HUNGERFORD CPAS + ADVISORS 2910 LUCERNE DR SE GRAND RAPIDS, MI 49546

DEGAGE MINISTRIES 144 DIVISION AVENUE S GRAND RAPIDS, MI 49503

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CLIENT'S COPY



AUGUST 27, 2024

DEGAGE MINISTRIES 144 DIVISION AVENUE S GRAND RAPIDS, MI 49503

DEGAGE MINISTRIES:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2023 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2023 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

SINCERELY,

HUNGERFORD CPAS + ADVISORS

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2023

PREPARED FOR:

DEGAGE MINISTRIES 144 DIVISION AVENUE S GRAND RAPIDS, MI 49503

PREPARED BY:

HUNGERFORD CPAS + ADVISORS 2910 LUCERNE DR SE GRAND RAPIDS, MI 49546

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-TE TO US BY NOVEMBER 15, 2024

Form 8879-TE		IRS E-file Sign for a Tax	ature Aut	horization	F	OMB No. 1545-0047
			-	-		
	For calendar year 202	3, or fiscal year beginning			, ²⁰	2023
Department of the Treasury Internal Revenue Service		Do not send to the Go to www.irs.gov/Form				
Name of filer				itest mormation.	EIN or SSN	
	MINISTRI	E.S.			**_***	* * * *
Name and title of officer or pe		THELMA ENSING	ζ			
Name and the of oncer of pe	I SUIT SUDJECT TO TAX	EXECUTIVE DIF				
Part I Type of	Return and Re	turn Information				
		e using this Form 8879-TE	and enter the ann	licable amount if a	any from the return	form 8038-CP and
Form 5330 filers may enter or 10a below, and the amo	r dollars and cents ount on that line fo	. For all other forms, enter v r the return being filed with 0-). But, if you entered -0- or	whole dollars only. this form was bla	. If you check the b nk, then leave line	ox on line 1a, 2a, 3 a 1b, 2b, 3b, 4b, 5b, 6	, 4a, 5a, 6a, 7a, 8a, 9a, b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	iere X	b Total revenue, if any				ь <u>4,107,737.</u>
2a Form 990-EZ che	ck here 📖 🗌	b Total revenue, if any	/ (Form 990-EZ, lin	ie 9)		b
3a Form 1120-POL	check here	b Total tax (Form 1120)-POL, line 22)			b
4a Form 990-PF che	ck here	b Tax based on invest				b
5a Form 8868 check	here	b Balance due (Form 8	3868, line 3c)		5	b
6a Form 990-T chec	k here	b Total tax (Form 990-				b
7a Form 4720 check		b Total tax (Form 4720				
8a Form 5227 check	here	b FMV of assets at en				b
9a Form 5330 check		b Tax due (Form 5330,	, Part II, line 19)	, ,		b
10a Form 8038-CP ch		b Amount of credit pa				0b
		ture Authorization of				
Under penalties of periurv.	I declare that] I am an officer of the abo	ve entity or	I am a person subi	ect to tax with respec	t to (name
			-		•	-
financial institution to debi later than 2 business days payment of taxes to receiv	t the entry to this a prior to the payme e confidential infor	eated in the tax preparation account. To revoke a payme ent (settlement) date. I also mation necessary to answe gnature for the electronic re	ent, I must contac authorize the final er inquiries and res	t the U.S. Treasury ncial institutions in solve issues related	Financial Agent at 1- volved in the process to the payment. I hat	888-353-4537 no ing of the electronic ve selected a
-	NGERFORD	CPAS + ADVISOR	s		to enter my PIN	75060
		ERO firm na				Enter five numbers, but
		EKU IIIM IIA	ime			do not enter all zeros
with a state age	-	23 electronically filed returr charities as part of the IRS screen.				÷
return. If I have i	ndicated within thi	ax with respect to the entity s return that a copy of the r my PIN on the return's disc	return is being file	d with a state agen	•	-
Signature of officer or person subject					Date	
Part III Certifica	tion and Auth	entication				
ERO's EFIN/PIN. Enter yo number (EFIN) followed by	0	0		40714942 Do not enter a		
-		IN, which is my signature o requirements of Pub. 416		•		
ERO's signature				Date	08/27/24	
		ERO Must Retain Th ubmit This Form to t			o Do So	
For Privacy Act and Pape		Act Notice, see instructio				Form 8879-TE (2023)
LHA 302521 01-05-24						
- JU2021 01-00-24						

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

т

			lending		
В С ар	heck if oplicable	C Name of organization		D Employer identifie	cation number
	Addres	DEGAGE MINISTRIES			
	Name Change Doing business as			**_****	* *
	nitial return Final	Number and street (or P.O. box if mail is not delivered to street address) 144 DIVISION AVENUE S	Room/suite	E Telephone number 616-454-	
	/return/ termin-				
	ated Amenc	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,147,287.
	_return ∃Applica	GRAND RAFIDS, MI 49505		H(a) Is this a group re	
	⊥tiòn pendin	F Name and address of principal officer: TITEDER ENSTINC		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		list. See instructions
	Vebsit			H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 1969	State of legal domicile: MI
Га		Summary			
ø		Briefly describe the organization's mission or most significant activities:			
Governance		CENTER THAT PROVIDES OVERNIGHT SHELTER, M			
ern		Check this box if the organization discontinued its operations or dispo			
Š					10
		Number of independent voting members of the governing body (Part VI, line 1b)			10
Activities &		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			94
Ĭ		Total number of volunteers (estimate if necessary)			105
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
	_			Prior Year	Current Year
e		Contributions and grants (Part VIII, line 1h)		3,970,487.	3,935,877.
Revenue		Program service revenue (Part VIII, line 2g)		120,277.	109,325.
le Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		86,849.	78,764.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		57,683.	-16,229.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,235,296.	4,107,737.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	······	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,223,872.	2,511,586.
sue		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 450,1		1 254 (10	1 607 006
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,354,618.	1,697,906.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,578,490.	4,209,492.
		Revenue less expenses. Subtract line 18 from line 12		656,806.	-101,755.
t Assets or d Balances			В	eginning of Current Year	End of Year
sset 3ala	20	Total assets (Part X, line 16)	······ —	9,920,243.	14,165,005.
Net A		Total liabilities (Part X, line 26)		428,753.	5,012,026.
		Net assets or fund balances. Subtract line 21 from line 20		9,491,490.	9,152,979.
	rt II		a anal -1-1-		- Longer and the Post of the
		Ities of perjury, I declare that I have examined this return, including accompanying schedule			knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	nich preparei	r has any knowledge.	

