"PUBLIC INSPECTION COPY"

DO NOT FILE WITH THE INTERNAL REVENUE SERVICE

Form **990**

EXTENDED TO NOVEMBER 15, 2024

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| Α | For the | e 2023 calendar year, or tax year beginning and e | ending | _ | |
|---------------|---------------------------------------|---|---------------|------------------------------|---|
| В | Check if applicable | C Name of organization | | D Employer identific | cation number |
| | Addres | MINISTRY ESSENTIALS, INC. | | | |
| | Name change | | | 75-26613 | 74 |
| | Initial return Final return/ | , | Room/suite | E Telephone number 630-580- | |
| | termin ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 1,820,672. |
| | Amend | | | H(a) Is this a group re | eturn |
| | Applic tion | F Name and address of principal officer:DAVID SHEPHERD | | for subordinates | |
| | pendir | SAME AS C ABOVE | | H(b) Are all subordinates in | ncluded? Yes No |
| ī | Tax-exe | empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or | r 527 | If "No," attach a | list. See instructions |
| | Websit | | | H(c) Group exemption | n number |
| | | organization: X Corporation Trust Association Other | L Year | of formation: 1996 N | $f 1$ State of legal domicile; ${f TX}$ |
| P | | Summary | | | |
| ø | 1 | Briefly describe the organization's mission or most significant activities: ${	t MEI}$ ${	t I}$ | SAN | ON-PROFIT M | ISSION |
| and | | AGENCY THAT ESTABLISHES AND CULTIVATS SPI | | | |
| Governance | 2 | Check this box if the organization discontinued its operations or dispose | | ııı | |
| ઠ્ઠ | 3 | Number of voting members of the governing body (Part VI, line 1a) | | | 8 |
| <u>«</u> | 4 | Number of independent voting members of the governing body (Part VI, line 1b) $_{\dots}$ | | | 6 |
| ties | | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | | | 23 |
| Activities & | | Total number of volunteers (estimate if necessary) | | | 0. |
| Ac | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. |
| | l p | Net unrelated business taxable income from Form 990-T, Part I, line 11 | <u> </u> | Prior Year | Current Year |
| | | Contributions and grants (Part VIII line 1b) | | 1,625,386. | 1,818,310. |
| Revenue | | Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) | | 0. | 0. |
| š | | Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 459. | 2,362. |
| æ | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | 0. |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 1,625,845. | 1,820,672. |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 57,000. |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| ģ | 1 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 979,211. | 1,021,223. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. |
| ę | b | Total fundraising expenses (Part IX, column (D), line 25) 92,07 | 79. | | |
| Ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 629,970. | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 1,609,181. | 1,749,735. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 16,664. | 70,937. |
| Net Assets or | <u> </u> | | Ве | ginning of Current Year | End of Year |
| Sset | 20 | Total assets (Part X, line 16) | | 835,835. | 908,252. |
| HAS P | 21 | Total liabilities (Part X, line 26) | | 6,358. | 7,838. |
| Ž | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 829,477. | 900,414. |
| | art II | Signature Block | | | 1 |
| | | lties of perjury, I declare that I have examined this return, including accompanying schedules t, and complete. Declaration of preparer (other than officer) is based on all information of whi | | | y knowledge and belief, it is |
| uut | e, correc | i, and complete. Declaration of preparet (other than officer) is based on an information of white | icii preparei | las any knowledge. | |
| e:. | | Signature of officer | | I Date | |
| Sig He | | DAVID SHEPHERD, PRESIDENT | | | |
| пе | e | Type or print name and title | | | |
| _ | | Print/Type preparer's name Preparer's signature | T | Date Check | PTIN |
| Pai | d | RON MARKLUND RON MARKLUND | lo | 9/16/24 if self-employe | P01985511 |
| | parer | Firm's name DUGAN & LOPATKA, CPA'S PC | | Firm's EIN 3 | 6-2886485 |
| | Only | Firm's address 4320 WINFIELD ROAD SUITE 450 | | | |
| | - | WARRENVILLE, IL 60555-4036 | | Phone no.63 | 0-665-4440 |
| Ma | y the IF | RS discuss this return with the preparer shown above? See instructions | | | X Yes No |

| | 1 990 (2023) MINISTRY ESSENTIALS, INC. | 75-2661374 Page 2 |
|----|--|--|
| Pa | rt III Statement of Program Service Accomplishments | |
| | Check if Schedule O contains a response or note to any line in this Part III | |
| 1 | Briefly describe the organization's mission: WE OFFER PROACTIVE SOUL CARE TO GLOBAL WORKERS, NO. | |
| | LEADERS AND THIRD CULTURE KIDS BY: JOINING THEIR | |
| | CHALLENGING THEIR ASSUMPTIONS ABOUT LIFE AND GOD, DEEPER HOPE IN HIM. | AND IGNITING A |
| _ | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed | |
| | prior Form 990 or 990-EZ? | Yes 🗘 No |
| 3 | If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program | m services? Yes X No |
| 3 | If "Yes," describe these changes on Schedule O. | III Services? Fes [21] NO |
| 4 | Describe the organization's program service accomplishments for each of its three largest program | services as measured by expenses |
| 7 | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloca | • • • |
| | revenue, if any, for each program service reported. | anono to othero, the total expenses, and |
| 4a | (Code:) (Expenses \$ 1,394,286 • including grants of \$ 57,000 | 0 •) (Revenue \$ |
| | MEI IS A NON-PROFIT MISSION AGENCY THAT ESTABLISH | |
| | SPIRITUAL COMMUNITY AMONG CHRISTIAN LEAERS AND TH | EIR FAMILIES SERVING |
| | INTERNATIONALLY. WITHIN THIS CONTEXT OF COMMUNITY | MEI AIMS TO PROVIDE |
| | SOUL CARE, SPIRITUAL NOURISHMENT, AND DEVELOPMENT | AL RESOURCES TO |
| | ADDRESS BOTH URGENT AND LONG-TERM NEEDS OF CHRIST: | IAN LEADERS AND THEIR |
| | FAMILIES. MINISTRY ESSENTIALS STAFF WERE ABLE IN | 2023 TO JOIN THE |
| | JOURNEY OF MORE THAN 997 GLOBAL WORKERS LIVING IN | AT LEAST 98 COUNTRIES |
| | WHO SERVE WITH MORE THAN 206 CHURCHES & AGENCIES. | |
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| | | |
| | | |
| 4b | (Code:) (Expenses \$ including grants of \$ |) (Revenue \$) |
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| 4c | (Code:) (Expenses \$ including grants of \$ |) (Revenue \$) |
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| | | |
| | Other program conject (Describe on Schedule O.) | |
| 4d | Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ | 1 |
| 4e | (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 1,394,286. | J |
| | | Form 990 (2023) |

