

# OPENTO PUBLIC INSPECTION

# 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.

AF	or the	2022 calendar year, or tax year beginning and	enaing											
<b>В</b> с	heck if	C Name of organization		D Employer identif	ication number									
	Addres	MBCH CHILDREN AND FAMILY MINISTRIES												
	Name change	Doing business as		43-19480	009									
	Initial return	· · · · · · · · · · · · · · · · · · ·	Room/suite	E Telephone numb										
	Final return/	11300 ST. CHARLES ROCK ROAD		314-739-6811										
	termin- ated	, , , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	12,216,768.									
	Ameno return	BRIDGEION, MO 03044-2793		H(a) Is this a group										
	Application pendin	F Name and address of principal officer: NOSSELLL L. MAKIIN		for subordinate	s? Yes X No									
		TITSUU ST. CHARLES ROCK ROAD, BRIDGETON,	<u>MO</u>	<b>H(b)</b> Are all subordinates	included? Yes No									
<u> </u>	ax-exe	mpt status: X 501(c)(3) 501(c)( ) (insert no.) 4947(a)(1)	or 527	If "No," attach	a list. See instructions									
	Vebsit			H(c) Group exempti										
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2002	M State of legal domicile: MO									
Pa	rt I	Summary												
Ф		Briefly describe the organization's mission or most significant activities: TO PI			ND SERVICES									
Activities & Governance		FOR CHILDREN, YOUTH AND FAMILIES THROUGHO												
-rus	2	<del></del>												
OVE				3	<del>-</del>									
8		Number of independent voting members of the governing body (Part VI, line 1b)												
es		Total number of individuals employed in calendar year 2022 (Part V, line 2a)												
iviti		Total number of volunteers (estimate if necessary)												
Act				72										
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····											
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	Prior Year	Current Year									
ne		Contributions and grants (Part VIII, line 1h)		3,570,334. 8,885,783.										
Revenue		Program service revenue (Part VIII, line 2g)		77,285										
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		14,808.										
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,548,210.										
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		156,203.										
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.										
	45	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		8,091,652.										
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0,031,032.										
en	loa h	Fotal fundraising expenses (Part IX, column (D), line 25) 442, 43	35.	Ŭ.	J.									
EX	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,558,589.	3,176,119.									
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,806,444.	11,353,159.									
		Revenue less expenses. Subtract line 18 from line 12		741,766.										
or es				ginning of Current Year	End of Year									
ets	20	Total assets (Part X, line 16)		7,025,315.	6,912,180.									
Ass 1 Ba	21	Fotal liabilities (Part X, line 26)		1,666,157.										
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		5,359,158.										
Pa	ırt II	Signature Block												
Unde	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of m	ny knowledge and belief, it is									
true,	correc	, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.										
Sigr		Signature of officer		Date										
Her	е	RUSSELL L. MARTIN, PRESIDENT												
		Type or print name and title	1.	<u> </u>										
		Print/Type preparer's name Preparer's signature		Date Check	PTIN									
Paid -		THOMAS S. HELM, JR.		self-empl										
Prep		Firm's name ANDERS MINKLER HUBER & HELM LLP		Firm's EIN	13-0831507									
Use	Only	Firm's address 800 MARKET STREET, SUITE 500		, , ,	114\655 5500									
		ST. LOUIS, MO 63101-2501		Phone no. (	314)655-5500									
May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No									

Pai	<del></del>
1	Check if Schedule O contains a response or note to any line in this Part III X  Briefly describe the organization's mission:
•	TO PROVIDE PROGRAMS AND SERVICES FOR CHILDREN, YOUTH AND FAMILIES
	THROUGHOUT MISSOURI.
	Introduct Highest I
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 3,766,125. including grants of \$ 104,667.) (Revenue \$ 1,562,467.)
	PROVIDE A SAFE HOME AND A PLACE FOR THE SPECIAL NEEDS CHILDREN TO HEAL
	UNTIL THEY ARE EITHER REUNITED WITH THEIR BIRTH FAMILY OR AN ADOPTIVE
	HOME IS FOUND. ALSO TO PROVIDE CASE MANAGEMENT SERVICES WITH THE GOAL
	OF FINDING PERMANENCY FOR CHILDREN IN STATE CUSTODY.
4b	$(\text{Code: } \underline{\hspace{1cm}}) \text{ (Expenses \$ } \underline{\hspace{1cm}} \text{ 6,051,349.} \text{ including grants of \$ } \underline{\hspace{1cm}} \text{ 15,927.} \text{ ) (Revenue \$ } \underline{\hspace{1cm}} \text{ 6,441,842.} \text{ )}$
	TO PROVIDE THE BASIC NECESSITIES OF FOOD, CLOTHING, SHELTER, AND
	MEDICAL CARE. ALSO TO PROVIDE THE CHILDREN WITH INDIVIDUAL, FAMILY AND
	GROUP COUNSELING, PUBLIC EDUCATION, A STRUCTURED ENVIRONMENT,
	PSYCHOLOGICAL CARE AND RECREATION.
4c	(Code:) (Expenses \$ 616,455. including grants of \$ 10,588. ) (Revenue \$ 226,551. )
40	TO PROVIDE SUPPORT SERVICES TO A PARENT IN ORDER TO HELP MAKE IMPORTANT
	DECISIONS ABOUT HER FUTURE AND THE FUTURE OF HER BABY. SUPPORT
	SERVICES INCLUDE: CASE MANAGEMENT, HOUSING, MEDICAL PEDIATRIC CARE,
	PRENATAL CARE/BIRTH CLASSES, INDEPENDENT LIVING SKILLS, PARENT SKILLS
	TRAINING, INDIVIDUAL & GROUP COUNSELING, BIRTH FATHER SUPPORT,
	EDUCATIONAL OPPORTUNITIES, ADOPTIVE SERVICES, AND LEGAL ASSISTANCE.
	EDUCATIONAL OFFICIALITY DERVICES, IND FEDERAL ADDITIONS.
	Other program services (Describe on Schedule O.)
Tu	(Expenses \$ including grants of \$ ) (Revenue \$ )
 4е	Total program service expenses 10,433,929.
	Form <b>990</b> (2022)

### Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			<del></del>
0	, ,	8		x
•	Schedule D, Part III	-		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<b>.</b>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		T -
	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,"	"		<del></del>
13	·	19		x
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a 20b		<del>  ^</del>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		$\vdash$
21		04	Х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Λ	<u> </u>

Pai	rt IV   Checklist of Required Schedules <sub>(continued)</sub>	0005		age -
ı u	Officering of frequired ochedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	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			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			۱
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			١.,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			,,
	sections 301.7701-2 and 301.7701-3? 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		37	
	Part V, line 1	34	X	-
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	-
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			\ <del></del>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			\ <del></del>
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<sub>V</sub>
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pai	Note: All Form 990 filers are required to complete Schedule 0  rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
. u	Charle if Cahaduda O cantains a waggaraa ay nata ta any line in this Bart V			
	Check if Schedule O contains a response or note to any line in this Part v		V	N <sub>c</sub>
4.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	8	Yes	No
		5		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
·	5 guilles in the second			

232004 12-13-22

Form **990** (2022)

(gambling) winnings to prize winners?

022) MBCH CHILDREN AND FAMILY MINISTRIES

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

			1		Yes	No		
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	222		v			
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns the control of t			2b	Х			
3a				3a				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule At any time during the calendar year, did the organization have an interest in, or a signature or other a			3b				
44	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		х		
h	If "Yes," enter the name of the foreign country	iccoui		<del>-r</del> a				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th							
	any contributions that were not tax deductible as charitable contributions?							
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts					
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		<u> X</u>		
b				7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					77		
	to file Form 8282?	1	 I	7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	_7d_				37		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit continuous and the continuous		t?	7e		X		
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		00	7f		_X_		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g				
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations contributions maintaining donor advised funds. Did a donor advised fund maintained			7h				
0	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	i by tii	5	8				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the energying organization make any toyoble distributions under costion 40662			9a				
b	Did the energying examination make a distribution to a depart depart edujors or related person?			9b				
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? I	12a				
	•	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40-				
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the							
D	organization is licensed to issue qualified health plans	13b	I					
c	Enter the amount of reserves on hand	13c						
				14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune							
	excess parachute payment(s) during the year?			15		X		
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incor	ne?	16		X		
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any actions.	tivities	3					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17				
	If "Yes," complete Form 6069.				000	(00.7.7		
232005	12-13-22			Form	990	(2022)		

232005 12-13-22

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.

0	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
па	Enter the number of voting members of the governing body at the end of the tax year 1a 15								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.  Enter the number of voting members included on line 1a, above, who are independent 15								
b	3								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	•		v					
•	officer, director, trustee, or key employee?	2		_X_					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			Х					
	of officers, directors, trustees, or key employees to a management company or other person?	3 4		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X					
	5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
6	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6	<u> </u>						
7a		7-	Х						
	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a	-21						
D		7b	х						
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	70							
8		0-	Х						
a	The governing body?  Each committee with authority to act on behalf of the governing body?	8a	X						
b		8b	- 22						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х					
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		21					
	(mis 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	103	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	iou							
	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	Х						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	116							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe								
•	on Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	Х						
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	Х						
	Other officers or key employees of the organization	15b	Х						
	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		Х					
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 filedNONE								
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)	availat	ole					
	for public inspection. Indicate how you made these available. Check all that apply.								
	X 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, and	financ	ial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	ANDY HELTON - 314-739-6811 11300 ST. CHARLES ROCK ROAD BRIDGETON MO 63044-2793								

232006 12-13-22 CHARLES ROCK ROAD, BRIDGETON, MO 63044-2793

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an	(D)  Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) RUSSELL L. MARTIN PRESIDENT/TREASURER	20.00	Х		Х				0.	175,995.	56,703.
(2) RAMONA CONRAD-COOPER	40.00	Δ		Δ				0.	113,333.	30,703.
VICE PRESIDENT	40.00			х				94,051.	0.	26,688.
(3) LEAH CAPPS	2.00									
CHAIRMAN	2.00	Х		Х				0.	0.	0.
(4) CARA PEOPLES	2.00									
RECORDING SECRETARY	4.00	Х		Х				0.	0.	0.
(5) MARY ANN ALLEN	2.00									
TRUSTEE	2.00	Х						0.	0.	0.
(6) PATSY AUSTIN	2.00									
TRUSTEE	2.00	Х						0.	0.	0.
(7) CHRISTOPHER FERKEL	2.00									
TRUSTEE (THRU 10/22)		Х						0.	0.	0.
(8) REV. KEVIN GRIFFEY	2.00									
TRUSTEE	2.00	Х						0.	0.	0.
(9) BEVERLY HAWKINS	2.00									
TRUSTEE	2.00	Х						0.	0.	0.
(10) DR. ROBERT A. LILLY	2.00									
TRUSTEE		Х						0.	0.	0.
(11) DR. ELMER MCCULLY	2.00									
TRUSTEE	2.00	Х						0.	0.	0.
(12) REV. JOHN A. MORGAN	2.00								_	_
TRUSTEE		Х						0.	0.	0.
(13) DR. GREG MORROW	2.00	1							_	
TRUSTEE		Х						0.	0.	0.
(14) DONNA QUALLS	2.00	1							_	
TRUSTEE		Х						0.	0.	0.
(15) JOANNE M. ROYER	2.00	ļ								
TRUSTEE		Х						0.	0.	0.
(16) REV. DAVID STEPHENSON	2.00								_	_
TRUSTEE	2.00	Х	_			_	_	0.	0.	0.
(17) DR. MILDRED M. WHITTED	2.00	٦,							_	_
TRUSTEE	<u> </u>	X					<u> </u>	0.	0.	0 <b>.</b>