Sign	Signature of officer				Date		
Here	THELMA ENSINK, EXECUTIVE I	DIRECTOR					
	Type or print name and title						
	Print/Type preparer's name	Preparer's signature		Date	Check	PTIN	
Paid	JENNIFER L. ROGELL, CPA				self-employed	P01291797	
Preparer	Firm's name HUNGERFORD CPAS +				Firm's EIN **-	- * * * * * * *	
Use Only	Firm's address 2910 LUCERNE DR SI	3					
	GRAND RAPIDS, MI 4	19546			Phone no. 616 -	949-3200	
May the IF	May the IRS discuss this return with the preparer shown above? See instructions						
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)						

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2023) DEGAGE MINISTRIES	**_*****	Page 2
	t III Statement of Program Service Accomplishments		, uge
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		[]
•	TO REFLECT THE LOVE OF CHRIST TO ALL WHO COME THROUGH OU	R DOORS BY	
	BUILDING RELATIONSHIPS AND OFFERING PROGRAMS THAT FOSTER		
		DIGNIII 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.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 2,999,421. including grants of \$) (Rever	nue \$ 125,	235.)
	DEGAGE MINISTRIES PROGRAMS WORKED IN CONJUCTION WITH ONE		,
	OFFER OVERALL ASSISTANCE TO 400-500 HOMELESS AND LOW-INC		ALS
	ON A DAILY BASIS. DURING 2023 THE FOLLOWING SERVICES AND		
	WERE PROVIDED TO PATRONS:	11101211120	
	* OPEN DOOR WOMENS CENTER PROVIDED A SAFE HAVEN TO ADU		
	CRISIS DURING THE CRITICAL OVERNIGHT HOURS.		
	* THE DINING ROOM OFFERED LOW-COST AND FREE MEALS WHIL	E DROVIDINC	
	PATRONS AN OPPORTUNITY TO BUILD RELATIONSHIPS AND PARTIC	IPATE IN	
	COMMUNITY ACTIVITIES.		— <i>a</i>
	IIIGIENE FACILITIES SUCH AS SHOWERS, LAUNDRI, LOCKERS	•	rs.
	* ASSISTANCE IN OBTAINING FORMAL IDENTIFICATION AND ME	ETING OTHER	
	LONG-TERM AND IMMEDIATE NEEDS WAS PROVIDED.		
4b	(Code:) (Expenses \$) (Reven	nue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$)
	· · · · · · · · · · · · · · · · · · ·		,
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses2,999,421.		
		Form 9	90 (2023)
332002	2 12-21-23		

Form	ggn	(2023)

 Form 990 (2023)
 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	<u>11a</u>	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
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		37	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	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			37
_	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.4%		х
15	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 23
15		15		х
16	foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u></u>
10		16		х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		х
10				- 23
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	х	
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10	- 23	
19		19		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a 20b		
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
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002003				(-320)

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Form	990	(2023)
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 Form 990 (2023)
 DEGAGE MINISTRIES

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
-	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a	х	
h		28b		x
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		- 23
C		28c		x
20	"Yes," <i>complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	200	Х	- 23
29 20	Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified conservation	29	- 23	
30		30		x
24	contributions? If "Yes," complete Schedule M	31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		- 23
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	~	v	
05	Part V, line 1	34	Х	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0-1		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		v	
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		77	
Der	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	- I I		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
332004	12-21-23	Form	990	(2023)
	Λ			

Part V Statements Regarding Other HIS Filings and Tax Compliance Ves No 2a Enter the number of employees reported on Form W3, Transmitta of Wage and Tax Statements. 2a Yes No 2a Inter the number of employees reported on Form W3, Transmitta of Wage and Tax Statements. 2a X 3a X 3b Inter the number of employees reported on Form W3, Transmitta of Wage and Tax Statements. 2a X 3a X 3b Inter Yes, Institution to a grantee on one during the year? 3a X 3b Inter Yes, Institution To the state on year, dd the organization have an interaction on Scheduk O 3a X 3b Intervs, Institution Tax and the complex state on the number of the state on year, dd the organization have an interaction the state on the number of the state on year, dd the organization have an interaction that way or interaction the state on year of the organization interaction that it was or is a party to a prohibited ta scheduc transcalour and year of the organization interactive declarable accorntinuons? 5a X 4 Interactive declarable accorntinuons of the scheduc transcalour and year of the organization include with wery scheductable contributions? 5a X 5b Interactive declarable? 7a X 7a X	Form	990 (2023) DEGAGE MINISTRIES **-***	* * *	Pa	_{age} 5
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 94 b It a least one in reported on line 2a, dd the organization file all required federal employment tax returns? 2b X a Date the organization have uncerted by Way? If We1 to line 3b, provide an explaneation on Schedule 0 3a X b If Yes, "that if field a Form 390 Tice this year, if dth organization have on therest in, or a significant or other stationty over, a 3a X d At any time of the foreign country (such as a bank account, securities account, or other financial account)? 4a X b If Yes, "that if the arganization have on therest in, or a significant or a spontable tax short? 5a X c Did any subality party offty the use or a bank tax of a prohibit tax short to result tax short? 5a X d Did any subality party offty the use or a bank tax of a prohibit tax short? 5a X d Did any subality party offty the use or a bank tax enormally greater than \$100,000, and did the organization solid any orthogon as a statement that such contributions or gifts were not tax deductible? 7a X D M Yes, "india ally as a contribution any promotion a sub statement tax shortanthy asa contrebut tax shortantatax as a contribut tax short ant	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
It all east or a calendar year ending with or within the year covered by this return Iza				Yes	No
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If "Yes," complete Form 6069.			17		
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Form 990	(2023)
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DEGAGE MINISTRIES

 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
 X

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

			1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		10			
	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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other				
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the						
					3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 99			····· ⊢	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			····· ⊢	5		Х
6					6		X
о 7а	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap			····· ⊢	•		
14	more members of the governing body?			.	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			···· -	i a		- 23
a				.	71.		х
~	persons other than the governing body?			⊢	7b		<u></u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-		-	v	
а	The governing body?				Ba	X	
b	Each committee with authority to act on behalf of the governing body?				Bb	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
				_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			[1	0a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	s, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			1	0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befoi	re filing the form	ו? 1	1a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			1	2a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				2b	х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y			····· F			
-	on Schedule O how this was done	,		1	2c	x	
13				····	13	X	
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			····· ⊢	14	X	
15	Did the process for determining compensation of the following persons include a review and approval			···· ⊢	17		
15		i by in	dependent				
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				F -	v	
	The organization's CEO, Executive Director, or top management official				5a	X X	
b	Other officers or key employees of the organization			<u> </u> '	5b		
	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 arrangem	nent w	/ith a				
	taxable entity during the year?			[1	6a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	•					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's				
	exempt status with respect to such arrangements?			1	6b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed <u>MI</u>						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990)-T (section 501	(c)(3)s o	nly) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain	on So	chedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con			y, and fi	nanc	ial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records				
	THELMA ENSINK - 616-454-1661						
	144 DIVISION AVENUE S, GRAND RAPIDS, MI 49503						
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Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, and Independe	ent Contrac	ctors			