332002 12-21-23

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 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | ,, |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | 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, | _ | | x |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. | 7 | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | $ _{\mathbf{x}}$ |
| _ | Schedule D, Part III | 8 | | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | 9 | | x |
| 10 | If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 9 | | 25 |
| 10 | 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, | 10 | | |
| ••• | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| а | Part VI | 11a | Х | |
| h | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 114 | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | х |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 110 | | |
| • | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | Х |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | X | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | 37 | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | X | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | v | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | Х | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 40 | | x |
| 4- | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 47 | | x |
| 19 | column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | 17 | | <u> </u> |
| 18 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | x |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 10 | | |
| 19 | complete Schedule G, Part III | 19 | | x |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |
| | | | | |

| | 1 990 (2023) MINISTRY ESSENTIALS, INC. 75-266 | 1374 | Р | age 4 |
|------------------|---|------|-----|-------|
| Pa | rt 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 | | | Х |
| 00 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | - | |
| 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 | 23 | | х |
| 24.5 | Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 23 | | |
| 2 4 a | 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 | | х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | 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 | | Х |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | Х |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | ١ |
| | 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 | | | ٠,, |
| | Part V, line 1 | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | x |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | х |
| 20 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 38 | х | |
| Pa | Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance | 38 | Δ. | |
| . u | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Chook in Contourie Coortains a response of note to any line in this fact v | | Yes | No |
| 10 | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 1 | 163 | 140 |
| | | 5 | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| J | (gambling) winnings to prize winners? | 1c | | |

332004 12-21-23

023) MINISTRY ESSENTIALS, INC.
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

| 2a feet the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 2.3 b If at least one is reported on line 2a, did the organization file all required federal employment tax returner? 3b Did the organization have unefacted business projects income of \$1.000 or more during the year? 3a IX X b If Yea, * has it filed a Form 900-T for this year? If Ye1 to line 8b, provide an explanation on Schedule O 3b IV 4a. All any time during the calendary vari, of the organization have an interest in, or a significant or other authority over, a financial account; or foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Evolgin Bank and Financial account; or foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Evolgin Bank and Financial account; or foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Evolgin Bank and Financial account; or See IV 3b IV 14 ** (** Instructions for filing requirements for FinCEN Form 114, Report of Evolgin Bank and Financial account; or See IV 3b IV 14 ** (** Instructions for filing requirements file Form 9886 T7) 5a Was the organization have an account in the sea of a party to a prohibited tax shelter transaction? 5b IV 15 ** (** Instructions for filing requirements file Form 9886 T7) 5c IV 15 ** (** Instructions for filing requirements file Form 9886 T7) 5b IV 16 ** (** Instructions for filing requirements file Form 9886 T7) 5c IV 16 ** (** Instructions for filing requirements file Form 9886 T7) 5c IV 16 ** (** Instructions for filing requirements file Form 9886 T7) 5c IV 16 ** (** Instructions for filing requirements file Form 9886 T7) 5c IV 16 ** (** Instructions for filing for | | | | | Yes | No |
|--|----|---|------------------------------|-----|-----|----------|
| b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X X b If "Yes," has it filed a Form 990 T for this year? If 'Not' to line 3b, provide an explanation on Schedule O 3c In "Yes," has it filed a Form 990 T for this year? If 'Not' to line 3b, provide an explanation on Schedule O 3c In "Yes," a file of a Form 990 T for this year? If 'Not' to line 3b, provide an explanation on Schedule O 3c In "Yes," a first the name of the foreign country (such as a shark account, securities account, or fore financial accounts)? 3c In "Yes," order the name of the foreign country (such as a shark account, securities account, or fore financial accounts (FBAR). 3c In "Yes," order the name of the foreign country (such as a shark account, securities account, or fore financial Accounts (FBAR). 3c In "Yes," of the set of Sb, did the organization that was or is a party to a prohibited tax shelter transaction at any time during the tax year? 3c In "Yes," of the Sa of Sb, did the organization file Form 888.77 3c In "Yes," of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicity and any contributions are set of the organization file Form 888.77 3c In "Yes," of the organization have exclude with every solicitation an express statement that such contributions or gifts were not tax deductible? 3c In "Yes," of the organization include with every solicitation and party for goods and services provided? 3c In "Yes," of the organization include a payment in excess of \$57 made party as a contribution and party for goods and services provided? 3c In the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 3c In "Yes," of the organization sell-exclude payment in excess of \$57 made party as a contribution of cars, or the year of the organization file Form 8890 as required? 3d If "Yes," or the organization sell-exclude payment of the organization file form \$400 | 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | |
| 3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, 'has it fied a Form 8007 for this year? If Yes' to line 3b, provide an explanation on Schedule O 3b If Yes, 'entire during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country glucius as a bank account, securities account, or other financial accounts? 5a If Yes, 'entire the name of the frogin country 5a Was the organization for fingin requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization party to a prohibited tax shelter transaction? 5b If Yes, 'entire to say obtained the organization that It was or is a party to a prohibited tax shelter transaction? 5c If Yes's to line say obtained the organization that It was or is a party to a prohibited tax shelter transaction? 5c If Yes's to line say obtained the organization that It was or is a party to a prohibited tax shelter transaction? 5c If Yes's, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7 organizations that may receive deductible contributions under section 170(c). 8 b If Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7 organizations that may receive deductible contributions under section 170(c). 8 b If Yes,' did the organization notify the donor of the value of the goods or services provided? 7 organizations that may receive deductible contributions of quality for goods and services provided? 8 b If Yes,' did the organization notify the donor of the value of the goods or services provided? 9 b If the organization necessal apprential expression of the good of the go | | filed for the calendar year ending with or within the year covered by this return | 2a 23 | | | |
| b If Yes, "has it filled a Form 990-T for this year? If Yeb' to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If Yes," enter the name of the foreign country See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization the organization file Form 888617 5b Id any exceptibility of the organization file Form 888617 6c If Yes' to line Sa or 5b, did the organization file Form 888617 6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d If Yes, "did the organization notify the domor of the value of the goods or services provided? 7d Organizations that may receive deductible contributions under section 170(c). 8d If Yes, "did the organization notify the domor of the value of the goods or services provided? 7d If Yes," did the organization notify the domor of the value of the goods or services provided? 7d If Yes, "did the organization order or self-good personal property for which it was required to the file Form 8899 as required? 7d If Yes," did the organization order | b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns | ns? | 2b | X | |
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| a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a | b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | 10 | Section 501(c)(7) organizations. Enter: | | | | |
| 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 | а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | |
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| 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | | | | |
| that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | tivities | | | |
| | | | | 17 | | |
| | | If "Yes," complete Form 6069. | | | | |

332005 12-21-23

Form 990 (2023)

MINISTRY ESSENTIALS, INC.

