 18 13 1/3%, and line 17 tition ore than 33 1/3%, a	% % % % 7 is not

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

\*\*\_\*\*\*

# Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 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		
_		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9c		
10a		
iva		
10b		

Sche	dule A (FOITH 990) 2022 DEGROE HINIDIKIED	**_****	* Pa	age <b>5</b>
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)	icers,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	ructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	ty (see instruction	ıs).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete s	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see
	instructions).			·

Schedule A (Form 990) 2022

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

Schedule A (Form 990) 2022

\*\_\*\*\*

# Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2022

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
MEIJER FOUNDATION	575,000.	206,325.
COOK FOUNDATION	394,500.	25,825.
Total Excess Contributions to Schedule A, Part II, Line 5		232,150.

# Schedule B

(Form 990)

Schedule of Contributors
Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

**2022** 

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF.

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

DEGAGE MINISTRIES

**Employer identification number** 

\*\*\_\*\*\*\*

Organization type (cneck one):				
Filers of	:	Section:		
Form 990	or 990-EZ	X 501(c)( 3 ) (enter number) organization		
		4947(a)(1) nonexempt charitable trust <b>not</b> 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		
		covered by the <b>General Rule</b> or a <b>Special Rule</b> .  2), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.		
General	Rule			
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.		
Special	Rules			
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.		
	contributor, during the literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, hal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.		
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year		
	-	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify		

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2** 

Name of organization Employer identification number

# DEGAGE MINISTRIES

\*\*\_\*\*\*

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
1	FHL BANK INDIANAPOLIS  8250 WOODFIELD CROSSING BLVD  INDIANAPOLIS, IN 46240	\$\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MEIJER FOUNDATION  2929 WALKER AVE NW  GRAND RAPIDS, MI 49544	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE SALVATION ARMY  16130 NORTHLAND DRIVE  SOUTHFIELD, MI 48075	\$\$408,614.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_	5.22	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Name of organization

Employer identification number

# DEGAGE MINISTRIES

\*\*\_\*\*\*\*

Part I  (see instructions)  (s)  (a)  No.  from Part I  (b)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (See instructions.)  (a)  No.  from Description of noncash property given  (See instructions.)  (a) No.  from Description of noncash property given  (See instructions.)  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No.  from Description of noncash property given  (c) FMV (or estimate) (See instructions.)  (d) Date received  (e) FMV (or estimate) (See instructions.)  (d) Date received  (e) FMV (or estimate) (See instructions.)  (d) Date received  (e) FMV (or estimate) (See instructions.)  (d) Date received  (e) FMV (or estimate) (See instructions.)  (d) Date received  (e) FMV (or estimate) (See instructions.)  (d) Date received  (e) FMV (or estimate) (See instructions.)	Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Description of noncash property given   S   Co    (a) No. from Description of noncash property given   S   Co    (b) FMV (or estimate) (See instructions.)   Date received    (a) No. from Description of noncash property given   S    (b) FMV (or estimate) (See instructions.)   Date received    (c) FMV (or estimate) (See instructions.)    (d) Date received    (a) No. from Description of noncash property given   S    (a) No. from Description of noncash property given    (b) FMV (or estimate) (See instructions.)    (c) FMV (or estimate) (See instructions.)    (d) Date received    (e) FMV (or estimate) (See instructions.)    (a) No. from Description of noncash property given    (a) No. from Description of noncash property given    (b) FMV (or estimate) (See instructions.)    (d) Date received    (e) No. from Description of noncash property given    (e) No. from Description of noncash property given    (e) No. from Description of noncash property given    (f) Observed    (g) Observed	No. from		FMV (or estimate)	(d) Date received
(a) No. from Part I  (b) Description of noncash property given   Co   FMV (or estimate) (See instructions.)   C			   	
(a) No. from Part I  (a) No. from Part I  (b) TMV (or estimate) (see instructions.)  (c) FMV (or estimate) (see instructions.)  (d) Date received (see instructions.)  (e) FMV (or estimate) (see instructions.)  (f) Date received (see instructions.)  (g) Date received (see instructions.)  (h) Date received (see instructions.)  (o) FMV (or estimate) (see instructions.)  (d) Date received (see instructions.)  (a) No. from Description of noncash property given (see instructions.)  (a) No. from Description of noncash property given (see instructions.)  (a) No. from Description of noncash property given (see instructions.)  (b) FMV (or estimate) (see instructions.)  (d) Date received (see instructions.)	No. from		(c) FMV (or estimate)	(d) Date received
No. from Description of noncash property given  (a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received (See instructions.)  (a) No. from Description of noncash property given  (a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received (See instructions.)  (d) Date received (See instructions.)  (e) FMV (or estimate) (See instructions.)  (f) Date received (See instructions.)  (g) FMV (or estimate) (See instructions.)  (h) Date received (See instructions.)  (o) Date received (See instructions.)			\$	
(a) No. from Part I  (a) No. (b) FMV (or estimate) (See instructions.)  (a) No. (c) FMV (or estimate) (See instructions.)  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received (Contemporary of the instructions)  (e) FMV (or estimate) (See instructions.)  (a) No. (b) Description of noncash property given (See instructions.)  (a) No. (c) FMV (or estimate) (See instructions.)  (b) Description of noncash property given (See instructions.)	No. from		FMV (or estimate)	(d) Date received
No. from Part I  (a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received for the following part I  (a) No. (b) FMV (or estimate) (See instructions.)  (d) Date received for the following part I  (a) No. (b) FMV (or estimate) (See instructions.)  (a) No. (c) FMV (or estimate) (See instructions.)  (d) Date received for the following part I  (e) FMV (or estimate) (See instructions.)			\$	
(a) No. from Part I  (a) No. from Part I  (b) FMV (or estimate) (See instructions.)  (a) No. from Description of noncash property given  (b) See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received the part I (See instructions.)	No. from		FMV (or estimate)	(d) Date received
No. from Description of noncash property given  (a) No. from Description of noncash property given  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (d) Date received  (a) No. from Description of noncash property given  Part I  (b) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)	-		<b></b>	
(a) No. from Part I  (b) FMV (or estimate) (See instructions.)  Date received	No. from		FMV (or estimate)	(d) Date received
No. (b) from Description of noncash property given  Part I (c) FMV (or estimate) (See instructions.)  Date received			\$	
	No. from		FMV (or estimate)	(d) Date received
			  \$	