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

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

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

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

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average	(C) Position						(D) Reportable	(E) Reportable	(F) Estimated
Name and the	hours per week	box	not c , unles cer an	ss per	rson i	s both	ı an	compensation	compensation	amount of
	(list any hours for related line) line line line individual trastee organizations line line		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations			
(1) THELMA ENSINK EXECUTIVE DIRECTOR	40.00			x				116,480.	0.	0.
(2) ALEX FERNANDEZ	1.00			Δ				110,400.	0.	
BOARD MEMBER	0.00	x						0.	0.	0.
(3) CHARLES BURPEE	2.00									
PRESIDENT	1.00	х		х				0.	0.	0.
(4) JEFF VANDERLAAN	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(5) LUANN VAHAREN	2.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(6) MICHAEL LUNT	1.00								0	0
BOARD MEMBER (7) PATTY RIVA	1.00	Х						0.	0.	0.
(7) PATTY RIVA VICE PRESIDENT	2.00	х		x				0.	0.	0.
(8) BECKI BYKERK	4.00	- 11								
TREASURER	1.00	x		х				0.	0.	0.
(9) OJONE AMEADAJI	1.00									
BOARD MEMBER	0.00	Х						0.	Ο.	0.
(10) CLAIRE GROEN	1.00									
BOARD MEMBER	0.00	Х						0.	0.	0.
(11) ROSSEMARY SALINAS	1.00								0	0
BOARD MEMBER	0.00	X						0.	0.	0.
		-								
		<u> </u>								
332007 12-21-23										Form 990 (2023)

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Form 990 (2023)

Form 990 (2023)	DEGAGE M									**_***	* * * *	Page 8
Part VII Section	n A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)		
Na	(A) ame and title	(B) Average hours per week	box	not cl , unles	ss per	itior more rson i	1 than o is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estima amour othe	ated nt of
		(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)	compen from organiz and rel organiza	the ation lated
									116,480.	0		0.
	ontinuation sheets to Part VI es 1b and 1c)								116,480.	0		0.
	of individuals (including but n n from the organization	ot limited to the	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable		1
3 Did the organ	ization list any former officer,	director truste	e k	(ev e	empl	ove	e or	hia	ihest compensated emp	lovee on	Ye	s No
line 1a? If "Ye	s," complete Schedule J for s	uch individual								-	3	x
and related or	dual listed on line 1a, is the su ganizations greater than \$150	0,000? If "Yes,"	" со	mple	ete S	Sche	edule	e J f	for such individual	-	4	x
	n listed on line 1a receive or a ne organization? <i>If</i> "Yes," com								•		5	x
	ndent Contractors table for your five highest co	mpensated ind	ере	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compens	ation from	
the organizati	on. Report compensation for ((A)	the calendar ye	ear e	endir	ng w	ith c	or wi	thin 	the organization's tax y (B)	ear.	(C)	
	Name and business	address	NC	ONE	2				Description of s	services	Compensat	ion
	of independent contractors (in compensation from the organiz	0	ot lin	nitec	d to f	thos (ted	above) who received m	ore than		
											Form 990) (2023)