75-2661374

Page 6

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 |
|-----|---|---------|----------|------|
| Sec | tion A. Governing Body and Management | | | |
| | don't a do ronning Doug and management | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a | | | 110 |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | |
| b | | | | |
| 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 direct supervision | _ | | |
| Ū | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | | Х |
| 7a | | | | |
| | more members of the governing body? | 7a | | Х |
| h | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| ~ | persons other than the governing body? | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| а | | 8a | Х | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| • | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | Х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| | on Schedule O how this was done | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | Х |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | X | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3 | s only |) availa | able |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are | d finar | ncial | |
| | statements available to the public during the tax year. | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |
| | CEDARSTONE PARTNERS, INC - 630-580-5750 | | | |
| | 209 E LIBERTY DRIVE. WHEATON. IL 60187 | | | |

332006 12-21-23

Form 990 (2023)

MINISTRY ESSENTIALS, INC.

| 75-2661374 | 7. | 5 – | 2 | 61 | 6 | 1 | 3 | 7 | 4 |
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

| | | T | <u> </u> | | | прс | isai | ted any current officer, of | | (F) | |
|----------------------------|-------------------|--------------------------------|---|----------|--------------|------------------------------|----------|-----------------------------|---------------------------|--------------------|--|
| (A) | (B) | | | Pos | C) ition | , | | (D) | (E) | (F) | |
| Name and title | Average | | Position do not check more the | | | than | | Reportable | Reportable | Estimated | |
| | hours per week | | box, unless person is both an officer and a director/trustee) | | | | | compensation from | compensation from related | amount of other | |
| | | tor | | | | | | the | organizations | compensation | |
| | hours for | direc | | | | pa | | organization | (W-2/1099-MISC/ | from the | |
| | related | tee or | ustee | | | ensat | | (W-2/1099-MISC/ | 1099-NEC) | organization | |
| | organizations | ıl trus | nal trı | | loyee | dwo | | 1099-NEC) | | and related | |
| | below | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations | |
| 7.1. | | P P | lns | # | Ş. | E High | For | | | | |
| (1) JAMES WARTIAN | 50.00 | 4 | | 3,7 | | | | F0 000 | | 1 (10 | |
| MANAGING DIRECTOR | 60 00 | | | Х | | | | 58,203. | 0. | 1,619 | |
| (2) DAVID SHEPHERD | 60.00 | ٠, | | 3,7 | | | | 20 226 | | 14 276 | |
| GUIDING DIRECTOR (PRESIDEN | F0 00 | Х | | Х | | | | 29,326. | 0. | 14,376 | |
| (3) JEANNI SHEPHERD | 50.00 | ļ ,, | | | | | | 40 700 | | • | |
| DIRECTOR | 2 00 | Х | | | | | | 42,728. | 0. | 0 | |
| (4) ANNETTE HASKINS | 2.00 | ٠, | | 3,7 | | | | | | _ | |
| CHAIR | 2 00 | Х | | Х | | | | 0. | 0. | 0 | |
| (5) KAREN FENZ | 2.00 | Į., | | 7.7 | | | | | | ^ | |
| SECRETARY | 2 00 | Х | | Х | | | | 0. | 0. | 0 | |
| (6) JIM BALAZS | 2.00 | Į., | | 7.7 | | | | | | 0 | |
| TREASURER | 2 00 | Х | | Х | | | | 0. | 0. | 0 | |
| (7) MARK FORSTROM | 2.00 | x | | | | | | 0. | 0. | 0 | |
| DIRECTOR | 2.00 | ^ | | | | | | 0. | 0. | 0 | |
| (8) KEVIN HASKINS | 2.00 | x | | | | | | 0. | 0. | 0 | |
| DIRECTOR (9) TOM BROWN | 2.00 | ^ | | | | | | 0. | 0. | 0 | |
| | 2.00 | X | | | | | | 0. | 0. | 0 | |
| DIRECTOR | | ^ | | | | | | 0. | 0. | 0 | |
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| | Section A. Onicers, Directors, Trus | | pioy | ees | | | gne | St C | iompensated Employe | es (continueu) | | | |
|-----|--|-------------------|--------------------------------|-----------------------|-----------|--------------|------------------------------|--------|-------------------------|----------------------------------|--------------------|------------------|--------|
| | (A) | (B) | | |)) Doo | | | | (D) | (E) | | (F) | |
| | Name and title | Average | | not c | | more | than | | Reportable | Reportable | | Estima | |
| | | hours per week | | | | | is bot or/trus | | compensation | compensation | | amoun | |
| | | (list any | _ | | | | | Ĺ | from the | from related | | othe | |
| | | hours for | direct | | | | ъ | | organization | organizations (W-2/1099-MISC/ | " | ompens from t | |
| | | related | ee or | stee | | | nsate | | (W-2/1099-MISC/ | 1099-NEC) | , | organiza | |
| | | organizations | trust | al tru | | yee | mbel | | ` 1099-NEC) | , | | and rela | |
| | | below | Individual trustee or director | Institutional trustee | La la | Key employee | Highest compensated employee | ıer | , | | 0 | rganiza | tions |
| | | line) | Indiv | Instii | Officer | Key e | High em p | Former | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| 1b | Subtotal | • | | • | • | • | • | | 130,257. | 0 | $\overline{\cdot}$ | 15,9 | 95. |
| С | Total from continuation sheets to Part V | | | | | | | | 0. | 0 | | | 0. |
| | Total (add lines 1b and 1c) | | | | | | | | 130,257. | 0 | $\overline{\cdot}$ | 15,9 | 95. |
| 2 | Total number of individuals (including but n | | | | | | | | eceived more than \$100 | 0,000 of reportable | | | |
| | compensation from the organization | | | | | | , | | | , , | | | 0 |
| | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer, | director, trust | ee, ł | кеу е | emp | loye | e, or | hig | hest compensated emp | oloyee on | | | |
| | line 1a? If "Yes," complete Schedule J for s | | | - | | - | | _ | | • | 3 | 3 | Х |
| 4 | For any individual listed on line 1a, is the su | | | | | | | | | | | | |
| | and related organizations greater than \$15 | - | | - | | | | | | | 4 | | Х |
| 5 | Did any person listed on line 1a receive or | | | | | | | | | | | | |
| | rendered to the organization? If "Yes," com | | | | | - | | | | | . 5 | ; | Х |
| Sec | tion B. Independent Contractors | • | | | | | | | | | | | • |
| 1 | Complete this table for your five highest co | mpensated in | depe | ende | nt c | onti | racto | ors t | hat received more than | \$100,000 of compe | nsatic | n from | |
| | the organization. Report compensation for | | | | | | | | | | | | |
| | (A) | | | | | | | | (B) | | | (C) | |
| | Name and business | address | NO | INC | 3 | | | | Description of s | services | Com | pensati | on |
| | | | | | | | | | | | | | |
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| | | | | | | | | 寸 | | | | | |
| | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (i | ncluding but n | ot li | mite | d to | tho | se lis | sted | l above) who received m | nore than | | | |
| _ | \$100,000 of compensation from the organi | - | | | | | 0 | | · | | | | |
| | | | | | | | | | | • | For | m 990 | (2023) |
| | | | | | | | | | | | | | |