Schedule B (Form 990) (2022) Page **4** 

Name of organization **Employer identification number** \*\*\_\*\*\*\* DEGAGE MINISTRIES 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 (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

## **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

Name of the organization

DEGAGE MINISTRIES

**Employer identification number** \*\*\_\*\*\*\*

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Sir	milar Funds or Ac	counts. Complet	e if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		•	
		(a) Donor advised	funds	(b) Funds and other a	ccounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	vriting that the assets held	I in donor advised fund	ds	
	are the organization's property, subject to the organization's $\boldsymbol{\varepsilon}$	exclusive legal control?		Ye	es No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gran	t funds can be used o	nly	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any	other purpose conferr	ing	
Da	impermissible private benefit?				es No
Par			on Form 990, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	`	_		
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of a histo		
	Protection of natural habitat		Preservation of a certi	fied historic structure	•
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribut	ion in the form of a co		on the last I of the Tax Year
	day of the tax year.				I UI LIIC TAX TEAL
_				2a	
b				2b	
G	Number of conservation easements on a certified historic strund Number of conservation easements included in (c) acquired a			2c	
d		•		2d	
3	historic structure listed in the National Register				
3	year	eased, extilliguished, of tel	Tilliated by the organi	zation during the tax	
4	Number of states where property subject to conservation eas	ement is located			
5	Does the organization have a written policy regarding the peri		n, handling of		
	violations, and enforcement of the conservation easements it			☐ Ye	es No
6	Staff and volunteer hours devoted to monitoring, inspecting, I				
		,	•	•	•
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enfo	rcing conservation eas	sements during the y	ear
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	of section 170(h)(4)(B)	(i)	
	and section 170(h)(4)(B)(ii)?			Ye	es No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenu	e and expense statem	ent and	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's fi	nancial statements tha	at describes the	
_	organization's accounting for conservation easements.	<u> </u>			
Pai	t III Organizations Maintaining Collections of	•	sures, or Other S	imilar Assets.	
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 958	•			
	of art, historical treasures, or other similar assets held for pub			nce of public	
	service, provide in Part XIII the text of the footnote to its finan				
b	If the organization elected, as permitted under FASB ASC 958				
	art, historical treasures, or other similar assets held for public	exhibition, education, or r	esearch in furtherance	e 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 trea			orovide	
_	the following amounts required to be reported under FASB AS			Φ.	
a	Revenue included on Form 990, Part VIII, line 1				
	Assets included in Form 990, Part X  For Paperwork Reduction Act Notice, see the Instructions				Form 990) 2022
∟⊓А	TO FAPELWOLK DEGLECTION ACTIVOLICE, SEE THE INSTRUCTIONS	101 FULLI 330.		Scriedule D (I	UI III 33UJ 2UZZ