232007 12-13-22

Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	Hiç	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(0				(D)	(E)	,		
Name and title	Average	(do		Posi		l than c	one	Reportable	Reportable	E	stimat	ed
	hours per week	box	, unles	ss per	son i	s both	an	compensation	compensation	a	mount	
	(list any							from the	from related organizations	COL	other npensa	
	hours for	direc				pa		organization	(W-2/1099-MISC/	- 1	from th	
	related	stee o	trustee			ensat		(W-2/1099-MISC/	1099-NEC)		ganiza	
	organizations below	nal tru:	ional t		ployee	t com ee		1099-NEC)		- 1	nd rela	
	line)	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former			0,6	ganizat	10115
(18) ELSY SHUFORD	2.00	_	_		<u>×</u>	- e				+		
TRUSTEE	2.00	Х						0.	0			0.
										+		
		ł										
										+-		
										+-		
										+-		
										+-		
1b Subtotal		I						94,051.	175,995	.   [	3,3	91.
c Total from continuation sheets to Part VII								0.	0			0.
d Total (add lines 1b and 1c)								94,051.	175,995	. 8	3,3	91.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			_
compensation from the organization											1.,	0
											Yes	No
3 Did the organization list any <b>former</b> officer,										3		х
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su								ner compensation from the		3		<u>^</u>
and related organizations greater than \$150	•		•					•	•	4	Х	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com										5		X
Section B. Independent Contractors	-											
Complete this table for your five highest cor										ation f	rom	
the organization. Report compensation for t	he calendar ye	ear e	ndin	ig w	ith c	or wi	thin T		ear.		<b>O</b> \	
<b>(A)</b> Name and business	address	NC	ONE	7.				(B) Description of s	ervices	Compe	<b>C)</b> ensatio	on
		-110	<u> </u>									
							-					
							$\dashv$					
2 Total number of independent contractors (ir	ncluding but no	ot lin	nitec	to t	thos	e lis	ted	above) who received mo	ore than			
\$100,000 of componentian from the organization	ation				ſ	١						

Form 990 (2022) MBCH CH
Part VIII Statement of Revenue

			Check if Schedule O co	ntain	ns a response	or note to any line	e in this Part VIII			
			Cricok ii Coriodaic O coi	iiiaii	о и теоропос	or note to any inte	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
					1.1					30000013 3 12 3 14
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns							
ira Ou			Membership dues							
s, C		С	Fundraising events		1c					
ij, k		d	Related organizations		1d	2,021,109.				
s, mij		е	Government grants (contribu	ution	ns) <b>1e</b>					
Sig		f	All other contributions, gifts, gra	ants,	and					
her			similar amounts not included ab			1,633,870.				
걸		а	Noncash contributions included in line			124,181.				
Ν		_	<b>Total.</b> Add lines 1a-1f	JO 14	[· <b>3</b> ]\$	,	3,654,979.			
<u> </u>			Total Add mids fa fi			Business Code	, , , -			
	_	_	PROGRAM FEES			624100	8,303,189.	8,303,189.		
<u>i</u>	2	_	- ROGRAM FEED			024100	0,303,103.	0,303,103.		
er re		b								
S c		С								
e a		d								
Program Service Revenue		е								
<u> </u>		f	All other program service rev	venu	ıe					
		g	Total. Add lines 2a-2f				8,303,189.			
	3		Investment income (includin							
							96,648.			96,648.
	4		Income from investment of t							
	5		Royalties							
	J		Tioyaities	Т.	(i) Real	(ii) Personal				
	_		0	、⊢	7,591.	(ii) i croonar				
	6			Sa	•					
			· · · · · · · · · · · · · · · · · · ·	3b	1,580.					
				SC	6,011.					
		d	Net rental income or (loss)				6,011.			6,011.
	7	а	Gross amount from sales of	L	(i) Securities	(ii) Other				
			assets other than inventory 7	7a	144,683.					
		b	Less: cost or other basis							
ē			and sales expenses7	7b	136,131.					
eu		С		7c	8,552.					
Revenue			Net gain or (loss)		•	•	8,552.			8,552.
	۰		Gross income from fundraising				,,,,,,			
ther	0	а								
ŏ					of					
			contributions reported on lin		I .					
			Part IV, line 18							
		b	Less: direct expenses		8b					
		С	Net income or (loss) from ful	ndra	ising events					
	9	а	Gross income from gaming a	activ	rities. See					
			Part IV, line 19		9a					
		b	Less: direct expenses							
			Net income or (loss) from ga							
	10		Gross sales of inventory, les							
		_	and allowances		I .					
		<b>L</b>								
			Less: cost of goods sold		· · · · · · · · · · · · · · · · · · ·	)				
-		С	Net income or (loss) from sa	ies c	of inventory					
<u>s</u>			WT GGDT I 2370000			Business Code	2 5-5	0.5==		
90 E	11	а	MISCELLANEOUS REVENUE			900099	9,678.	9,678.		
an		b								
e č		С								
Miscellaneous Revenue		d	All other revenue							
_			Total. Add lines 11a-11d			<u></u>	9,678.			
	12		Total revenue. See instructions				12,079,057.	8,312,867.	0.	111,211.
23200	9 12	-13-	22							Form <b>990</b> (2022)