| Pa | T V | /111 | | | | | | | | | |
|---|-----|----------|--|------------|-----------|----------|-------------------|----------------------|--|------|--|
| | | | Check if Schedule O co | ontains a | respon | se o | r note to any lir | | | (C) | |
| | | | | | | | | (A) Total revenue | (B) Related or exempt function revenue | | Revenue excluded from tax under sections 512 - 514 |
| ts t | 1 | а | Federated campaigns | | 1a | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | Membership dues | | 1b | | | | | | |
| Ğ, | | | Fundraising events | | 1c | | | | | | |
| ar / | | | Related organizations | | 1d | | | | | | |
| s, G | | | Government grants (contril | | 1e | | | | | | |
| Sign | | | All other contributions, gifts, g | | - | | | | | | |
| her | | | similar amounts not included a | | | L . 8 | 318,310. | | | | |
| 풀턴 | | | Noncash contributions included in I | | 1g \$ | , | 8,277. | | | | |
| Sor | | _ | | | | | | 1,818,310. | | | |
| | | <u> </u> | Totali / tad iii loo Ta Ti | | | | Business Code | | | | |
| o l | 2 | a | | | | t | | | | | |
| , vi | 2 | b | | | | - | | | | | |
| Ser | | c | | | | - | | | | | |
| E S | | d | | | | - | | | | | |
| Program Service Revenue | | u _ | | | | - | | | | | |
| Prc | | f | All other program service re | evenue | | - | | | | | |
| | | | Total. Add lines 2a-2f | | | | | | | | |
| | 3 | | Investment income (includi | | | | | | | | |
| | _ | | • | • | | | | 2,362. | | | 2,362. |
| | 4 | | Income from investment of | | | | | | | | - |
| | 5 | | Royalties | | | - | | | | | |
| | | | , | | (i) Real | T | (ii) Personal | | | | |
| | 6 | а | Gross rents | 6a | | | | | | | |
| | | | | 6b | | | | | | | |
| | | | | 6c | | | | | | | |
| | | | Net rental income or (loss) | | | _ | | | | | |
| | | | Gross amount from sales of | | Securitie | | (ii) Other | | | | |
| | | | assets other than inventory | 7a | | | | | | | |
| | | b | Less: cost or other basis | | | | | | | | |
| ne | | | and sales expenses | 7b | | | | | | | |
| Revenue | | С | | 7c | | | | | | | |
| Be | | | Net gain or (loss) | | | | | | | | |
| Other | | а | Gross income from fundraising including \$ | g events (| not | | | | | | |
| | | | contributions reported on I | | - 1 | | | | | | |
| | | | Part IV, line 18 | - | | 8a | | | | | |
| | | | Less: direct expenses | | | 8b | | | | | |
| | | | Net income or (loss) from for | | | s . | | | | | |
| | 9 | а | Gross income from gaming | activitie | s. See | | | | | | |
| | | | Part IV, line 19 | | | 9a | | | | | |
| | | b | Less: direct expenses | | | 9b | | | | | |
| | | С | Net income or (loss) from g | jaming a | ctivities | | | | | | |
| | 10 | а | Gross sales of inventory, le | ess returi | าร | | | | | | |
| | | | and allowances | | | l0a | | | | | |
| | | b | Less: cost of goods sold | | 1 | 0b | | | | | |
| | | С | Net income or (loss) from s | ales of ir | ventory | | | | | | |
| જ | | | | | | L | Business Code | | | | |
| ne eo | 11 | а | | | | _ | | | | | |
| llar /en | | b | | | | - | | | | | |
| Miscellaneous Revenue | | С | | | | - - | | | | | |
| Ĕ | | | All other revenue | | | _ | | | | | |
| | | | Total Add lines 11a-11d | | | | | 1,820,672. | 0. | 0. | 2 362 |
| | 12 | | Total revenue. See instruction | 15 | | | | <u>r,020,072.</u> | 1 0. | 1 0. | 2,362. |

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Form 990 (2023) MINISTRY ESSENTIALS, INC.
Part IX Statement of Functional Expenses

| | Check if Schedule O contains a respons | | | (0) | |
|--------|--|-----------------------|---|-------------------------------------|---------------------------------------|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | 7 000 | 7,000 | | |
| | and domestic governments. See Part IV, line 21 | 7,000. | 7,000. | | |
| 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 | 50,000. | 50,000. | | |
| 4 | Benefits paid to or for members | 30,000. | 30,000. | | |
| 5 | Compensation of current officers, directors, | | | | |
| 3 | trustees, and key employees | 146,253. | 83,721. | 55,219. | 7,313. |
| 6 | Compensation not included above to disqualified | | 30,7.220 | 30,111 | .,,,,, |
| Ů | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 835,719. | 766,840. | 28,264. | 40,615. |
| 8 | Pension plan accruals and contributions (include | ., | , , , | , | ., |
| - | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 7,062. | 5,085. | 565. | 1,412. |
| 10 | Payroll taxes | 32,189. | 27,854. | 2,748. | 1,587. |
| 11 | Fees for services (nonemployees): | - | - | - | |
| а | Management | | | | |
| b | | 17,321. | | 17,321. | |
| С | Accounting | 52,139. | | 52,139. | |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A), amount, list line 11g expenses on Sch O.) | 118. | 22. | 96. | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 10,777. | 7,347. | 3,378. | 52. |
| 14 | Information technology | 6,902. | 2,466. | 3,957. | 479. |
| 15 | Royalties | 1=4 101 | 1-1-1- | | |
| 16 | Occupancy | 176,131. | 174,768. | 1,308. | 55. |
| 17 | Travel | 177,600. | 158,446. | 3,825. | 15,329. |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 71 746 | 25 620 | 46 100 | |
| 19 | Conferences, conventions, and meetings | 71,746. | 25,638. | 46,108. | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 17,970. | | 17,970. | |
| 22 | Depreciation, depletion, and amortization | 14,518. | | 14,518. | |
| 23 | Other expenses, Itemize expenses not covered | 14,310. | | 14,310. | |
| 24 | above. (List miscellaneous expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| а | PROGRAM SUPPLIES | 42,617. | 41,919. | 668. | 30. |
| a b | HOSPITALITY AND BENEVOL | 30,687. | 25,590. | 435. | 4,662. |
| C | BANK CHARGES | 19,340. | 571. | 418. | 18,351. |
| d | DUES AND SUBSCRIPTIONS | 11,290. | 3,559. | 6,973. | 758. |
| - | All other expenses SEE SCH O | 22,356. | 13,460. | 7,460. | 1,436. |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,749,735. | 1,394,286. | 263,370. | 92,079. |
| 26 | Joint costs. Complete this line only if the organization | . , | | , | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