Description of property	(d) Book value						
1a Land							
<b>b</b> Buildings							
c Leasehold improvements							
d Equipment		328,801.	280,280.	48,521.			
e Other							
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)							

Schedule D (Form 990) 2022

1) Financial derivatives	Complete if the organization answered "Yes" (  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
2) Closely held equity interests	4) The constant about the box	(b) Book value	(e) meaned or valuation: ever or one	or your market value
A	N OL 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
A				
(B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C				
(C) (D) (E) (F) (G) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (F) (G) (F) (G) (F) (F) (G) (F) (G) (F) (F) (F) (G) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(G) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	` '			
(G) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H	` '			
(a) (b) (c) (c) (c) must equal Form 990, Part X, col. (B) line 12.)  Part VIII) Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-y	(E)			
(b) trust equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (c) and of valuation in the cost of	(F)			
	(G)			
Description of Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.	(H)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (d) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-of-year market value (e) Method of valuation: Cost or end-				
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)				
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) INVESTMENT IN DEGAGE HOLDINGS (2) (2) (3) (4) (5) (6) (7) (8) (9) (1) INVESTMENT IN DEGAGE HOLDINGS (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) INVESTMENT IN DEGAGE HOLDINGS (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (10) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (18) (19) (19) (19) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (16) (17) (17) (18) (19) (19) (19) (10) (10) (10) (10) (11) (11) (12) (13) (14) (15) (16) (17) (17) (18) (18) (19) (19) (10) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (16) (17) (17) (18) (18) (19) (19) (19) (19) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (16) (17) (17) (18) (18) (18) (18) (18) (18) (18) (18				
(2) (3) (4) (5) (6) (7) (8) (9)  10tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value 2, 260, 9  (2) (3) (4) (5) (6) (7) (9)  Part X  Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (c) (c) (d) Description of liability (e) Book value (f) Federal income taxes (g) (g) (g) (g) (g) (g) (g) (g) (h) Book value	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) INVESTMENT IN DEGAGE HOLDINGS 2, 260, 9 (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 2, 260, 9  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (6) (6) (7)				
(4) (5) (6) (7) (8) (9)  Stat. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description  (b) Book value (1) INVESTMENT IN DEGAGE HOLDINGS  (2) (3) (4) (5) (6) (7) (8) (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (6) (6) (7)				
(5) (6) (7) (8) (9)  vtal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) INVESTMENT IN DEGAGE HOLDINGS (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (11) (11	(3)			
(6) (7) (8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part XI Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) INVESTMENT IN DEGAGE HOLDINGS (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)				
(7) (8) (9) 101. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) INVESTMENT IN DEGAGE HOLDINGS (2, 260, 9) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Federal income taxes (2) (3) (4) (5) (6) (6) (7)				
(8) (9) (101. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) INVESTMENT IN DEGAGE HOLDINGS 2, 260, 9  (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (10) (10) (10) (11) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (16) (16) (17) (17) (18) (18) (19) (19) (19) (10) (10) (11) (11) (12) (13) (14) (15) (16) (17) (17) (18) (18) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (16) (17) (17) (18) (18) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (16) (17) (17) (18) (18) (19) (19) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (16) (17) (17) (18) (18) (19) (19) (10) (10) (10) (11) (11) (12) (12) (13) (14) (15) (16) (17) (17) (18) (19) (19) (10) (10) (10) (10) (11) (10) (10) (10				
(9)				
Stat. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)   Part   X				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.    (a) Description   (b) Book value	• •			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value 2, 260, 9  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2)  (3)  (4)  (5)  (6)  (7)				
(a) Description (b) Book value  (1) INVESTMENT IN DEGAGE HOLDINGS 2,260,9  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 2,260,9  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)		on Form 990 Part IV line	11d See Form 990 Part V line 15	
(1) INVESTMENT IN DEGAGE HOLDINGS (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)			Tru. See Form 990, Fart X, line 13.	(h) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)	<u>``</u>	<u> </u>		
(3) (4) (5) (6) (7) (8) (9) Sotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 2, 260, 9  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)		.IVGD		2,200,525
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)				
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)				
(6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)				
(7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)				
(8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7)	• •			
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value (c) (3) (4) (5) (6) (7)		15)		2,260,929
(a) Description of liability (b) Book value (c) (3) (4) (5) (6) (7)	Part X Other Liabilities.	70.)		, ,
(1) Federal income taxes (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(1) Federal income taxes (2) (3) (4) (5) (6) (7)	(a) Description of liability			(b) Book value
(2) (3) (4) (5) (6) (7)				
(3) (4) (5) (6) (7)	• •			
(4) (5) (6) (7)	• •			
(5) (6) (7)	• •			
(6) (7)	• •			
(7)	• •			
	• •			
(9)	• •			