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4 Income from investment of tax-exempt bond proceeds 5 Royatties (i) Real (ii) Personal (iii) Personal (iiii) Personal (iiiii) Personal (iiii) Personal (iiiii) Personal (iiiii) Personal (iiiii) Personal (iiiiiiii) Personal (iiiii) Persona	Га	rt VI		atement of Re			160	or note to any lin	e in this Part VIII			
Best 1 a <th1 a<="" th=""> <th1 a<="" th=""></th1></th1>					CONTAI	is a respo	150	or note to any im	(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded from tax under
Business Code Business Code b 624200 109,325. c 624200 109,325. f All other program service revenue 109,325. g Total. Add lines 2a:2f 78,764. g Total. Add lines 2a:2f 78,764. g Total. Add lines 2a:2f 78,764. g Total. Add lines 3a 78,764. g Total. Add lines 10,356 74,111.	Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d e f g	 Member Fundrais Related Governr All other similar at Noncash c 	rship dues sing events organizations ment grants (contr contributions, gifts, mounts not included contributions included in	ribution grants, I above lines 1a-	1b 1c 1d ns) 1e and 1f	3,	426,842. 285,871. 430,623.	3.935.877.			
Openant Description <	<u> </u>											
g Total. Add lines 2a-21 109,325. g Total. Add lines 2a-21 109,325. g The similar amounts) 78,764. g Total. Add lines 1a-11d 109,325. g Total. Add lines 1a-11d 109,325. g Total. Add lines 1a-2a-21 78,764. g Total. Add lines 1a-2a-22 78,764. g Total. Add lines 1a-2a-22 78,764.	jram Service Revenue	2a b c d	• • •					624200	109,325.	109,325.		
g Total. Add lines 2a-21 109,325. g Total. Add lines 2a-21 109,325. g The similar amounts) 78,764. g Total. Add lines 1a-11d 109,325. g Total. Add lines 1a-11d 109,325. g Total. Add lines 1a-2a-21 78,764. g Total. Add lines 1a-2a-22 78,764. g Total. Add lines 1a-2a-22 78,764.	Proç	e f		r program partico	rovopi							
3 Investment income (including dividends, interest, and other similar amounts) 78,764. 78,764. 4 Income from investment of tax exempt bond proceeds 78,764. 78,764. 5 Royatties 0) Real (ii) Personal 6 6 Gross rents 6a 0 0 b Less: rental expenses 6b 0 0 c Rental income or (loss) 0 0 0 0 7 Gross mount from sales of assets other than invertory 0 0 0 0 b Less: cost or other basis and sales expenses 7b 7b 0 6 a Gross income from fundraising events (not including \$	-								109,325.			
Ga Gross rents Ga (i) Real (ii) Personal b Less: rental expenses Gb			Investm other si	ent income (incluc milar amounts)	ding di	vidends, ir	itere	st, and				78,764.
6 a Gross rents 6a 1 b Less: rental expenses 6a 6a c Rental income or (loss) 6a 6a d Net rental income or (loss) 6a 6a 7 a Gross amount from sales of assets other than inventory 7a 7a b Less: cost or other basis and sales expenses 7a 7a c Gain or (loss) 7a 7a 7a d Net gain or (loss) 7a 7a 7a a Gross income from fundraising events (not including \$\$223,164.ot or contributions reported on line 1c). See 7a 7a b Less: direct expenses 8a 7,411. 8a 7,411. b Less: direct expenses 8a 7,411. 8a 7,411. b Less: direct expenses 9a 9a 9a -32,139. -32,139. f O a Gross income from gaming activities. See 9a 9a -32,139. -32,139. f O a Gross sales of inventory, less returns and allowances 10a 10a 10a 10a f C Net income or (loss) from gales of inventory 9a 900099 15,910.		5	Royaltie	es	·· <u>·····</u>							
b Less: rental expenses 6b 6c c Rental income or (loss) 6c 6c d Net rental income or (loss) 6c 6c d Rerss amount from sales of assets other than inventory 7a 7a 7a b Less: cost or other basis 7b 7c 7a 7a c Gain or (loss) 7b 7c 7a 7a d Net gain or (loss) 7b 7c 7a 7a d Net gain or (loss) 7b 7c 7a 7a d Net gain or (loss) 7b 7a 7a 7a d Net gain or (loss) 7b 7a 7a 7a d Net gain or (loss) 7b 7a 7a 7a d Net gain or (loss) 7b 7a 7a 7a d Net income or (loss) from fundraising events -32,139 -32,139 -32,139 gain or fore gains gativities -32,139 -32,139						(i) Real		(ii) Personal				
c Rental income or (loss) Gc Image: constraint of the state												
d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7 (iii) Other b Less: cost or other basis and sales expenses 7b (iii) Other and sales expenses 7b (iii) Other (iii) Other c Gain or (loss) 7c (iii) Other d Net gain or (loss) (iii) Other (iii) Other d Net gain or (loss) (iii) Other (iii) Other a Gross income from fundralsing events -32,139. -32,139. 9 a Gross income from gaming activities. See 9a -32,139. 9 a Gross income from gaming activities. See 9a -32,139. 9 a Gross income from gaming activities. See 9a -32,139. 10 a Gross income from gaming activities. See 9a -32,139.												
7 a Gross amount from sales of assets other than inventory					· · · ·							
assets other than inventory b Less: cost or other basis and sales expenses 7a 7b c Gain or (loss) 7c 7c c Gain or (loss) 7c 7c geoget 8 a Gross income from fundraising events (not including \$223,164. or contributions reported on line 1c). See Part IV, line 18 8a 7,411. b Less: direct expenses 8b 39,550. -32,139. geoget 9 a Gross income from gaming activities. See Part IV, line 19 9a geoget 9a 9a geoget<				•)							
Bit Less: cost or other basis and sales expenses Tb Tb c Gain or (loss) Tc Tc Tc d Net gain or (loss) Tc Tc Tc 8 a Gross income from fundraising events (not including \$223,164. or contributions reported on line 1c). See Part IV, line 18 Ba 7,411. Ba 7,411. b Less: direct expenses Bb 39,550. C C c Net income or (loss) from fundraising events -32,139. -32,139. 9 a Gross income from gaming activities. See Part IV, line 19 Ba 9 See 9 b b Less: direct expenses See 0 a Gross sales of inventory, less returns and allowances Ioa Ioa 0 b Less: cost of goods sold Ioa c Net income or (loss) from sales of inventory Eusiness Code See 9 a H1 a OTHER INCOME See See See See See See See See See See See See See See		1 a			72		00					
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Sec C Gain or (loss) Tc Tc d Net gain or (loss) d </td <th>e</th> <td></td> <td colspan="2"></td> <td></td> <td></td> <td></td> <td></td> <td></td>	e											
B a Gross income from fundraising events (not including \$223,164. of contributions reported on line 1c). See Part IV, line 18	/ent	с										
8 a Gross income from fundraising events (not including \$223,164. of contributions reported on line 1c). See Part IV, line 18	Re	d	Net gair	n or (loss)								
b Less: direct expenses Bb 39, 550. c Net income or (loss) from fundraising events -32, 139. -32, 139. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a b Less: direct expenses 9b 9b c Net income or (loss) from gaming activities 9b -32, 139. c Net income or (loss) from gaming activities	Other		a Gross income from fundraising events (not including \$223,164. of contributions reported on line 1c). See									
c Net income or (loss) from fundraising events -32,139. -32,139. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a b Less: direct expenses 9b 9b c Net income or (loss) from gaming activities -32,139. 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code 11 a OTHER INCOME 900099 15,910. b		Ь						39 550				
9 a Gross income from gaming activities. See Part IV, line 19 9a 9a 9a b Less: direct expenses 9b 9b 9b 9b c Net income or (loss) from gaming activities 9b 9b 9b 9c 10 a Gross sales of inventory, less returns and allowances 10a 10b 10b 10b c Net income or (loss) from sales of inventory 900099 15,910. 15,910. 15,910. see Total. Add lines 11a-11d 15,910. 12 Total revenue. See instructions 4,107,737. 125,235. 0. 46,625.								55,550.	-32,139.			-32,139.
b Less: direct expenses 9b Image: state of the			Gross ir	ncome from gamin	ng activ	vities. See						
10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code 11 a OTHER INCOME 900099 b c 4 All other revenue c Total. Add lines 11a-11d 15,910. 12 Total revenue. See instructions 4,107,737.		b					9b					
and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code b C d All other revenue e Total. Add lines 11a-11d 15,910. 12 Total revenue. See instructions 4,107,737. 125,235. 0. 46,625.				. ,	•	•	· <u> </u>					
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c Net income or (loss) from sales of inventory Business Code Business Code 11 a OTHER INCOME 900099 15,910. 15,910. b		la la										
Business Code Image: Code state of the state of th												
So get and set in the se					30123		<u>y.</u> .					
e Total. Add lines 11a-11d 15,910. 12 Total revenue. See instructions 4,107,737. 125,235. 0. 46,625.	sno	11 a	OTHE	R INCOME					15,910.	15,910.		
e Total. Add lines 11a-11d 15,910. 12 Total revenue. See instructions 4,107,737. 125,235. 0. 46,625.	ane	b							-	_		
e Total. Add lines 11a-11d 15,910. 12 Total revenue. See instructions 4,107,737. 125,235. 0. 46,625.	Sells	с	;									
e Total. Add lines 11a-11d 15,910. 12 Total revenue. See instructions 4,107,737. 125,235. 0. 46,625.	Misc B	d	All othe	r revenue								
	_								15,910.	105 005		46 605
332009 12-21-23 Form 990 (2023				venue. See instructio	ons				4,10/,/3/.	145,435.	<u> </u>	Eorm 990 (2023)

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775060.1

Form 990 (2023)

DEGAGE MINISTRIES

DEGAGE MINISTRIES

-	Check if Schedule O contains a respons	e or note to any line in t (A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	116,480.	87,585.	17,337.	11 550
~	trustees, and key employees	110,400.	07,505.		11,558
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
7	persons described in section 4958(c)(3)(B)	2,100,649.	1,579,544.	312,663.	208,442
7 0	Other salaries and wages Pension plan accruals and contributions (include	2,100,049.	±,5,3,344•	512,005.	200,442
8	section 401(k) and 403(b) employer contributions)				
0		130,501.	71,897.	29,302.	29,302
9 10	Other employee benefits	163,956.	90,329.	36,813.	36,814
11	Payroll taxes Fees for services (nonemployees):	105,550.	50,525.	50,015.	50,014
a	-				
b	Management Legal	97.	73.	12.	12
	Accounting	33,387.	25,043.	4,172.	4,172
	Lobbying	5575671	2370131		-,-,-
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	16,658.	12,495.	2,082.	2,081
12	Advertising and promotion	71,523.	11,570.	2,735.	2,081 57,218
13	Office expenses	55,876.	42,097.	7,140.	6,639
14	Information technology	,	,		•
15	Royalties				
16	Occupancy	320,718.	215,087.	91,247.	14,384
17	Travel	17,615.	960.	967.	15,688
8	Payments of travel or entertainment expenses				•
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	234,940.	117,084.	117,856.	
23	Insurance	60,433.	45,313.	7,560.	7,560
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.) DISTRIBUTION AND USE OF	428,871.	325,943.	51,464.	51,464
a h	DIRECT PROGRAM EXPENSE	303,002.	303,002.	J1,404•	JI,404
b	MISCELLANEOUS EXPENSES	140,415.	66,608.	73,807.	
c d	EDUCATION AND TRAINING	14,371.	4,791.	4,790.	4,790
	All other expenses	<u></u> ,,,,,	±,,,,,,	=,150•	=,,,0
	Total functional expenses. Add lines 1 through 24e	4,209,492.	2,999,421.	759,947.	450,124
25 26	Joint costs. Complete this line only if the organization			, , , , , , , , , , , , , , , , , , , ,	100/121
.0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

332010 12-21-23

10 2023.04020 DEGAGE MINISTRIES Form 990 (2023)