| | rt X | | | | | | ZUUTS/4 Fage II |
|-----------------------------|------|--|--------------|------------------|---------------------------------|--------|---------------------------|
| | | Check if Schedule O contains a response or not | e to any lin | e in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 414,203. | 1 | 464,485. |
| | 2 | Savings and temporary cash investments | | | 269,858. | 2 | 297,961. |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any current of | | | | | |
| | | trustee, key employee, creator or founder, subs | tantial cont | ributor, or 35% | | | |
| | | controlled entity or family member of any of the | se persons | | | 5 | |
| | 6 | Loans and other receivables from other disquali | | | | | |
| | | under section 4958(f)(1)), and persons describe | | | | 6 | |
| δ | 7 | Notes and loans receivable, net | | _ | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| ¥ | 9 | Prepaid expenses and deferred charges | | | 2,350. | 9 | 4,056. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 289,439. | | | |
| | b | Less: accumulated depreciation | 10b | 147,689. | 143,045. | 10c | 141,750. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line | | | 12 | | |
| | 13 | Investments - program-related. See Part IV, line | | 13 | | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets. See Part IV, line 11 | | 6,379. | 15 | 0. | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | | 835,835. | 16 | 908,252. |
| | 17 | Accounts payable and accrued expenses | | 6,358. | 17 | 7,838. | |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete | | | | 21 | |
| S | 22 | Loans and other payables to any current or form | ner officer, | director, | | | |
| ≝ | | trustee, key employee, creator or founder, subs | tantial cont | ributor, or 35% | | | |
| Liabilities | | controlled entity or family member of any of the | se persons | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrela | ated third p | arties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelate | d third part | es | | 24 | |
| | 25 | Other liabilities (including federal income tax, pa | yables to re | elated third | | | |
| | | parties, and other liabilities not included on lines | 17-24). Co | mplete Part X | | | |
| | | of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 6,358. | 26 | 7,838. |
| " | | Organizations that follow FASB ASC 958, che | ck here | X | | | |
| ĕ | | and complete lines 27, 28, 32, and 33. | | | | | |
| <u>la</u> | 27 | Net assets without donor restrictions | | | 344,245. | 27 | 312,872. |
| Ba | 28 | Net assets with donor restrictions | 485,232. | 28 | 587,542. | | |
| n n | | Organizations that do not follow FASB ASC 9 | | | | | |
| Ē | | and complete lines 29 through 33. | | | | | |
| S O | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| se | 30 | Paid-in or capital surplus, or land, building, or ed | | | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated in | | | | 31 | |
| Ne. | 32 | Total net assets or fund balances | | | 829,477. | 32 | 900,414. |
| | 33 | Total liabilities and net assets/fund balances | | | 835,835. | 33 | 908,252. |

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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

Form **990** (2023)

Х

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

MINISTRY ESSENTIALS, INC. 75-2661374 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

MINISTRY ESSENTIALS, INC.

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

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

| Sec | ction A. Public Support | 71 | | , | | | |
|------|---|-----------------|----------------------|-----------------------|--------------------|--------------------|-----------------|
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Gifts, grants, contributions, and | (4) 23 13 | (3) 2020 | (0) = 0 = 1 | (=) ==== | (0, 2020 | (1) 1 5 1 |
| - | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 1,245,984. | 1,369,216. | 1,525,160. | 1,625,386. | 1,818,310. | 7,584,056. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 1,245,984. | 1,369,216. | 1,525,160. | 1,625,386. | 1,818,310. | 7,584,056. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 252,470. |
| | Public support. Subtract line 5 from line 4. | | | | | | 7,331,586. |
| Sec | ction B. Total Support | | | | | - | |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Amounts from line 4 | 1,245,984. | 1,369,216. | 1,525,160. | 1,625,386. | 1,818,310. | 7,584,056. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | 410 | 406 | 125 | 450 | 0 260 | 2 554 |
| | and income from similar sources | 410. | 406. | 137. | 459. | 2,362. | 3,774. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| | Total support. Add lines 7 through 10 | | | | | | 7,587,830. |
| | Gross receipts from related activities, | | | | | 12 | |
| 13 | First 5 years. If the Form 990 is for th | - | st, second, third, f | ourth, or fifth tax y | ear as a section 5 | 01(c)(3) | |
| 90/ | organization, check this box and stop ction C. Computation of Publi | | | | | | <u></u> |
| | Public support percentage for 2023 (I | | | column (fl) | | 14 | 96.62 % |
| | Public support percentage from 2022 | | | | | 15 | 96.62 % |
| | 33 1/3% support test - 2023. If the co | | | | _ | | |
| 102 | stop here. The organization qualifies | | | | | | |
| h | 33 1/3% support test - 2022. If the o | | | | | | |
| L | and stop here. The organization quali | • | | • | | • | |
| 170 | 10% -facts-and-circumstances test | | | | | | |
| 17 a | and if the organization meets the fact | - | | | | | |
| | meets the facts-and-circumstances te | | • | • | • | vi now the organiz | .au011 |
| h | 10% -facts-and-circumstances test | - | • | | - | 7a and line 15 is | |
| i. | more, and if the organization meets the | - | | | | | 10/0 01 |
| | organization meets the facts-and-circu | | | | - | | |
| 18 | Private foundation. If the organization | | | • | • • • | | s |
| | The organization | | | ., , | , 2011 LANG DON U | | (Form 990) 2023 |

MINISTRY ESSENTIALS, INC.