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

Sche	edule D (Form 990) 2022 DEGAGE MINISTRIES			****** Page '
Pai	t XI Reconciliation of Revenue per Audited Financial State	ments With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	4,235,296
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	l l		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0 .
3	Subtract line 2e from line 1		3	4,235,296
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0 .
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	4,235,296
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With Exper	nses per Return	<b>).</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	3,578,490
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0 .
3	Subtract line 2e from line 1		3	3,578,490
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0 .
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,578,490
Pa	rt 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 EVALUATES TAX POSITIONS TAKEN ON ITS FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS IN ACCORDANCE WITH ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA, WHICH REQUIRE THAT TAX POSITIONS TAKEN BE MORE-LIKELY-THAN-NOT TO BE SUSTAINED. MANAGEMENT BELIEVES THAT THE ORGANIZATION HAS NO SIGNIFICANT UNRECOGNIZED TAX BENEFITS UNDER THAT CRITERIA. PENALTIES AND INTEREST, IF ANY, ASSESSED BY INCOME TAXING AUTHORITIES ARE INCLUDED IN OPERATING EXPENSES. THE ORGANIZATION'S FEDERAL EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURNS ARE GENERALLY SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR THREE YEARS AFTER THEY WERE FILED.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022	DEGAGE MINISTRIES	**_***** Pac	ge <b>5</b>
Schedule D (Form 990) 2022 Part XIII   Supplemental Info	rmation (continued)		<u> </u>
Turt XIII   Cupplemental IIII	(continuea)		
-			

## **SCHEDULE G** (Form 990)

Department of the Treasury

## **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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									
Name of the organization	me of the organization  DEGAGE MINISTRIES  Employer identification numbe								
Part I Fundrais		Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ne 17	. Form 990-E	Z filers are not	
	complete this part								
	1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.								
a Mail solicitat					overnment grants				
=	email solicitations				nment grants				
	c Phone solicitations g Special fundraising events								
•	d In-person solicitations								
	2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No								
		viduals or entities (fundraisers) pursu				ne fun			
compensated at le				5					
						( )			
(i) Name and addres or entity (fund		(ii) Activity	have c	Did raiser sustody ntrol of utions?	(iv) Gross receipts from activity	tò (o f	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization	
			Yes	No					
				<u> </u>					
_									
						<del></del>		<u> </u>	
or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	ıt ıs e	xempt from r	egistration	

232081 10-27-22

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

Schedule G (Form 990) 2022

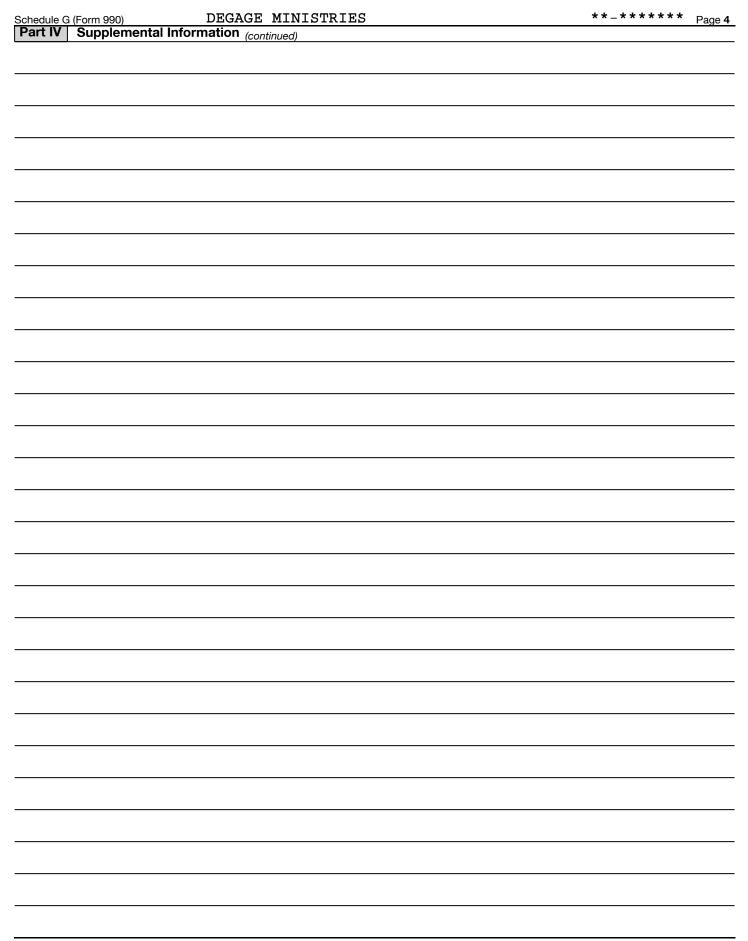
\*\*\_\*\*\* Page 2 Schedule G (Form 990) 2022