DEGAGE MINISTRIES Part X Balance Sheet

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

		Check in Schedule O contains a response of hou			(A)		(B)
					Beginning of year		End of year
	1			······ -	1,801,331.	1	1,498,957.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			395,982.	3	475,470.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or		· · · ·			
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described			F 400 07F	6	F 400 07F
ets	7	Notes and loans receivable, net			5,408,875.	7	5,408,875.
Assets	8	Inventories for sale or use		·····	4 605	8	0 696
4	9			····· -	4,605.	9	9,686.
	10a	Land, buildings, and equipment: cost or other		642 101			
		basis. Complete Part VI of Schedule D		<u>642,101.</u> 403,244.	48,521.	10-	238,857.
		Less: accumulated depreciation			40,521.	10c	230,037.
	11					11	
	12 13	Investments - other securities. See Part IV, line 1				12 13	
	13	Investments - program-related. See Part IV, line 1		F		14	
	14	Intangible assets Other assets. See Part IV, line 11			2,260,929.	15	6,533,160.
	16	Total assets. Add lines 1 through 15 (must equa			9,920,243.	16	14,165,005.
	17	Accounts payable and accrued expenses			128,753.	17	314,200.
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F				21	
Ś	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
abil		controlled entity or family member of any of thes				22	
Ë	23	Secured mortgages and notes payable to unrela	ted third	parties	300,000.	23	
	24	Unsecured notes and loans payable to unrelated	l third pa	rties		24	
	25	Other liabilities (including federal income tax, pay	yables to	related third			
		parties, and other liabilities not included on lines	17-24). (Complete Part X			
		of Schedule D			0.	25	4,697,826.
	26	Total liabilities. Add lines 17 through 25			428,753.	26	5,012,026.
		Organizations that follow FASB ASC 958, che	ck here	X			
ice		and complete lines 27, 28, 32, and 33.			2 050 460		0 001 000
alan	27			······ -	3,859,468.	27	8,701,773.
B	28	Net assets with donor restrictions			5,632,022.	28	451,206.
ŭ		Organizations that do not follow FASB ASC 9	58, chec	k here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
its c	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or eq				30	
∋t A	31	Retained earnings, endowment, accumulated inc			9,491,490.	31	0 150 070
Å	32	Total net assets or fund balances	9,491,490.	32	9,152,979.		
	33	Total liabilities and net assets/fund balances	<u></u>		3,340,443.	33	14,165,005.

Form 990 (2023)

Form 990 (2023)

Part XI Reconciliation of Net Assets	<u> </u>
Part AI 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)	,737.
2 Total expenses (must equal Part IX, column (A), line 25) 2 4, 209	,492.
3 Revenue less expenses. Subtract line 2 from line 1 3101	,755.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 9, 491	,490.
5 Net unrealized gains (losses) on investments 5	
6 Donated services and use of facilities	
7 Investment expenses 7	
8 Prior period adjustments 8 -236	,756.
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 , 152	<u>,979.</u>
Part XII Financial Statements and Reporting	
Check if Schedule O contains a response or note to any line in this Part XII	
	es 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 O.	
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?	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	
consolidated basis, or both:	
Separate basis X Consolidated basis Both consolidated and separate basis	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	
review, or compilation of its financial statements and selection of an independent accountant?	x
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a	<u> </u>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	
or audits, explain why on Schedule O and describe any steps taken to undergo such audits	

Form **990** (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

(Form 990)

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
2023
Open to Public Inspection

Nan	ne of t	he organization					En		identification number
_			GE MINISTR					*	*_*****
Pa	nrt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.		
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	l in sectio	n 170(b)(1	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).(Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative				(b)(1)(A)(ii	ii).		
4		A medical research organiz						. Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental unit o	describe	ed in
		section 170(b)(1)(A)(iv). (0		o		, ,			
6		A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).		
	X	An organization that norma	-					ieneral r	oublic described in
•		section 170(b)(1)(A)(vi). (C			onn a gove		and of normalic g		
8		A community trust describe		(1)(A)(vi) (Complete Par	+ 11)				
9		An agricultural research org			-	ad in conii	inction with a lan	darant	college
3		or university or a non-land-							
		, ,	grant college of agric			name, city	, and state of the	college	
10		university:	Illy receives (1) more	than 22 1/20/ of its sum	ort from o	ontributior	na mambarahin f		d areas respire from
10		An organization that norma	•						
		activities related to its exen							-
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the organi	zation a	iπer June 30, 1975.
		See section 509(a)(2). (Co	-						
11		An organization organized a							
12		An organization organized a	-	•			· ·		
		more publicly supported or							check the box on
		lines 12a through 12d that						-	
а		Type I. A supporting orga		-	• • • •	-			
		the supported organization		• • • •	majority c	of the direc	ctors or trustees o	of the su	ipporting
		organization. You must o							
b		Type II. A supporting org	anization supervised	l or controlled in connect	tion with its	s supporte	ed organization(s)	, by hav	ring
		control or management o	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manage t	he supp	ported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.					
C		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functionally ir	ntegrate	d with,
		its supported organization	n(s) (see instructions). You must complete l	Part IV, Se	ections A,	D, and E.		
Ċ		Type III non-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	vith its supported	organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and an	attentiv	veness
		requirement (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V .		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, T	ype III	
		functionally integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount of mo	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instru	uctions)	support (see instructions)
Tota									
100	al I								1

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

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

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	3526863.	3563669.	4498975.	3979607.	3943288.	<u>19512402.</u>			
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	2506060	256266	4400085	2080608	2242222	10510400			
	Total. Add lines 1 through 3	3526863.	3563669.	4498975.	3979607.	3943288.	19512402.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,						177 202			
~	column (f)						<u>177,382.</u> 19335020.			
	Public support. Subtract line 5 from line 4.						19333020.			
	ndar year (or fiscal year beginning in)	(a) 2010	(h) 2020	(a) 2021	(d) 2022	(e) 2023				
	Amounts from line 4	(a) 2019 3526863.	(b) 2020 3563669.	(c) 2021 4498975.	3979607.		(f) Total 19512402.			
	Gross income from interest,	55200051		11909791		55152000				
0	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	4,068.	1,587.	13,542.	74,874.	78,764.	172,835.			
9	Net income from unrelated business				, 1, 0, 10	, , , , , , , , , , , , , , , , , , , ,				
Ŭ	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.	108,898.	15,190.	195,675.			
11	Total support. Add lines 7 through 10						19880912.			
12	Gross receipts from related activities,	etc. (see instructio	ons)	-		12	483,119.			
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3)				
	organization, check this box and stop									
Sec	ction C. Computation of Publi	c Support Per	centage			, ,				
	Public support percentage for 2023 (I					14	97.25 %			
	Public support percentage from 2022					15	97.24 %			
16 a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo				
	stop here. The organization qualifies		-							
b	33 1/3% support test - 2022. If the o				line 15 is 33 1/3%	or more, check th	is box			
	and stop here. The organization qual									
17a	10% -facts-and-circumstances test	-								
	and if the organization meets the fact			-	-	VI how the organiz	ation			
	meets the facts-and-circumstances te	-			-					
b	10% -facts-and-circumstances test	-					10% or			
	more, and if the organization meets th									
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a					
						Schedule A	(Form 990) 2023			

Schedule A	Form 990) 2023

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

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

Section A. Public Support					_	
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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 3 received from disgualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	,					
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses	3					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for	the organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgai	nization,
					<u></u>	
Section C. Computation of Pub	lic Support Per	rcentage				
15 Public support percentage for 2023	(line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inve	stment Income	e Percentage				
17 Investment income percentage for 2			ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2023. If th						line 17 is not
more than 33 1/3%, check this box						
b 33 1/3% support tests - 2022. If th						
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organizat	ion did not check a	box on line 14, 19	a, or 19b, check t	inis box and see in		
332023 12-21-23		15	5		Sched	dule A (Form 990) 2023

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Yes No

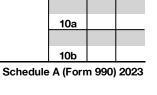
Part IV Supporting Organizations

(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.)