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon				
	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	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	6,819.	6,819.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	124,363.	124,363.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
_	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	120,739.	120,739.		
6	trustees, and key employees	120,739.	120,739.		
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,871,421.	5,615,468.	255,953.	
8	Pension plan accruals and contributions (include	-, -, -,	2,323,200		
-	section 401(k) and 403(b) employer contributions)	175,350.	168,764.	6,586.	
9	Other employee benefits	1,431,268.	1,376,505.	54,763.	
10	Payroll taxes	447,080.	430,287.	16,793.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	3,218.		3,218.	
С	Accounting	11,364.		11,364.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	27 660	26 420	1 220	
40	column (A), amount, list line 11g expenses on Sch O.)	27,668. 1,865.		1,239.	
12	Advertising and promotion	181,680.	168,725.	12,955.	
13 14	Office expenses Information technology	101,000.	100,725.	12,555.	
15	Royalties				
16	Occupancy	534,166.	510,223.	23,943.	
17	Travel	238,475.	221,424.	17,051.	
18	Payments of travel or entertainment expenses	•	•	,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	8,812.		8,812.	
20	Interest				
21	Payments to affiliates	. =			
22	Depreciation, depletion, and amortization	17,500.	16,715.	785.	
23	Insurance	290,527.	277,512.	13,015.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	CONTRACT EMPLOYEES	1,149,531.	1,149,531.		
b	MISSOURI MATERNITY HOME	442,435.	, , , , , , , , , , , , , , , , , , , ,		442,435.
С	EQUIPMENT RENTAL	104,499.	104,071.	428.	
d	FOOD SERVICE	59,241.	59,241.		
е	All other expenses	105,138.	55,248.	49,890.	
25	Total functional expenses. Add lines 1 through 24e	11,353,159.	10,433,929.	476,795.	442,435.
26	<b>Joint costs</b> . 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)				

<u>rar</u>	t X	Balance Sneet					
		Check if Schedule O contains a response or no	te to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		267,078.	1	293,615	
	2	Savings and temporary cash investments			1,370,361.	2	1,300,199
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net	872,761.	4	889,265		
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described		6			
ပ္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ĕ	9				10,334.	9	117,653
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,341,413.			
	b	Less: accumulated depreciation		864,075.	460,119.	10c	477,338
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line		1,671,083.	12	1,966,203	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		2,373,579.	15	1,867,907	
	16	Total assets. Add lines 1 through 15 (must equ		7,025,315.	16	6,912,180	
	17	Accounts payable and accrued expenses		1,579,501.	17	1,284,186	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
┋╽		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
- ∣	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines of Schedule D	S 17-24).	. Complete Part X	86,656.	25	108,848
	26	Total liabilities. Add lines 17 through 25			1,666,157.		1,393,034
	20	Organizations that follow FASB ASC 958, che			1,000,137.	20	1,333,034
န္မ		and complete lines 27, 28, 32, and 33.	CK HEIG				
2	27				3,027,508.	27	3 666 481
<u> </u>	28	Net assets with donor restrictions	2,331,650.	28	3,666,481 1,852,665		
	20	Organizations that do not follow FASB ASC 9			2/332/0301	20	1,032,003
ᆵ		and complete lines 29 through 33.	oo, che	ok liere			
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ea				30	
4ss	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		5,359,158.	32	5,519,146	
z	33				7,025,315.	33	6,912,180

Pa	Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>		X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,				
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,	<u>353</u>	3,1	<u>59.</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3		725	5,89	98.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,	5,359,15			
5	Net unrealized gains (losses) on investments	5		-86	5,9	26.	
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9	_	478	3,98	85.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	5,	519	7,1	45.	
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u></u>		X	
			_		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				ı	
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					ı	
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			
			F	orm	9 <del>90</del> (	(2022)	

232012 12-13-22

### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

### **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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public

Inspection

Employer identification number

### MBCH CHILDREN AND FAMILY MINISTRIES 43-1948009 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
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)						
_	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support	т	Т	Γ	T		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	•				12	
13	First 5 years. If the Form 990 is for th	-		•			
Sac	organization, check this box and stop ction C. Computation of Publi						
				actions (f)		44	0/
	Public support percentage for 2022 (I Public support percentage from 2021					15	<u>%</u> %
	33 1/3% support test - 2022. If the o	•		line 13 and line		<u> </u>	
IUa	stop here. The organization qualifies	-					
h	33 1/3% support test - 2021. If the		•		line 15 is 33 1/3%		
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
., .	and if the organization meets the fact						
	meets the facts-and-circumstances te		·	-	•	vi now the organiz	
h	10% -facts-and-circumstances test	-			-		
~	more, and if the organization meets the						
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-		• • •		;
				,,	,		(Form 990) 2022