Part II Fundraising Events

2 Less: Contributions 67,612. 28,000. 56,864. 152,476 3 Gross income (line 1 minus line 2) 5,120. 4,000. 9,120 4 Cash prizes 1,665. 2,066. 3,731 5 Noncash prizes 6 Rent/facility costs 1,500. 1,500 7 Food and beverages 9,049. 5,820. 14,869 8 Entertainment 2,700. 1,495. 9,967. 36,040 10 Direct expense summary. Add lines 4 through 9 in column (d) 50,031 1 Net income summary. Subtract line 10 from line 3, column (d) 515,000 on Form 990-EZ, line 8a.  (a) Bingo (b) Pull labs/instant bingo/progressive binge (c) Other gaming (d) (a) frough col. (a) through col. (a) through col. (b) Pull color line 3, column (d) 50,000 on Form 990-EZ, line 8a.  (b) Pull labs/instant bingo/progressive binge (c) Other gaming (col. (a) through col. (a) through col. (a) through col. (a) through col. (b) Pull labs/instant bingo/progressive binge (c) Other gaming (col. (a) through col. (a) through col. (b) Pull labs/instant bingo/progressive binge (c) Other gaming (col. (a) through col. (a) through col. (b) Pull labs/instant bingo/progressive binge (c) Other gaming (col. (a) through col. (b) Pull labs/instant bingo/progressive binge (c) Other gaming (col. (a) through col. (c) Other gaming (col. (a) through col. (c) Other gaming (col. (a) through col. (b) Pull labs/instant bingo/progressive binge (c) Other gaming (col. (a) through col. (c) Other gaming (col. (a) through col. (c) Other gaming (col. (a) through col. (b) Pull labs/instant bingo/progressive binge (c) Other gaming (c) Other gaming (col. (a) through col. (c) Other gaming (col. (a) through col. (c) Other gaming (col. (a) through col. (c) Other gaming	Pa	irt i		•	•		-
CELEBRATE   OPEN DOORS   OPEN HEARTS   1   Education (d.) through col. (event type)   (event t			or fundraising event contributions and gre				
PERAMES   1				1 ' '		(c) Other events	
Gevent type  Gevent type  Gotal number  Coll (ci)						1	' ' '
1 Gross receipts							col. <b>(c)</b> )
2 Less: Contributions 67,612. 28,000. 56,864. 152,476 3 Gross income (line 1 minus line 2) 5,120. 4,000. 9,120 4 Cash prizes 1,665. 2,066. 3,733 5 Noncash prizes 1,500. 1,500. 1,500 6 Rentrifacility costs 1,500. 1,500 7 Food and beverages 9,049. 5,820. 14,865 8 Entertainment 2,700. 1,495. 4,199 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 60,335 10 Direct expense summary. Add lines 4 through 9 in column (d) 7,510. 9,967. 36,040 11 Net income summary. Subtract line 10 from line 3, column (d) 9,000 part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (ac) (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (ac) (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (ac) (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (ac) (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gami	ine			(6 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6 (6 (	(eveni type)	(retaintainte)	
3 Gross income (line 1 minus line 2)	Reven	1	Gross receipts	72,732.	32,000.	56,864.	161,596.
4 Cash prizes		2	Less: Contributions	67,612.	28,000.	56,864.	152,476.
5 Noncash prizes 6 Rent/facility costs 1,500. 1,500 7 Food and beverages 9,049. 5,820. 14,869 8 Entertainment 2,700. 1,495. 9 Other direct expenses 20,293. 5,780. 9,967. 36,044 10 Direct expense summary. Add lines 4 through 9 in column (d) 10 Direct expense summary. Subtract line 10 from line 3, column (d) -51,215    Part IIII   Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.   Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.   Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.   Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.   Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.   Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.   Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.   Gaming. Complete if the organization conduct gaming (c) (a) Bingo (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (c) (a) Trotal gaming (c) (a) Trotal gaming (c) (a) Trotal gaming (c) (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (c) (a) Trotal gaming (c) (a) Trotal gaming (c) (b) Pull labs/instant bingo/progressive bingo (c) Other gaming (c) (d) Trotal gaming (c) (d) Tr		3	Gross income (line 1 minus line 2)	5,120.	4,000.		9,120.
Rent/facility costs		4	Cash prizes	1,665.	2,066.		3,731.
8 Entertainment		5	Noncash prizes				
8 Entertainment	enses	6	Rent/facility costs	1,500.			1,500.
8 Entertainment	ect Exp	7	Food and beverages	9,049.	5,820.		14,869.
9 Other direct expenses	Dir	8	Entertainment	2,700.	1,495.		4,195.
11 Net income summary. Subtract line 10 from line 3, column (d)   -51, 215		9	Other direct expenses	20,293.	5,780.	9,967.	36,040.
Saming   Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.    Complete		10	Direct expense summary. Add lines 4 through	n 9 in column (d)			60,335.
\$15,000 on Form 990-EZ, line 6a.  (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (ac col. (a) through col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (col. (a) through col. (col. (a) throug	Da						-51,215.
(a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (a) Col. (a) through col. (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (a) Col. (a) through col. (c) Other gaming (a) Col. (a) through col. (d) Total gaming (a) Col. (a) through col. (d) Total gaming (a) Col. (a) through col. (d) Total gaming (a) Col. (d) Total gam	Pa	Ir L I		answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
Common			\$15,000 on Form 990-EZ, line 6a.		(b) Pull tahe/inetant		(d) Total gaming (add
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses  6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d)  8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:	evenue			(a) Bingo		(c) Other gaming	col. (a) through col. (c))
3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary. Add lines 2 through 5 in column (d)  8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  yes If "Yes," explain:	ď	1	Gross revenue				
5 Other direct expenses	Se	2	Cash prizes				
5 Other direct expenses	-xpens	3	Noncash prizes				
5 Other direct expenses	Direct E	4	Rent/facility costs				
6 Volunteer labor	_	5	Other direct expenses				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)  9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  b If "Yes," explain:		6	Volunteer labor				
9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  b If "Yes," explain:		7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  b If "Yes," explain:		8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:  10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  b If "Yes," explain:	_	_					
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  b If "Yes," explain:	а	ls t	he organization licensed to conduct gaming ac	ctivities in each of these	states?		Yes No
<b>b</b> If "Yes," explain:	b	IT "	ino," expiain:				
						ear?	Yes No
		_	. 55, 57рин.				
232082 10-27-22 Schedule G (Form 990) 20	23200	22 10	1-27-22			Scha	dule G (Form 990) 2022

Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022 DEGAGE MINISTRIES	_ × × ×	***	Page 3
11	Does the organization conduct gaming activities with nonmembers?	. $\square$	Ye	s No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Ye	s No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13	a	%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			,,,
•	Enter the hame and dadress of the person who propares the organization organization of guilling operation books and records.			
	Name			
	- Name			
	Address			
	Address			
45.	Does the experientian have a contract with a third party from whom the experientian receives gaming revenue?		Ye	s No
ısa	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗀	re	
Ľ	olf "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:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
				-
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	s the organization required under state law to make charitable distributions from the gaming proceeds to			
Ī	retain the state gaming license?		Ye	s No
r	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	Part III	lines	9 9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III,	111100	5, 55, 165,
	100, 100, 10, and 170, as applicable. Also provide any additional information. Occ instructions.			



#### **SCHEDULE L**

Department of the Treasury Internal Revenue Service

(Form 990)

# **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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 DEGAGE	. MII	NISTRIES					1 .		' ident * * *		on nu	mber
Part I Excess Benefit Tran				), secti	ion 501(c)(4), and sec	ction 501(c)(29) organ	nizatio	ns on	ly).			
Complete if the organization	n answ	vered "Yes" on I	Form 9	90, Pa	art IV, line 25a or 25b	, or Form 990-EZ, Pa	ırt V, I	ine 40	b.			
(a) Name of disqualified person	(b) R	Relationship bety			ified (c	c) Description of trans	(d) Corre				cted?	
- (a) Name of allequations person		person and or	rganiza	ation	,,					Y	es	No
											-	
										-	-	
										+	+	
										+	$\dashv$	
2 Enter the amount of tax incurred b	y the or	rganization man	agers	or disc	ualified persons duri	ng the year under				-		
section 4958								\$				
3 Enter the amount of tax, if any, on	line 2, a	above, reimburs	ed by	the org	ganization			\$				
Part II Loans to and/or Fro												
Complete if the organization					, Part V, line 38a or F	orm 990, Part IV, line	e 26; d	or if th	e orga	nizatio	n	
reported an amount on Fo		, Part X, line 5, 6		2. an to or	(a) Original	(A) Dalaman dua	()	\ lo	<b>(h)</b> Ap	proved	<i>(:</i> ) \A	Iritton
(a) Name of (b) Relati interested person with orga		of loan	fron	n the	(e) Original principal amount	(f) Balance due		) In ault?	by bo	ard or nittee?	d or	
.				ration?			Yes	No	Yes		Yes	1
			10	110111			103	140	103	110	103	110
			_									<u> </u>
			<u> </u>									<u> </u>
			-									-
			-									-
Total					\$			<u> </u>		<u> </u>		
Part III Grants or Assistanc	e Ben	efiting Inter	este	d Per								
Complete if the organization		_										
(a) Name of interested person		(b) Relationship			(c) Amount of	(d) Type	of		(e	) Purp	ose o	f
	`	interested pers	son an		assistance	assistand	ce			assista	ance	
		the organiza	ation									
	_											