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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 | iow, picase com | ipicie i ait II.) | | | | |
|---|-------------------|-------------------------|---------------------|--------------------|---------------------|-------------|
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 Gifts, grants, contributions, and | (4, 20.0 | (2) 2020 | (0, 202) | (4, 2522 | (0, 2020 | (1,7 1 0 10 |
| 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 disqualified persons | | | | 1 | | |
| 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 | | | | | | |
| alendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, | | | | | | |
| dividends, payments received on securities loans, rents, royalties, | | | | | | |
| and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses | | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business | | | | | | |
| activities not included on line 10b, | | | | | | |
| whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain | | | | | | |
| or loss from the sale of capital | | | | | | |
| assets (Explain in Part VI.) | | | | | | |
| 14 First 5 years. If the Form 990 is for the | organization's f | I first second third | fourth or fifth tay | vear as a section | 501(c)(3) organizat | ion |
| | J | , , , | , | • | () () | · |
| Section C. Computation of Public | | | | | | |
| 15 Public support percentage for 2023 (lir | | | column (f)) | | 15 | |
| | | | | | 16 | |
| 6 Public support percentage from 2022 Section D. Computation of Investigation | | | | | 10 | |
| 17 Investment income percentage for 202 | | | | | 17 | |
| Investment income percentage from 20 | | | | | 18 | |
| | | | | | | 17 is not |
| 19a 33 1/3% support tests - 2023. If the c | - | | | | | i i is not |
| more than 33 1/3%, check this box and | | | | | | L |
| b 33 1/3% support tests - 2022. If the c | • | | | • | · | |
| line 18 is not more than 33 1/3%, chec | | | | | | |
| 20 Private foundation. If the organization | ı did not check a | box on line 14, 19 | a, or 19b, check t | his box and see ir | nstructions | |

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Schedule A (Form 990) 2023

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

| | | Yes | No |
|------|---------|--------|------|
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| | 10a | | |
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| | 10b | | |
| lule | A (Forr | n 990) | 2023 |

| Pai | t IV | Supporting Organizations (continued) | | | |
|-----|---------|--|-----------|-----|----|
| | | | | Yes | No |
| 11 | Has th | ne organization accepted a gift or contribution from any of the following persons? | | | |
| а | | son who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | | elow, the governing body of a supported organization? | 11a | | |
| b | A fam | ily member of a person described on line 11a above? | 11b | | |
| С | A 35% | 6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | | in Part VI. | 11c | | |
| Sec | tion E | B. Type I Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Did th | e 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, | | | |
| | | ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | | ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | _ | orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did th | e organization operate for the benefit of any supported organization other than the supported | | | |
| | organi | ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part V | I how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supen | vised, or controlled the supporting organization. | 2 | | |
| Sec | tion C | C. Type II Supporting Organizations | | | , |
| | | | | Yes | No |
| 1 | Were | a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trus | stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or mai | nagement of the supporting organization was vested in the same persons that controlled or managed | | | |
| | | pported organization(s). | 1 | | |
| Sec | tion [| D. All Type III Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Did th | e organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organi | ization'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 | | | |
| | organi | ization'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 | | | |
| | organi | ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the or | ganization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By rea | ason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | signifi | cant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | | e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | | orted organizations played in this regard. | 3 | | |
| Sec | | E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | | the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions) | • | | |
| a | | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | | The organization is the parent of each of its supported organizations. Complete line 3 below. | atu ratia | | |
| C | | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in | Struction | | Na |
| 2 | | ties Test. Answer lines 2a and 2b below. | | Yes | No |
| а | | ubstantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | | upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | | the organization was responsive to those supported organizations, and how the organization determined | | | |
| | | nese activities constituted substantially all of its activities. | 2a | | |
| h | | e activities described on line 2a, above, constitute activities that, but for the organization's involvement, | Za | | |
| D | | r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | | If the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | | activities but for the organization's position that its supported organization(s) would have engaged in | 2b | | |
| 3 | | t of Supported Organizations. Answer lines 3a and 3b below. | 2.0 | | |
| | | e organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| u | | es of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | | |
| b | | e organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| _ | | supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

MINISTRY ESSENTIALS, INC.

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| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting | ng Orga | nizations | |
|------|---|-------------|------------------------------|--------------------------------|
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | ng trust or | n Nov. 20, 1970 (explain in | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mus | t complet | e Sections A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| С | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| _5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| _6 | Multiply line 5 by 0.035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | lly integra | ited Type III supporting org | anization (see |
| | instructions). | | | |

Schedule A (Form 990) 2023

| | rt V Type III Non-Functionally Integrated 509 | | nizatione / | / | 5-26613/4 Page |
|----------|---|-------------------------------|-------------------------------|----------|----------------------------------|
| | ion D - Distributions | (a)(o) Supporting Orga | inzations (continu | ued) | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | mnt nurnoses | | 1 | Current rear |
| <u> </u> | Amounts paid to perform activity that directly furthers exempt | | | | |
| _ | organizations, in excess of income from activity | or purposes or supported | | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organization | <u> </u> | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | os or supported organization | <u> </u> | 4 | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | ovide detaile iii i di t vij | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | he organization is responsive | 2 | | |
| Ŭ | (provide details in Part VI). See instructions. | ne organization to responsive | , | 8 | |
| 9 | Distributable amount for 2023 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| | and a mount arrivated by miss arrivation. | (i) | (ii) | | (iii) |
| Sect | ion E - Distribution Allocations (see instructions) | Excess Distributions | Underdistribution Pre-2023 | ns | Distributable Amount for 2023 |
| 1 | Distributable amount for 2023 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reason- | | | | |
| | 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 | | | | |
| | 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: | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 | | | | |
| | Excess from 2022 | | | | |
| <u>u</u> | Excess from 2022 | | | | |

Schedule A (Form 990) 2023

e Excess from 2023

| Schedule A | (Form 990) 2023 | MINISTRY | ESSENTIALS, | INC. | 75-2661374 Page 8 |
|------------|--|---|---|--|--|
| Part VI | Supplemental Information Part IV, Section A, lines 1, line 1; Part IV, Section D, line | mation. Provide 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part | the explanations requi 5a, 6, 9a, 9b, 9c, 11a, IV, Section E, lines 1c, | red by Part II, line 10; 11b, and 11c; Part IV 2a, 2b, 3a, and 3b; P | Part II, line 17a or 17b; Part III, line 12; , Section B, lines 1 and 2; Part IV, Section C, lart V, line 1; Part V, Section B, line 1e; Part V, part for any additional information. |
| | (See Instructions.) | | | | |
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Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public

Open to Public Inspection

Name of the organization

MINISTRY ESSENTIALS, INC.