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Schedule A	(Form 990) 2023	DEGAGE	MINISTRIES
Part IV	Supporting Organ	izations (con	tinued)

Yes No

Yes No

11 Has the organization accepted a gift or contribution from any of the following persons? 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 11a b A family member of a person described on line 11a above? 11b 11b 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c 11c Section B. Type I Supporting Organizations

			163	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> "No," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s)	1

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization used	d to satisfy the Integral Part	t Test during the vear	(see instructions)
•	Check the DOX heat to the method	<i>inal line organization use</i>		i col uunny inc year	1000 1100 000

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of	of each of its	supported of	organizations.	Complete line 3 be	elow.
---	--	------------------	------------------	----------------	--------------	----------------	--------------------	-------

с		The organization supported a g	governmental entity.	Describe in Part VI how	vou supported a governn	nental entity (see instructions).
---	--	--------------------------------	----------------------	-------------------------	-------------------------	-----------------------------------

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mu					
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				
	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						

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instructions).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

_*<u>***</u> Page 6

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d Excess from 2022 e Excess from 2023

1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (i) (ii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reason-able ca 3 Exces a From **b** From c From d From e From f Total g Applie

1

Current Year

(iii)

Schedule A (Form 990) 2023

	able cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
а	From 2018		
b	From 2019		
с	From 2020		
d	From 2021		
е	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D,		
	line 7: \$		
а	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
с	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h		
	and 4b from line 1. For result greater than zero, explain in		
	Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j		
	and 4c.		
8	Breakdown of line 7:		
а	Excess from 2019		
b	Excess from 2020		
с	Excess from 2021		

Schedule A (Form 990) 2023 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions

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Schedule A	(Form 990) 2023	DEGAGE	MINISTRIES		** - ****** Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Prov , 2, 3b, 3c, 4b, 4 lines 2 and 3; P	ide the explanations require 4c, 5a, 6, 9a, 9b, 9c, 11a, 11 art IV, Section E, lines 1c, 2	ed by Part II, line 10; Part II, line 1 1b, and 11c; Part IV, Section B, li a, 2b, 3a, and 3b; Part V, line 1; F Also complete this part for any ac	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
332028 12-21-2	3				Schedule A (Form 990) 2023
			20		

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2023

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
EIJER FOUNDATION	575,000.	177,382
otal Excess Contributions to Schedule A, Part II, Line 5		177,382

Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

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EGAGE MINISTRI	ES
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Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 contributor, during 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless totaling the year for an *exclusively* for the parts unless totaling \$5,000 or more during the year for an *exclusively* set in the set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless totaling \$5,000 or more during the year for an *exclusively* set of the parts unless total set of the parts unless the set of the parts unless total set

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 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 that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

DEGAGE MINISTRIES

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FIDELITY INVESTMENTS 3480 28TH ST SE GRAND RAPIDS, MI 49512-1602	\$ <u>165,899.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JASON ZYLSTRAØDEVOS FAMILY FOUNDATION 200 MONROE AVE NW GRAND RAPIDS, MI 49503-2213	\$ <u>300,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NATIONAL CHRISTIAN FOUNDATION WEST MICHIGAN 4670 FULTON ST E STE 204 ADA, MI 49301-8409	\$131,225.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	SALVATION ARMY 16130 NORTHLAND DR SOUTHFIELD, MI 48075-5218	\$ <u>366,338.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	STATE OF MICHIGAN ØATTN: KAREN SMITH <u>1 DIVISION AVE N</u> <u>GRAND RAPIDS, MI 49503-3132</u>	\$ <u>250,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) Total contributions	(d)
6	Name, address, and ZIP + 4 THE FREY FOUNDATION ØATTN: HOLLY JOHNSON <u>40 PEARL ST NW STE 100</u> <u>GRAND RAPIDS, MI 49503-3028</u>	\$ <u>155,000.</u>	Type of contribution Person X Payroll
323452 12-26			Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

DEGAGE MINISTRIES

Name of organization

Employer identification number

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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 GUIDING LIGHT WORKS Person Payroll 255 DIVISION AVE S 411,856. Noncash Х \$ (Complete Part II for GRAND RAPIDS, MI 49503 noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) 323452 12-26-23 Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023

Name of organization

Page 3

Employer identification number

DEGAGE MINISTRIES

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Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	DONATED FOOD.		
		\$411,856.	12/31/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

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Name of o	organization			Employer identification number
	E MINISTRIES			**_*****
Part III	from any one contributor. Complete columns ((a) through (e) and the following lin charitable, etc., contributions of \$1,00 	ne entry. For ord	(c)(7), (8), or (10) that total more than \$1,000 for the year ganizations e year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of		
	Transferee's name, address,	and ZIP + 4	Re	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer (and ZIP + 4		lationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer (of gift	
	Transferee's name, address,	and ZIP + 4	Re	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer (of gift	
	Transferee's name, address,	and ZIP + 4	Re	elationship of transferor to transferee
323454 12-26	6-23			Schedule B (Form 990) (2023)

SCHEDULE	D
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Department of the Treasury

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.

OMB No. 1545-0047 **Open to Public** Inspection

Internal Revenue Service Name of the organization

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

Employer identification number **_*****

	DEGAGE MINISTRIES			**_*****
Par			milar Funds or Ac	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised	a tunas	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	-		
	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o	•		•
Par	impermissible private benefit?			
			" on Form 990, Part IV,	, line 7.
1	Purpose(s) of conservation easements held by the organization		1	
	Preservation of land for public use (for example, recrea	tion or education)	1	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
•	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribu	ition in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			2a
b				2b
C	Number of conservation easements on a certified historic structure			2c
d	Number of conservation easements included on line 2c acqu	• • •		
~	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or te	erminated by the organi	ization during the tax
	year			
4	Number of states where property subject to conservation eason Does the organization have a written policy regarding the per		on bondling of	
5				Yes No
6	violations, and enforcement of the conservation easements it		d onforcing conconvotic	
6	Staff and volunteer hours devoted to monitoring, inspecting,	nanuling of violations, and	a enforcing conservatio	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enf	orcina conservation ea	sements during the year
'	Amount of expenses incurred in monitoring, inspecting, hand	and en	ording conservation ea	sements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements	of section 170(h)(4)(R)(i)
U	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
Ū	balance sheet, and include, if applicable, the text of the footr			
	organization's accounting for conservation easements.	ioto to the organization o		
Par		Art, Historical Trea	asures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its reve	nue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for put	•		
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95			e sheet works of
	art, historical treasures, or other similar assets held for public			
	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 tre			
	the following amounts required to be reported under FASB A			-
а	Revenue included on Form 990, Part VIII, line 1	-		\$
				•
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023
	09-28-23			
		27		