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

Schedule L (Form 990) 2022

(a) Name of interested person	d "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sha	aring of		
(a) Name of interested person	person and the organization	transaction	transaction	organiz rever	organization's revenues?		
LUANN VAN HAREN	BOARD MEMBER	100 021	ET ECMPTOAT	Yes	No X		
LUANN VAN HAREN	BOARD MEMBER	100,031.	ELECTRICAL	1			
				1			
				<u> </u>			
Part V Supplemental Information.							
	ponses to questions on Schedule L (see i	nstructions)					
1 Tovide additional information for res	porises to questions on schedule E (see I	istructions).					
SCH L, PART IV, BUSINESS '	TRANSACTIONS INVOLVIN	G INTERESTE	ED PERSONS:				
(A) NAME OF PERSON: LUANN	VAN HAREN						
(D) DESCRIPTION OF TRANSA	CTION: ELECTRICAL SER	VICES PROVI	IDED				

## **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** 

	DEGAGE MINIS	TRIES					**_*	***	* * *	
Pai	t I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contril amounts report Form 990, Part VII	ed on	nor	(d) Method of de cash contribu		_	S
1	Art - Works of art									
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods	Х		38	.893.	FAIR	MARKET	VA:	LUE	
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									
••	• • • • • • • • • • • • • • • • • • • •									
12	trust interests Securities - Miscellaneous									
13	Qualified conservation contribution -									
10	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17										
	Real estate - Other									
18	Collectibles	X	85,000	190	012	E A T D	MARKET	777	ישווו	
19	Food inventory		03,000	109	, 014.	LAIK	MARKET	۷Д.	401	
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts	X	9	20	,926.	TPIMES 7				
25	Other (PROFESSIONAL SE)	X	12		, <u>920                                    </u>					
26	Other ( MISCELLANEOUS )		12	14,	,004.	LMV				
27	Other ()									
28	Other (	<u> </u>								
29	Number of Forms 8283 received by the organiz			I						
	for which the organization completed Form 82	83, Part V, L	onee Acknowledg	ement	29					
									Yes	No
30a	During the year, did the organization receive by						at it			
	must hold for at least 3 years from the date of									77
	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 p					ions?		31		X
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell	noncash					
	contributions?							32a		X
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in c	olumn (c) fo	a type of property	for which column	(a) is chec	cked,				
	describe in Part II.									

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

Schedule M (Form 990) 2022

232142 09-09-22

## **SCHEDULE 0** (Form 990)

Department of the Treasury

# 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.

OMB No. 1545-0047 Open to Public Inspection

Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization Employer identification number \*\*\_\*\*\* DEGAGE MINISTRIES FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FACILITIES AND SUPPORT SERVICES TO HOMELESS AND LOW-INCOME INDIVIDUALS. PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990, PART III, LINE 4A, ASSISTANCE IN OBTAINING FORMAL IDENTIFICATION AND MEETING OTHER LONG-TERM AND IMMEDIATE NEEDS WAS PROVIDED. FORM 990, PART VI, SECTION B, LINE 11B: EACH MEMBER OF THE BOARD IS GIVEN AN ELECTRONIC COPY OF THE FORM 990 FOR REVIEW BEFORE THE FORM IS FILED WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C:

TO ENSURE THAT THE CORPORATION OPERATES IN A MANNER CONSISTENT WITH ITS TAX-EXEMPT PURPOSES AND THAT IT DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS STATUS AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX, PERIODIC REVIEW SHALL BE CONDUCTED. THE PERIODIC REVIEWS SHALL, ATINCLUDE THE FOLLOWING SUBJECTS: MINIMUM,

- WHETHER COMPENSATION ARRAGEMENTS AND BENEFITS, IF ANY, ARE REASONABLE BASED ON COMPETENT SURVEY INFORMATION AND ARE THE RESULTS OF ARMS LENGTH BARGAINING.
- WHETHER PARTNERSHIP AND JOINT VENTURE ARRANGEMENTS AND ARRANGEMENTS WITH MANAGEMENT ORGANIZATIONS CONFORM TO WRITTEN POLICIES, ARE PROPERLY RECORDED, REFLECT REASONABLE PAYMENTS FOR GOODS AND SERVICES, FURTHER THE CORPORATIONS TAX-EXEMPT PRUPOSES AND DO NOT RESULT IN INUREMENT, IMPERMISSIBLE PRIVATE BENEFIT, OR AN EXCESS BENEFIT TRANSACTION.

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

Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2** 

Name of the organization  DEGAGE MINISTRIES	Employer identification number
FORM 990, PART VI, SECTION B, LINE 15:	
A COMMITTEE OF THE BOARD REVIEWS THE SALARY OF THE EXECUTI	VE DIRECTOR AND
KEY EMPLOYEES. THE BOARD SETS PAY RANGES USING DATA COMPIL	ED BY THIRD PARTY
ORGANIZATIONS. THESE FIGURES ARE REVIEWED ANNUALLY.	
FORM 990, PART VI, SECTION C, LINE 18:	
DEGAGE MINISTRIES MAKES EVERY EFFORT TO BE TRANSPARENT WIT	H REGARDS TO
OPERATIONS, FINANCES, FUNDRAISING PRACTICES AND USE OF ASS	ETS. TO THAT END,
CURRENT AND PAST COPIES OF FORM 990 WILL BE MADE AVAILABLE	UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19:	
ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND F	INANCIAL
STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST IN PER	SON OR VIA MAIL
AT 144 S. DIVISION, GRAND RAPIDS, MI 49503.	
	_
	_

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Name of the organization DEGAGE MINIST	RIES				E	mployer identific		umber
Part I Identification of Disregarded Entities. Compl	lete if the organization answered "	Yes" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	(e) me End-of-year		(f) Direct controlli entity		9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organizat	tion answered "Yes" on Form 990	D, Part IV, line 34, I	Decause it had one	or mor	e related tax-exer	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ect controlling entity	contr	g) 512(b)(13) rolled tity?
DEGAGE HOLDINGS - 87-2374412				501(c)(3))			Yes	No
144 SOUTH DIVISION								
GRAND RAPIDS, MI 49503	HOLDING COMPANY	MICHIGAN	501(C)(3)	LINE 7	DEGAG	E MINISTRIES		Х
			-					

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

Schedule R (Form 990) 2022

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

organization distributions and the specific territorial specific territo											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year		ortionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managin	Percentage ownership
ğ		foreign	e or entity (related, unrelated, income end-or-year allocations? and allocations? 20 of		20 of Schedule	partner*	<u>'</u>				
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	
	1										
	1										
	1										
	1										
	1										
	1										
	1										

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

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed	in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/				1a	Х	
	Gift, grant, or capital contribution to related organization(s)					1b		Х
С	Gift, grant, or capital contribution from related organization(s)					1c		Х
	Loans or loan guarantees to or for related organization(s)					1d	Х	
	Loans or loan guarantees by related organization(s)					1e		Х
f	Dividends from related organization(s)					1f		Х
g	Sale of assets to related organization(s)					1g		X
h	Purchase of assets from related organization(s)					1h		X
i	Exchange of assets with related organization(s)					1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)					1j		X
	Lease of facilities, equipment, or other assets from related organization(s)							X
	Performance of services or membership or fundraising solicitations for related organ							X
	Performance of services or membership or fundraising solicitations by related organ							Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)				1n		Х
0	Sharing of paid employees with related organization(s)					10		X
								37
	Reimbursement paid to related organization(s) for expenses					1p	_	X
q	Reimbursement paid by related organization(s) for expenses					1q		X
_	Other transfer of each or preparity to related expenientian(a)					4		Х
						1r 1s		X
	If the answer to any of the above is "Yes," see the instructions for information on w		nie line, including covered i					
	<b>(a)</b> Name of related organization	(b) Transaction	(c) Amount involved	Method of	<b>(d)</b> f determining amount ir	avolved		
	Tamo Si Tolalos Si gamaanon	type (a-s)	7 anount involved	Wictilog 6	r dotorriiriirig arriodrit ii	IVOIVCU		
(1) I	DEGAGE HOLDINGS	D	5,408,875.	FAIR MARKET	VALUE			
(2) I	DEGAGE HOLDINGS	A	73,500.	FAIR MARKET	VALUE			
(3)								
(4)								
(4)								
(5)								
(6)								

Schedule R (Form 990) 2022 DEGAGE MINISTRIES \*\*-\*\*\*\*\* Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner?  Yes No	(k) r Percentage ownership