Employer identification number 75 – 2661374

| Pai | | ed Funds or Other Similar Funds | or Accounts. Complete if the |
|-----|--|--|--|
| | organization answered "Yes" on Form 990, Part IV, lin | | (b) Funda and ather accounts |
| | T | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in | * | |
| • | 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 of | | |
| Pai | | ganization answered "Ves" on Form 990. F | |
| | | | artiv, line 7. |
| ' | Purpose(s) of conservation easements held by the organizat Preservation of land for public use (for example, recrea | · · · · · · · · · · · · · · · · · · · | a historically important land area |
| | Protection of natural habitat | · — | a historically important land area |
| | Preservation of open space | Preservation of | a certified historic structure |
| 2 | · | find appearation contribution in the form | of a consequation assembnt on the last |
| 2 | Complete lines 2a through 2d if the organization held a qualiday of the tax year. | ned conservation contribution in the form (| Held at the End of the Tax Year |
| • | Total number of conservation easements | | |
| | | | |
| | Number of conservation easements on a certified historic str | ructure included on line 22 | |
| | Number of conservation easements included on line 2c acqu | | |
| u | on a historic structure listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, re | | |
| 3 | year | neased, extinguished, or terminated by the | organization during the tax |
| 4 | Number of states where property subject to conservation ea | sement is located | |
| 5 | Does the organization have a written policy regarding the pe | | |
| Ŭ | violations, and enforcement of the conservation easements i | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | |
| • | 9, | Thanks or the answer of the series of the se | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conservat | tion easements during the vear |
| | 3, 1 3, | , , | 3 , |
| 8 | Does each conservation easement reported on line 2d above | e satisfy the requirements of section 170(h |)(4)(B)(i) |
| | and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservation | | |
| | balance sheet, and include, if applicable, the text of the footi | · | |
| | organization's accounting for conservation easements. | ŭ | |
| Pai | | f Art, Historical Treasures, or O | ther Similar Assets. |
| | Complete if the organization answered "Yes" on Form | n 990, Part IV, line 8. | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | 58, not to report in its revenue statement a | nd balance sheet works |
| | of art, historical treasures, or other similar assets held for pul | blic exhibition, education, or research in fu | rtherance of public |
| | service, provide in Part XIII the text of the footnote to its final | ncial statements that describes these item | s. |
| b | If the organization elected, as permitted under FASB ASC 95 | 58, to report in its revenue statement and b | palance sheet works of |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in furth | erance of public service, |
| | provide the following amounts relating to these items. | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | \$ |
| | (ii) Assets included in Form 990, Part X | | |
| 2 | If the organization received or held works of art, historical tre | | |
| | the following amounts required to be reported under FASB A | · | |
| а | Revenue included on Form 990, Part VIII, line 1 | _ | \$ |
| | Assets included in Form 990, Part X | | ' <u>-</u> |
| | For Paperwork Reduction Act Notice, see the Instruction | | Schedule D (Form 990) 2023 |

332051 09-28-23

Public Inspection Copy 75-2661374 Page 2 MINISTRY ESSENTIALS, INC. Schedule D (Form 990) 2023 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). Dublic exhibition Loan or exchange program b Scholarly research Other ☐ Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included No on Form 990, Part X? Yes **b** If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c c Beginning balance d Additions during the year 1d e Distributions during the year 1e 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back **1a** Beginning of year balance **b** Contributions c Net investment earnings, gains, and losses **d** Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment **b** Permanent endowment _ Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes No organization by: (i) Unrelated organizations? (ii) Related organizations? 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | 197,208. | 112,927. | 84,281. |
| c Leasehold improvements | | 71,149. | 22,614. | 48,535. |
| d Equipment | | 18,408. | 10,171. | 8,237. |
| e Other | | 2,674. | 1,977. | 697. |
| Total. Add lines 1a through 1e. (Column (d) must equa | 141,750. | | | |

Schedule D (Form 990) 2023

Part X Other Liabilities

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

| 1. | (a) Description of liability | (b) Book value |
|--------|---|----------------|
| (1) | Federal income taxes | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. | (Column (b) must equal Form 990, Part X, 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 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

332053 09-28-23

75-2661374 Page 4 MINISTRY ESSENTIALS, INC. Schedule D (Form 990) 2023 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1,820,672. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments **b** Donated services and use of facilities c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 1,820,672. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,749,735. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities **b** Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 1,749,735. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X, LINE 2: MEI FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION AND IN VARIOUS STATES. WITH FEW EXCEPTIONS, MEI IS NO LONGER SUBJECT TO U.S FEDERAL, STATE AND LOCAL, OR NON-U.S. INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2020. MEI DOES NOT EXPECT A MATERIAL NET CHANGE IN UNRECOGNIZED TAX BENEFIT OR LIABILITES IN THE NEXT TWELVE MONTHS.

Schedule D (Form 990) 2023

2172 1

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

2023

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| Name of the organization | | | | | Employer ident | ification number |
|---|--------------------|--|---|-----------------|--------------------------------------|----------------------|
| MINISTRY ESSENT | IALS. IN | C. | | | 75-26613 | 74 |
| | | | tside the United States. Comple | te if the orgar | | |
| Form 990, Part IV | /, line 14b. | | • | | | |
| | | | ds to substantiate the amount of its gra | | | |
| the grantees' eligibility for | or the grants or a | assistance, and | the selection criteria used to award the | grants or ass | istance? L | Yes X No |
| 2 Fax eventmekeya Doo | riba in Dort V the | organization's | procedures for monitoring the use of its | aranta and a | ther essistance or | toide the |
| 2 For grantmakers. Desc United States. | ribe in Part V the | e organization s | procedures for monitoring the use of its | grants and o | ther assistance ou | itside trie |
| | he following Parl | t I, line 3 table ca | an be duplicated if additional space is n | eeded.) | | |
| (a) Region | (b) Number of | (c) Number of | (d) Activities conducted in the region | (e) If acti | vity listed in (d) | (f) Total |
| | offices | employees, agents, and independent | (by type) (such as, fundraising, pro- | • | gram service, | expenditures for and |
| | in the region | I contractors | gram services, investments, grants to recipients located in the region) | | e specific type (s) in the region | investments |
| | | in the region | | | (-, | in the region |
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| | | | | | | |
| EUROPE | 1 | 11 | GRANTS TO RECIPIENTS | | | 45,000 |
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| 3 a Subtotal | 1 | 11 | | | | 45,000 |
| b Total from continuation | | | | | | 43,000 |
| sheets to Part I | 0 | C | | | | 0 |
| c Totals (add lines 3a | | | | | | |
| and 3h) | l 1 | l 11 | | | | 45 000 |