Sche		MINISTRIES						**_**		F	age 2
Par	t III Organizations Maintaining C	ollections of Art	, Hist	orical Tre	easures, o	r Other	Simila	r Assets	contin	ued)	
3	Using the organization's acquisition, accessi	on, and other records	, check	any of the t	following that	t make sig	nificant ι	use of its			
	collection items (check all that apply).										
а	Public exhibition	d		Loan or exc	hange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how th	ney further th	ne organizatio	on's exem	pt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, hi	storical treas	sures, or othe	er similar a	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		e if the	organizatior	n answered ""	Yes" on F	orm 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi		•						-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing t	able:							
									Amount		
	Beginning balance						1c				
	Additions during the year						1d				
-	Distributions during the year						1e				
t	Ending balance						1f				
	Did the organization include an amount on Fe						y?	····· L	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if										
		(a) Current year		Prior year	(c) Two year			/ears back	(e) Four	vears	hack
1a	Beginning of year balance	(u) ourront your	()	nor your	(0) 110 you	lo such (uj 11100 j	ouro suon	(0) 1 0 01	youro	buon
b	Contributions										
c c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
C											
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curr		(line 1	n, column (a)) held as:						
a	Board designated or quasi-endowment		%	g, colanni (a,	,,						
b	Permanent endowment	%	_/ -								
с		%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse		tion tha	it are held ar	nd administer	ed for the	•				
	organization by:	-							ſ	Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		vment f	unds.							
Par	t VI _ Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990,	, Part IV	/, line 11a. S	See Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or ot	her	(b) Cost	t or other	(c) Ac	cumulate	ed	(d) Bool	k valu	е
		basis (investm	ient)	basis	(other)	dep	reciation				
1a	Land										
	Buildings										
с	Leasehold improvements										
d	Equipment			64	2,101.	4	03,24	44.	238	3,8	57.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part ≽	(, line 1	0c, column	<u>(B))</u>				238	3,8	57.
								Schedule	D (Form	990)	2023

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		ts - Other Securi	
Schedule [) (Form 990) 202	3 DEGAGE	MINISTRIES

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financial derivatives			
2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal . (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) INVESTMENT IN DEGAGE HOLDI	INGS		2,260,92
(2) OPERATING LEASE ROU ASSET			4,272,23
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
			6,533,16
Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities	. (B))		0,555,10
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	TTE or 111. See Form 990, Part X, line 25.	
I. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITY			4,697,82
(3)			, , • =
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. line 25. col	(B))		4,697,82

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

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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) 2023

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Sche	dule D (Form 990) 2023 DEGAGE MINISTRIES		** - ****** Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	ue per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
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	2c	
d			
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12,	<u>)</u>	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Exper	nses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
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		
3	Subtract line 2e from line 1		
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		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	
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.

332054 09-28-23

	Schedule D (Form 990) 2023
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SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the						or if the	2023
Department of the Treasury	ŭ	organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.						
Internal Revenue Service		o www.irs.gov/Form990 for instruc				ı.		Open to Public Inspection
Name of the organization	me of the organization Employ DEGAGE MINISTRIES **-*							entification number * * * *
	Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
 Indicate whether th a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	e organization rais tions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi ant to	non-g gover lising of onal fu agree	overnment grants nment grants events ficers, directors, trus undraising services? ments under which th	ne fur	Ye	
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (o	fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is (exempt from I	egistration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

_	of fundraising event contributions and gro				s greater than \$5,000.
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CELEBRATE	OPEN DOORS		(add col. (a) through
		DEGAGE	OPEN HEARTS	1	
,		(event type)	(event type)	(total number)	col. (c))
	1 Gross receipts	132,770.	24,213.	73,592.	230,575
	2 Less: Contributions	126,274.	23,298.	73,592.	223,164
	3 Gross income (line 1 minus line 2)	6,496.	915.		7,411
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	2,689.			2,689
Ì	7 Food and beverages	10,556.	2,260.		12,816
	9 Entertainment	1,500.			1 500
	8 Entertainment			16,061.	1,500 22,545
	9 Other direct expenses0 Direct expense summary. Add lines 4 through				39,550
	 Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from line 				-32,139
	1 Gross revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes %	└── Yes %	Yes %	
	 7 Direct expense summary. Add lines 2 through 				
	8 Net gaming income summary. Subtract line 7				
E a la	inter the state(s) in which the organization conduct sthe organization licensed to conduct gaming ac	cts gaming activities:	states?		Yes N
-					

332082 09-13-23

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	DEGAGE	MINISTRIES	**_**	* * * * *	Page 3
11	Does the organization conduct ga	ming activities	with nonmembers?		Yes	No
12			ee of a trust, or a member of a partnership or other entity formed			
			· · · · · · · · · · · · · · · · · · ·	Γ	Yes	No
13	Indicate the percentage of gaming					
				1	3a	%
					3b	%
			prepares the organization's gaming/special events books and records	·····		
	Name					
	Address					
15a	Does the organization have a con	tract with a thir	d party from whom the organization receives gaming revenue?	Г	Yes	No
100				L		
F	If "Yes," enter the amount of gam	ina revenue rec	eived by the organization \$ and the amo	ount		
~	of gaming revenue retained by the		\$ and the and \$	Juni		
	If "Yes," enter name and address					
Ľ		or the third par	ty.			
	Nome					
	Name					
	A status - s					
	Address					
16	Gaming manager information:					
	Name					
		^				
	Gaming manager compensation	\$				
	Description of services provided					
	Director/officer	Employe	e Independent contractor			
	Mandatory distributions:					
a		r state law to m	ake charitable distributions from the gaming proceeds to	Г		
					Yes	└── No
b			state law to be distributed to other exempt organizations or spent in	the		
Do	organization's own exempt activit	ies during the t	ax year \$			
Гd			vide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part III	, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Als	so provide any additional information. See instructions.			
3320	83 09-13-23			Schedule	G (Form	990) 2023
			34			

14160828 400738 775060.00

Part IV	Supplemental Information (continued)	
_		
	Sci	hedule G (Form 990)

332084 04-01-23

(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.

OMB	No.	1545	5-004	47
		0		0

2023
Open to Public
Inspection

SCHEDULE L

Department of the Treasury Internal Revenue Service					Inspection										
Name of the organiz	ation								identi	lentification number					
	DEGAGE	E MII	NISTRIES							**	_ * *	* * *	* *		
Part I Exces	s Benefit Tran	sactio	ONS (section 5	01(c)(3), secti	ion 501	(c)(4), and se	ction	501(c)(29) orga	nizatio	ons on	ly)			
Comple	te if the organizatio	on answ	vered "Yes" on	Form 9	90, Pa	art IV, lir	ne 25a or 25b	; or	Form 990-EZ, Pa	art V, I	ine 40	b.			
1 (a) Name of disc	ualified person	(b) F	Relationship bet person and o			lified	(4	c) De	escription of tran	sactio	n			Corre es	cted? No
(1)													+		
(2)													+		
(3)													+		
(4)													1		
(5)															
(6)															
2 Enter the amou	nt of tax incurred b	y the or	rganization mar	agers	or disc	qualified	l persons dur	ing t	he year under						
section 4958		-	-	-				-	-		. \$				
3 Enter the amou															
			-	-		-									
Part II Loans	s to and/or Fro	m Inte	erested Per	sons											
Comple	te if the organization	on answ	vered "Yes" on	Form 9	90-EZ	, Part V	, line 38a, or	Form	n 990, Part IV, lir	ie 26;	or if th	ne orga	unizati	on	
reporte	d an amount on Fo	rm 990	, Part X, line 5, (6, or 22	2.							-			
(a) Name o	(b) Relat	ionship	(c) Purpose		an to or	(e)	Original	(f)	Balance due	(g)	In	(h) Ap	oroved	(i) W	/ritten
interested per	son with orga	nization	of loan		n the zation?	princi	ipal amount			defa	ault?	comm	y board or agreemen		ment?
				То	From					Yes	No	Yes	No	Yes	No
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)															
(10)															
Total				<u>.</u>			\$								
Part III Grant	s or Assistanc	e Ben	efiting Inter	este	d Per	sons									
Comple	te if the organization	on answ	vered "Yes" on	Form 9	990, Pa	art IV, lir	ne 27.								
(a) Name of in	erested person	((b) Relationship	betwe	en		Amount of		(d) Type			• • •) Purp		f
			interested pers the organiz		d	'	assistance		assistan	ce		á	assista	ance	
				anon											
(1)		_													
(2)		_													
_(3)		_													
_(4)		_													
_(5)		_													
_(6)															
(7)															

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

Schedule L (Form 990) 2023

14160828 400738 775060.00

(8) (9) (10) Schedule L (Form 990) 2023

DEGAGE	MINISTRIES
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Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
				Yes	No
(1)LUANN VAN HAREN	BOARD MEMBER	19,667.	ELECTRICAL		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

art V Supplemental Information

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

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

(A) NAME OF PERSON: LUANN VAN HAREN

(D) DESCRIPTION OF TRANSACTION: ELECTRICAL SERVICES PROVIDED

Schedule L (Form 990) 2023

332132 11-30-23

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Open to Public

С	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.

Department of the Treasury Internal Revenue Service

	Inspection					
Employer identification number						
_**						

Name of the organization

DEGAGE MINISTRIES

Pai	TI J Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contributi	0	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods	Х		13,415.	FAIR MARKET	VALUE	1
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory	Х	228,000	411,856.	FAIR MARKET	VALUE	1
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (<u>PROFESSIONAL SE</u>)	Х	2	3,000.	FMV		
26	Other (<u>MISCELLANEOUS</u>)	Х	1	2,352.	FMV		
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for co	ontributions			
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29			
					-	Yes	No
30a	During the year, did the organization receive by	/ contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least 3 years from the date of t	the initial co	ntribution, and whi	ch isn't required to be used	for		
	exempt purposes for the entire holding period?)				30a	X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

contributions?
b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2023

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LHA 332141 09-11-23

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	/I (Form 990) 2023		MINISTRIES
Part II	Supplemental	Information	Provide the inform

_** Page 2

	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization
_	is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete
	this part for any additional information.

332142 09-11-23	Schedule M (Form 990) 2023

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



DEGAGE MINISTRIES

Employer identification number **_***

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

FACILITIES AND SUPPORT SERVICES TO HOMELESS AND LOW-INCOME INDIVIDUALS.

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, AT A

MINIMUM, INCLUDE THE FOLLOWING SUBJECTS:

A. WHETHER COMPENSATION ARRAGEMENTS AND BENEFITS, IF ANY, ARE REASONABLE,

BASED ON COMPETENT SURVEY INFORMATION AND ARE THE RESULTS OF ARMS LENGTH

BARGAINING.

B. 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, AN

IMPERMISSIBLE PRIVATE BENEFIT, OR AN EXCESS BENEFIT TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15:

A COMMITTEE OF THE BOARD REVIEWS THE SALARY OF THE EXECUTIVE DIRECTOR AND

KEY EMPLOYEES. THE BOARD SETS PAY RANGES USING DATA COMPILED BY THIRD PARTY

40

ORGANIZATIONS. THESE FIGURES ARE REVIEWED ANNUALLY.

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

Schedule O (Form 990) 2023

DEGAGE MINISTRIES

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FORM 990, PART VI, SECTION C, LINE 18:

DEGAGE MINISTRIES MAKES EVERY EFFORT TO BE TRANSPARENT WITH REGARDS TO

OPERATIONS, FINANCES, FUNDRAISING PRACTICES AND USE OF ASSETS. 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 FINANCIAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST IN PERSON OR VIA MAIL

AT 144 S. DIVISION, GRAND RAPIDS, MI 49503.

SCHEDULE	R
(= 000)	

(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.

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

_***

Department of the Treasury Internal Revenue Service

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

Name of the organization

DEGAGE MINISTRIES

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity			(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
DEGAGE HOLDINGS - 87-2374412							
144 SOUTH DIVISION							
GRAND RAPIDS, MI 49503	HOLDING COMPANY	MICHIGAN	501(C)(3)	LINE 7	DEGAGE MINISTRIES		х
	-						
	-						

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 DEGAGE MINISTRIES

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

		· ,										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate itions?	Code V-UBI amount in box 20 of Schedule	Gener mana partr	al or Percen ^{jing} owners	ntage rship
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	

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) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b contr	i) b)(13) rolled iity?
		country)						Yes	No

Schedule R (Form 990) 2023 DEGAGE MINISTRIES

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s I
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X	
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)			
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)	<u>1e</u>		Ŧ
Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
n Purchase of assets from related organization(s)	1h		
Exchange of assets with related organization(s)	1i		
Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>		╉
Lease of facilities, equipment, or other assets from related organization(s)		x	
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1 n	X	
Sharing of paid employees with related organization(s)			_
Reimbursement paid to related organization(s) for expenses			
Reimbursement paid by related organization(s) for expenses		X	_
Other transfer of cash or property to related organization(s)			
S Other transfer of cash or property from related organization(s)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DEGAGE HOLDINGS	Q	150,813.	FAIR MARKET VALUE
(2) DEGAGE HOLDINGS	A	73,500.	FAIR MARKET VALUE
(3) DEGAGE HOLDINGS	к	4,697,826.	FAIR MARKET VALUE
(4) DEGAGE HOLDINGS	N	2,260,929.	FAIR MARKET VALUE
<u>(</u> 5)			
<u>(6)</u>			

Schedule R (Form 990) 2023 DEGAGE MINISTRIES

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

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

(a)	(b)	(c)	(d)	(e	.)	(f)	(g)	(ו)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partners 501(c orgs	all s sec.	Share of	Share of		opor- nate	Code V-UBI	General	Percentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(c orgs	s)(3) s.?	total		alloca	tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?	ownership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes No	
				+								
												<u> </u>

Schedule R (Form 990) 2023

DEGAGE MINISTRIES

Part VII Supplemental Information

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

Schedule R (Form 990) 2023

332165 09-28-23