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

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

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not	(2,7 = 2 : 2	(3) = 11	(2) ====	(=) ===	(5) = = =	(,, , , , , , , , , , , , , , , , , , ,
	include any "unusual grants.")	4966870.	3283618.	3101713.	3570334.	3654979.	18577514.
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	7917835.	8505535.	8063859.	8885783.	8303189.	41676201.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge	10001505	44500450	4445555	10156115		
	Total. Add lines 1 through 5	12884705.	11789153.	11165572.	12456117.	11958168.	60253715.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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	6863142.	6183169.	6315315.	7118850	691/1001	33394477.
_	amount on line 13 for the year  Add lines 7a and 7b	6863142.	6183169.	6315315.	7118850.	6914001.	33394477.
	Public support. (Subtract line 7c from line 6.)	00031121	01031031	03133131	71100300		26859238.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	12884705.	11789153.	11165572.	12456117.	11958168.	60253715.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		117,852.				514,141.
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b,	112,484.	117,852.	97,445.	82,121.	104,239.	514,141.
11	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	112,484.	117,852.	97,445.	82,121.	104,239.	514,141.
11	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	16,455.	2,375.	2,117.	8,654.	9,678.	39,279.
11 12 13	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)	16,455. 13013644.	2,375. 11909380.	2,117. 11265134.	8,654. 12546892.	9,678. 12072085.	39,279. 60807135.
11 12 13	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the	16,455. 13013644. he organization's fir	2,375. 11909380. rst, second, third, 1	2 , 117 • 11265134 • courth, or fifth tax y	8,654. 12546892. Pear as a section 50	9,678. 12072085. 01(c)(3) organizatio	39,279. 60807135.
11 12 13 14	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here	16,455. 13013644. he organization's fir	2,375. 11909380. st, second, third, t	2 , 117 • 11265134 • courth, or fifth tax y	8,654. 12546892. Pear as a section 50	9,678. 12072085. 01(c)(3) organizatio	39,279. 60807135.
11 12 13 14 Sec	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here	16,455. 13013644. he organization's fin	2,375. 11909380. rst, second, third, t	2,117. 11265134. Fourth, or fifth tax y	8,654. 12546892. rear as a section 50	9,678. 12072085. 01(c)(3) organizatio	39,279. 60807135.
11 12 13 14 Sec 15	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here  etion C. Computation of Public Public support percentage for 2022 (	16,455. 13013644. he organization's fir ic Support Per line 8, column (f), d	2,375. 11909380. rst, second, third, the centage ivided by line 13, co	2 , 117 • 11265134 • Fourth, or fifth tax y	8,654. 12546892. ear as a section 50	9,678. 12072085. 01(c)(3) organization	39,279. 60807135. on, 44.17 %
11 12 13 14 Sec 15 16	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here  ction C. Computation of Public support percentage for 2022 (Public support percentage from 2021)	16,455. 13013644. he organization's file ic Support Per line 8, column (f), d	2,375. 11909380. rst, second, third, for the centage ivided by line 13, could be line 13, could be line 13, could be line 13, could be line 15	2,117. 11265134. Fourth, or fifth tax y	8,654. 12546892. ear as a section 50	9,678. 12072085. 01(c)(3) organizatio	39,279. 60807135.
11 12 13 14 Sec 15 16 Sec	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here cotion C. Computation of Public support percentage for 2022 (Public support percentage from 2021 cotion D. Computation of Investigation 10 public support percentage from 2021 cotion D. Computation of Investigation 10 public support percentage from 2021 cotion D. Computation of Investigation 10 public support percentage from 2021 cotion D. Computation of Investigation 10 public support percentage from 2021 cotion D. Computation of Investigation 10 public support percentage from 2021 cotion D. Computation of Investigation 10 public support percentage from 2021 cotion D. Computation of Investigation 10 public support percentage from 2021 cotion D. Computation of Investigation 10 public support percentage from 2021 cotion D. Computation of Investigation 2021 public support percentage from 2021 public support pe	16,455. 13013644. he organization's fir ic Support Per line 8, column (f), d I Schedule A, Part stment Income	2,375. 11909380. rst, second, third, f	2 , 117 • 11265134 • fourth, or fifth tax y	8,654. 12546892. Pear as a section 50	9,678. 12072085. 01(c)(3) organization	39,279. 60807135. on, 
11 12 13 14 Sec 15 16 Sec 17	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here  ction C. Computation of Public support percentage for 2022 (Public support percentage from 2021)	16,455. 13013644. he organization's fining Support Perline 8, column (f), di Schedule A, Part stment Income	2,375. 11909380. rst, second, third, 1 centage ivided by line 13, cell, line 15 Percentage nn (f), divided by line	2 , 117 • 11265134 • fourth, or fifth tax y	8,654. 12546892. Year as a section 50	9,678. 12072085. 01(c)(3) organization	39,279. 60807135. on, 44.17 %
11 12 13 14 Sec 15 16 Sec 17 18	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here cotion C. Computation of Public support percentage for 2022 (Public support percentage from 2021 cotion D. Computation of Investing Public support percentage from 2021 cotion D. Computation of Investing Public support percentage for 2021 (Investment income percentage for 2021)	16,455. 13013644. he organization's finite Support Per line 8, column (f), dischedule A, Part stment Income 1022 (line 10c, colum 2021 Schedule A,	2,375. 11909380. rst, second, third, 1 centage ivided by line 13, cell, line 15 Percentage nn (f), divided by line Part III, line 17	2,117. 11265134. Fourth, or fifth tax y	8,654. 12546892. Year as a section 50	9,678. 12072085. 01(c)(3) organization 15 16	39,279. 60807135. on, 44.17 % 43.86 % .85 % .79 %
11 12 13 14 Sec 15 16 Sec 17 18	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here  ction C. Computation of Public support percentage for 2022 (Public support percentage from 2021 investment income percentage from 2011 investment income percent	16,455. 13013644. The organization's fine Support Per line 8, column (f), do a schedule A, Part street Income 1022 (line 10c, column 2021 Schedule A, e organization did not street in the street Income 1022 (line 10c, column 2021 Schedule A, e organization did not street Income 1022 (line 10c, column 2021 Schedule A, e organization did not street Income 1022 (line 10c, column 2021 Schedule A, e organization did not street Income 1022 (line 10c, column 2021 Schedule A, e organization did not street Income 1022 (line 10c, column 2021 Schedule A)	2,375. 11909380. rst, second, third, final centage ivided by line 13, centage inn (f), divided by line 17 ot check the box of	2,117. 11265134. Tourth, or fifth tax y	8,654. 12546892. Pear as a section 50	9,678. 12072085. 01(c)(3) organization 15 16	39,279. 60807135. on, 44.17 % 43.86 % .85 % .79 %
11 12 13 14 15 16 Sec 17 18 19a	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First 5 years. If the Form 990 is for the check this box and stop here cotion C. Computation of Public Public support percentage for 2022 (Public support percentage from 2021 cotion D. Computation of Investment income percentage from 2011 Investment income percentage from 2013 1/3% support tests - 2022. If the	16,455. 13013644. he organization's fire Support Per line 8, column (f), d I Schedule A, Part stment Income 22 (line 10c, colum 2021 Schedule A, e organization did not stop here. The e organization did not stop did not stop here.	2,375. 11909380.  rst, second, third, formula to the contage in th	2,117. 11265134. Fourth, or fifth tax y column (f))  ne 13, column (f))  on line 14, and line fies as a publicly so line 14 or line 19a	8,654. 12546892.  rear as a section 50  15 is more than 33  upported organizat, and line 16 is more	9,678. 12072085. 01(c)(3) organization 15 16 17 18 3 1/3%, and line 13 ion re than 33 1/3%, a	39,279. 60807135. on, 44.17 % 43.86 % .85 % .79 % 7 is not

Т..

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
Ju		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9с		
10a		
10b		
A /F	~ ^^^	

Par	Triv Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
C1	supported organizations played in this regard.	3		
	ction E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).		
а				
b				
C	5 Jeochie III supported a governmental entity (eec	instruction	I	N.
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
	that these activities constituted substantially all of its activities.  Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	2a		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3h below.	20		
	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	За		
	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	on the displacement of the second of the second of the played by the displaying the second of the se	- 30		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 ( explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		·	
Sect	on 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	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
	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	on 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	ally integrated	Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

c Excess from 2020 d Excess from 2021 e Excess from 2022

### SCHEDULE D (Form 990)

Department of the Treasury

### Supplemental Financial Statements

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

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization

**Employer identification number** MBCH CHILDREN AND FAMILY MINISTRIES 43-1948009 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year \_\_\_\_\_ Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

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

Schedule D (Form 990) 2022

Assets included in Form 990, Part X

	t III Organizations Maintaining C	ollections of Art						(continu	
3	Using the organization's acquisition, accession							(OOHani	<i>100)</i>
	collection items (check all that apply):	,	,	3		9			
а	Public exhibition	d	Loan or exc	hange progra	m				
b	Scholarly research	е		0.0					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	ne organizatio	n's exem	not purpos	e in Part	XIII.	
5	During the year, did the organization solicit or								
	to be sold to raise funds rather than to be ma							Yes	☐ No
Par	t IV Escrow and Custodial Arrang								
	reported an amount on Form 990, Par		· ·			,	,	,	
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	s or other ass	ets not i	ncluded			
	on Form 990, Part X?		•					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a							_	
	3	ŗ	3					Amount	
С	Beginning balance					1c			
	Additions during the year								
	Distributions during the year								
	Ending balance								
2a	Did the organization include an amount on Fo	orm 990. Part X. line :	21, for escrow or ci	ıstodial accou	ınt liabili	tv?		Yes	No
	If "Yes," explain the arrangement in Part XIII.	* *	*			·,·			一
Par						0.			
	·	(a) Current year	(b) Prior year	(c) Two year		(d) Three ye	ars back	(e) Four	years back
1a	Beginning of year balance	2,331,650.	2,082,222.	2,057	143.	1,80	6,508.		
	Contributions	, ,	, ,	,	<i>′</i>	,	,	1.	883,398
	Net investment earnings, gains, and losses	-478,985.	249,428.	25	,079.	25	0,635.		-76,890
	Grants or scholarships	, -	, -		,				
	Other expenditures for facilities								
•									
	Administrative expenses								
		1,852,665.	2,331,650.	2 082	,222.	2 05	7,143.	1	806,508
g 2	Provide the estimated percentage of the curr	•		•	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Board designated or quasi-endowment	erit year erid balance	%	)) Held as.					
	Permanent endowment 100	%	_ <sup>70</sup>						
		<sup>70</sup> %							
C	The percentages on lines 2a, 2b, and 2c shou	· <del>-</del>							
2-	1 , ,		ion that are hald a	ad administar	ad far th	•			
3a	Are there endowment funds not in the posses	ssion of the organizat	lion triat are rielo ai	ia administere	ed for the	е		Γ,	Yes No
	organization by:								X
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	-+
	If "Yes" on line 3a(ii), are the related organizar							3b	
Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		ment funds.						
Fai	Complete if the organization answered		Dort IV line 11a C	`00 Form 000	Dort V	lino 10			
	· · · · · · · · · · · · · · · · · · ·			1					
	Description of property	(a) Cost or ot		or other		ccumulated	d	(d) Book	value
		basis (investm	· ·	(other)	uep	oreciation		202	000
	Land			0,000.		75 00	2	<u>∠93</u>	,080.
b	Buildings		19	6,054.		75,80	۷۰	120	,252.
	Leasehold improvements			- O-4		-01 04	_ —		006
	Equipment			5,951.		521,94		64	,006.
	Other		•	6,328.		L66,32			0.
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part )	(, column (B), line 1	0c.)				477	,338.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 MBCH CHILDR	EN AND FAMILY	MINISTRIES	43-1948009 Page <b>3</b>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line	12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) INVESTMENT IN SECURITIES	1,966,203.	END-OF-YEAR MA	RKET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,966,203.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	•		
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line	
	Description		(b) Book value
(1) SECURITY DEPOSITS	~		800.
(2) INVENTORY OF DONATED GOODS		OFFITTE C	14,442.
	SSETS HELD BY	OTHERS	1,852,665.
(4)			
(5)			
(6)			
(8)			
(9)			1 967 007
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>e 15.)   </u>	<u></u>	1,867,907.
Complete if the organization answered "Yes"	on Form 000 Dort IV line	110 or 11f Soo Form 000 Bort	V line 25
(a) Description of liability	on Form 990, Part IV, line	Tie or Tii. See Form 990, Part 7	(b) Book value
			(b) Book value
(1) Federal income taxes			100 040
(2) DUE TO AFFILIATES			108,848.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

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 ... X

Schedule D (Form 990) 2022

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

Sche	dule D (Form 990) 2022 MBCH CHILDREN AND FAMILY	MINISTRIES	43-1948009 Page
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With Revenเ	ıe per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1			1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	7	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)		5
Pa	T XII Reconciliation of Expenses per Audited Financial State	•	ses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F		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.	
PAI	RT X, LINE 2:		
THE	ORGANIZATION IS EXEMPT FROM FEDERAL INC	COME TAXES UN	DER SECTION
501	(C)(3) OF THE INTERNAL REVENUE CODE (THE	E "CODE"), EX	CEPT ON UNRELATED
BUS	SINESS TAXABLE INCOME AS DEFINED IN THE C	CODE, ACCORDI	NGLY. THE
ORC	SANIZATION FILES AS TAX EXEMPT ORGANIZATI	ONS.	
THE	E ORGANIZATION FOLLOWS GUIDANCE ISSUED BY	THE FASB ON	ACCOUNTING FOR
	COME TAXES AND HAS EVALUATED ITS TAX POSI		
LITN	ITTATIONS AUDITS PROPOSED SETTLEMENTS	CHANGES IN T	AX (AW ANI) NEW

AUTHORITATIVE RULINGS, AND BELIEVES THAT NO PROVISION FOR INCOME TAXES IS NECESSARY TO COVER ANY UNCERTAIN TAX POSITIONS. THE ORGANIZATION'S RETURNS FOR TAX YEARS 2019 AND LATER REMAIN SUBJECT TO EXAMINATION BY TAXING

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022	MBCH	CHILDREN	AND	${ t FAMILY}$	MINISTRIES	43-1948009	Page 5
Schedule D (Form 990) 2022  Part XIII   Supplemental Info	ormation /	(continued)					
		continucaj					
ALIMITOD THE EC							
AUTHORITIES.							

### 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.

2022
Open to Public

Inspection

OMB No. 1545-0047

**Employer identification number** Name of the organization 43-1948009 MBCH CHILDREN AND FAMILY MINISTRIES Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) MBCH PROPERTIES 11300 ST. CHARLES ROCK ROAD LEASEHOLD 43-1948011 501C3 TMPROVEMENTS BRIDGETON, MO 63044-2793 0 6,819. NET BOOK VALUE ORGANIZATION ASSISTANCE Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DIRECT LIVING ASSISTANCE TO INDIVIDUALS	798	124,363.	0.		
		,			
Part IV Supplemental Information. Provide the information red	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
ASSISTANCE BETWEEN RELATED PARTIES	IS DETER	MINED BY 7	THE BOARD A	PPROVED	
BUDGETS AND IS MONITORED THROUGH T	HE DETAIL	ED FINANCI	IAL STATEME	NTS.	

### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

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

MBCH CHILDREN AND FAMILY MINISTRIES

Employer identification number 43-1948009

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) RUSSELL L. MARTIN	(i)	0.	0.	0.	0.	0.	0.	0.	
PRESIDENT/TREASURER	(ii)	175,995.	0.	0.	25,398.	31,305.	232,698.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
-	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization MBCH CHILDREN AND FAMILY MINISTRIES Employer identification number 43-1948009

Part   Types of Property   Calc   Check   Check   Number of applicable   Contributions or items contribution amounts reported on amounts reporte	Dai	t I Types of Property	IN MIND	I AMILLI MII	TELLIE	1 43 1	740	303	
Art - Works of art	Pai	ti Types of Property	(-)	(1-)	(-)	(.1)			
At - Works of art  At - Fractional interests  A - Books and publications  Coloring and household goods  Cars and other vehicles  Books and planes  Intellectual property  Securities - Publicity traded  X - 6 124,181 FAIR MARKET VALUE  Securities - Socurities - Closely held stock  Securities - Closely held stock  Securities - Socurities - Miscellaneous  Coloring - Socurities - Miscellaneous  Coloring - Miscellaneous  At New - Miscellaneous  Coloring - M				(b)		` '	tormin	ina	
Art - Works of art  Art - Practional Interests  Art - Fractional Interests  Books and publications  Cars and other vehicles  Cars and other vehicles  Books and publications  Cars and other vehicles  Books and publications  Cars and other vehicles  Books and planes  Intellectual property  Books and planes  Intellectual property  Securities - Partnership, LLC, or trust interests  Cars courties - Nacellaneous  Caulified conservation contribution - Other  Real estate - Residential  Real estate - Residential  Real estate - Commercial  Real estate - Other courties  Collectibles  Co									•
2 AIT - Historical treasurse 3 AIT - Fractional interests			арріісаріс	items contributed		Tioricasii contino	LIOIT AI	nounts	2
2 AIT - Historical treasurse 3 AIT - Fractional interests	1	Art - Works of art							
3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 6 Intellectual property 7 Boats and planes 9 Intellectual property 9 Securities - Closely held stock 1 Securities - Partnership, LLC, or trust interests 1 Securities - Miscellaneous 1 Qualified conservation contribution - Historical structures 1 Historical state - Commercial 1 Real estate - Commercial 1 Real estate - Commercial 1 Real estate - Commercial 1 Securities - Miscellaneous 1 Securities - Miscellaneo	2								
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32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  b If "Yes," describe in Part II.  33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	b								
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<ul> <li>b If "Yes," describe in Part II.</li> <li>33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,</li> </ul>	32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		contributions?					32a		X
	b	If "Yes," describe in Part II.							
	33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	for which column (a) is che	cked,			
		describe in Part II.							

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

232142 09-09-22

### SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MBCH CHILDREN AND FAMILY MINISTRIES

Employer identification number

MBCH CHILDREN AND FAMILY MINISTRIES 43-1940009	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
PROVIDE COUNSELING & OTHER SUPPORT SERVICES TO FAMILIES IN CRISIS	
FORM 990, PART VI, SECTION A, LINE 6:	
MISSOURI BAPTIST CHILDREN'S HOME HAS THE RIGHT TO APPROVE THE BOARD OF	
TRUSTEES.	
FORM 990, PART VI, SECTION A, LINE 7A:	
MISSOURI BAPTIST CHILDREN'S HOME'S TRUSTEES APPROVE THE MEMBERS OF CFM'S	
BOARD.	
FORM 990, PART VI, SECTION A, LINE 7B:	
THE BOARD OF TRUSTEES OF MISSOURI BAPTIST CHILDREN'S HOME APPROVES THE	
BUDGET OF MBCH CHILDREN AND FAMILY MINISTRIES.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE ORGANIZATION SENT OUT A COPY OF THE 990 VIA E-MAIL TO ITS BOARD OF	
TRUSTEES BEFORE THE RETURN WAS FILED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE CONFLICTS	
OF INTERESTS ANNUALLY.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE ADMINISTRATIVE COMMITTEE REVIEWS AND MAKES RECOMMENDATIONS REGARDING	
COMPENSATION DACEACES THE ADMINISTRATIVE COMMITTEE DECEIVED AND DEVITEWED	n

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization  MBCH CHILDREN AND FAMILY MINISTRIES	Employer identification number 43-1948009
COMPENSATION STUDIES FROM TWO INDEPENDENT SURVEYS AS WELL	AS REVIEWING
COMPENSATION FOR SENIOR EMPLOYEES OF LOCAL COMPARABLE AGEN	ICIES.
FORM 990, PART VI, SECTION C, LINE 19:	
BY REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN BENEFICIAL INTERESTS IN PERPETUAL TRUSTS	-478,985.
PART XII LINE 2C	
NO CHANGE FROM PRIOR YEAR.	

### SCHEDULE R (Form 990)

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization		Employer identification number
	MBCH CHILDREN AND FAMILY MINISTRIES	43-1948009

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
	1				

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

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
MISSOURI BAPTIST CHILDREN'S HOME -	RESPONDING TO THE NEEDS OF						
43-0697046, 11300 ST. CHARLES ROCK ROAD,	YOUTH AND FAMILIES WITH						
BRIDGETON, MO 63044-2793	STATEWIDE SERVICE	MISSOURI	501(C)(3)	LINE 7			X
MBCH PROPERTIES - 43-1948011	OWNS THE CAMPUSES THAT						
11300 ST. CHARLES ROCK ROAD	HOUSE THE SERVICES AND				MISSOURI BAPTIST		
BRIDGETON, MO 63044-2793	PROGRAMS OF MBCH CFM	MISSOURI	501(C)(3)	LINE 12A, I	CHILDREN'S HOME		X
MBCH FOUNDATION - 43-1892785	MANAGE ENDOWMENT OF MBCH						
11300 ST. CHARLES ROCK ROAD	AND INVESTMENT PROPERTIES				MISSOURI BAPTIST		
BRIDGETON, MO 63044-2793	AND RAISE FUNDS FOR MBCH	MISSOURI	501(C)(3)	LINE 12A, I	CHILDREN'S HOME		X
THE L.I.G.H.T HOUSE, INC 43-1569525	PROVIDE LOVE, SUPPORT, &						
P.O. BOX 22553	GUIDANCE TO THOSE				MBCH CHILDREN AND		
KANSAS CITY, MO 64113	EXPERIENCING UNPLANNED	MISSOURI	501(C)(3)	LINE 7	FAMILY MINISTRIES	Х	

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2022

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 controrganiz	rolled
MISSOURI BAPTIST CONVENTION - 44-0559931						162	INO
400 E. HIGH STREET	SERVE TOGETHER TO GROW						
JEFFERSON CITY, MO 65101-3215	GREAT COMMISSION CHURCHES	MISSOURI	501(C)(3)	LINE 1			х
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Part III	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 34, because it i	had one or more related
Partill	organizations treated as a partnership during the tax year.				
	organizations treated as a partnership daring the tax year.				

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

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

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

Page 3

Yes No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

<b>b</b> Giπ, grant, or capital contribution to related organization(s)				מו		
c Gift, grant, or capital contribution from related organization(s)				1c	Х	
d Loans or loan guarantees to or for related organization(s)						X
e Loans or loan guarantees by related organization(s)						X
f Dividends from related organization(s)				. 1f		X
g Sale of assets to related organization(s)				. 1g		X
h Purchase of assets from related organization(s)						X
i Exchange of assets with related organization(s)				. 1i		X
j Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>	X	
k Lease of facilities, equipment, or other assets from related organization(s)				1k	X	
I Performance of services or membership or fundraising solicitations for related orga						X
m Performance of services or membership or fundraising solicitations by related orga	inization(s)			1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organizat	ion(s)			1n	X	
Sharing of paid employees with related organization(s)					X	
p Reimbursement paid to related organization(s) for expenses				1p		X
q Reimbursement paid by related organization(s) for expenses				1q		X
r Other transfer of cash or property to related organization(s)				1r		X
s Other transfer of cash or property from related organization(s)						X
2 If the answer to any of the above is "Yes," see the instructions for information on v	vho must complete th	is line, including covered rela	ationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	involved		
1) MISSOURI BAPTIST CHILDREN'S HOME	С	2,001,471.C	ASH VALUE			
2)						
3)						
4)						
5)						
6)						
<b>6)</b> 32163 09-14-22			Cahad	ıle R (Fori	m 000	1 2022
32 103  U9- 14-22			Sched	ne u (Lou	11 230	, 2022

Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	) opor- ate ions?		Gener mana partn Yes	al or Perce ging er?	(k) centage nership
			,						100		
										+	
										+	
	-									+	
										+	
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### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print MBCH CHILDREN AND FAMILY MINISTRIES 43-1948009 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 11300 ST. CHARLES ROCK ROAD return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. 63044-2793 BRIDGETON, MO Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) ANDY HELTON • The books are in the care of ▶ 11300 ST. CHARLES ROCK ROAD - BRIDGETON, MO 63044-2793 Telephone No. ► 314-739-6811 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or \_\_\_ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2022) LHA

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