LHA 332071 11-29-23

Schedule F (Form 990) 2023

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

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------------------------|---|------------|--------------------------------|--------------------------|---------------------------------|--|---|---|
| | | | | | | | | |
| | | EUROPE | SUPPORT OF EMPLOYEE | 45,000. | WIRE TRANSFER | 0. | | |
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| | | | recognized as charities by the | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2023

| Part III can be duplicated if ad | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, othe |
|----------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|--|
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| Part | V Foreign Forms | |
|------|---|----------|
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926) | Yes X No |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471) | Yes X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621) | Yes X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865) | Yes X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990) | Yes X No |

Schedule F (Form 990) 2023

| Schedule | e F (F | orm 990) 2023 | MINISTRY | ESSENTIALS, | INC. | | 75-2661374 | Page 5 |
|----------|--------|-------------------------------------|-----------------------|----------------------------|---------------|-----------------------------------|----------------------------|--------|
| Part V | / 5 | orm 990) 2023 Supplementa | I Information | | | | | |
| | F | rovide the inforn | nation required by I | Part I, line 2 (monitoring | of funds); P | art I, line 3, column (f) (accour | nting method; amounts of | |
| | | | | | | nod); Part III (accounting meth | |) |
| | (6 | estimated number | er of recipients), as | applicable. Also comple | ete this part | to provide any additional info | rmation. See instructions. | |
| D 7 D M | 1 | T T N TO 2 TO | | | | | | |
| PART | Ι, | LINE 3F | | | | | | |
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Schedule F (Form 990) 2023

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

| Name of the organization | | | | | | | Employer identification number |
|---|-----------------|------------------------------------|-----------------------------|----------------------------------|--|---------------------------------------|------------------------------------|
| MINISTRY | | 75-2661374 | | | | | |
| Part I General Information on Grants a | | | | | | | |
| Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pr | stance? | | | | | | |
| Part II Grants and Other Assistance to recipient that received more than | | | | | | es" on Form 990, Part | : IV, line 21, for any |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| CRU | | | | | | | |
| 100 LAKE HARD DRVIE ORLANDO, FL 32832 | 95-6006173 | 501(C)(3) | 7,000. | 0. | | | PROGRAM SERVICES |
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| 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization | - | - | | | | | 1. |

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

Schedule I (Form 990) 2023

75-2661374 MINISTRY ESSENTIALS, INC. Schedule I (Form 990) 2023 Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (d) Amount of non-(e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (f) Description of noncash assistance recipients cash grant cash assistance

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number

75-2661374 MINISTRY ESSENTIALS, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CHRISTIAN LEADERS AND THEIR FAMILIES SERVING INTERNATIONALLY. WITHIN THIS CONTEXT OF COMMUNITY MEI PROVIDES SOUL CARE, SPIRITUAL NOURISHMENT, AND DEVELOPMENTAL RESOURCES TO ADDRESS BOTH URGENT AND LONG-TERM NEEDS OF CHISTIAN LEADERS AND THEIR FAMILIES. FORM 990, PART VI, SECTION A, LINE 2: DAVID SHEPHERD, PRESIDENT, AND JEANNI SHEPHERD, DIRECTOR, ARE HUSBAND AND WIFE. FORM 990, PART VI, SECTION B, LINE 11B: THE 990 IS REVIEWED BY THE PRESIDENT AND OTHERS, QUESTIONS ARE POSED AND ANSWERED AND FINAL APPROVAL PROVIDED PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: ALL ARE REQUIRED TO SIGN THE POLICY AND REQUIRED TO DISCLOSE ANY CONFLICTS AS THEY ARISE.

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

NUMBER OF MISSION AGENCIES' POLICIES FOR DETERMINING SALARIES ARE RESEARCHED. FINDINGS ARE PRESENTED TO THE ENTIRE BOARD. ADJUSTMENTS ARE MADE TO THE SALARY FORMULA AND VOTED INTO THE RECORD.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: GA, HI, MI, MN, MS, NH, ND, SC, TN, UT, VA, WV, WI

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

Schedule O (Form 990) 2023

| Schedule O (Form 990) 2023 Name of the organization MINISTRY ESSENTIALS, INC. | Page 2 Employer identification number 75-2661374 |
|---|--|
| FORM 990, PART VI, SECTION C, LINE 19: | 73 2001374 |
| A PHYSICAL OR ELECTRONIC COPY IS AVAILABLE UPON REQUEST. | |
| | |
| FORM 990, PART IX, LINE 11G, OTHER FEES: | |
| PAYROLL FEES: | |
| PROGRAM SERVICE EXPENSES | 0. |
| MANAGEMENT AND GENERAL EXPENSES | 96. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 96. |
| | |
| PROFESSIONAL PROCESSING: | |
| PROGRAM SERVICE EXPENSES | 22. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 22. |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 118. |
| FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSE | S: |
| PROGRAM ASSESSMENTS AND INTENSIVES: | |
| PROGRAM SERVICE EXPENSES | 7,836. |
| MANAGEMENT AND GENERAL EXPENSES | 0. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 7,836. |
| PRINTING AND PUBLICATION: | |
| PROGRAM SERVICE EXPENSES | 2,833. |
| MANAGEMENT AND GENERAL EXPENSES | 2,970. |
| FUNDRAISING EXPENSES 332212 11-14-23 | 1,007. Schedule O (Form 990) 2023 |

| Schedule O (Form 990) 2023 Name of the organization | Page 2 Employer identification number |
|--|--|
| MINISTRY ESSENTIALS, INC. | 75-2661374 |
| TOTAL EXPENSES | 6,810. |
| | |
| LICENSE FESS AND REGISTRATIONS: | |
| PROGRAM SERVICE EXPENSES | 1,386. |
| MANAGEMENT AND GENERAL EXPENSES | 4,263. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 5,649. |
| | |
| MISCELLANEOUS: | |
| PROGRAM SERVICE EXPENSES | 1,405. |
| MANAGEMENT AND GENERAL EXPENSES | 227. |
| FUNDRAISING EXPENSES | 429. |
| TOTAL EXPENSES | 2,061. |
| TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL | A 22,356. |
| | |
| FORM 990, PART XII, LINE 2C: | |
| THE PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR. | |
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Schedule O (Form 990) 2023 332212 11-14-23

2023 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|--------------|-------------|------------------|--------|------|------|-------------|-----------------------------|------------------|------------------------|-----------------------|---------------------------|--|-------------------------------|---------------------------|---------------------------------------|
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328111 04-01-23

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone