

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2023
Open to Public Inspection

A	or the	e 2023 calendar year, or tax year beginning and	enaing						
B (Check if opplicable	C Name of organization		D Employer identifie	cation number				
	Addre	MBCH CHILDREN AND FAMILY MINISTRIES							
	Name chang	Doing business as		43-19480	09				
	Initial return Final	Number and street (or P.O. box if mail is not delivered to street address) 11300 ST. CHARLES ROCK ROAD	Room/suite	E Telephone number 314-739-					
	⊥return. termin ated			G Gross receipts \$	13,883,032.				
	Amen			H(a) Is this a group re					
F	return Applic tion			for subordinates					
	pendi	11300 ST. CHARLES ROCK ROAD, BRIDGETON,	MO	H(b) Are all subordinates included? Yes No					
1 7		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) ($\overline{}$	1 ' '	list. See instructions				
	Nebsi		01 021	H(c) Group exemptio					
_		organization: X Corporation Trust Association Other	1 Year		1 State of legal domicile; MO				
	art I	Summary	L 1001	or formation.	Votato or logar dominono, == •				
	1	Briefly describe the organization's mission or most significant activities: TO Pl	ROVIDE	PROGRAMS AN	ND SERVICES				
Activities & Governance	'	FOR CHILDREN, YOUTH AND FAMILIES THROUGHO							
nar	2	Check this box if the organization discontinued its operations or dispos			sets.				
Ver	l			3	16				
ဇ္	1	Number of independent voting members of the governing body (Part VI, line 1b)			14				
ა თ		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			262				
iţie		Total number of volunteers (estimate if necessary)			96				
cÈ		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.				
				Prior Year	Current Year				
ø.	8	Contributions and grants (Part VIII, line 1h)		3,654,979.	3,915,650.				
nge	9	Program service revenue (Part VIII, line 2g)		8,303,189.	9,786,801.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		105,200.	168,599.				
8	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15,689.	11,982.				
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,079,057.	13,883,032.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		131,182.	123,265.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		8,045,858.	8,830,926.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
xbe	b	Total fundraising expenses (Part IX, column (D), line 25) 413, 25	51.						
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,176,119.	3,434,272.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,353,159.	12,388,463.				
	19	Revenue less expenses. Subtract line 18 from line 12		725,898.	1,494,569.				
Net Assets or			Ве	ginning of Current Year	End of Year				
sset	20	Total assets (Part X, line 16)		6,912,180.	8,551,863.				
at A	21	Total liabilities (Part X, line 26)		1,393,034.	1,164,833.				
Ž:	22 art II	Net assets or fund balances. Subtract line 21 from line 20		5,519,146.	7,387,030.				
					linearidadas and ballat it is				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and beller, it is				
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	nas any knowledge.					
C:	_	Signature of officer		I Date					
Sig		RUSSELL L. MARTIN, PRESIDENT		Dato					
Her	е	Type or print name and title							
			П	Date Check	PTIN				
Paid	ı	Print/Type preparer's name THOMAS S. HELM, JR.		if self-employ					
	arer	Firm's name ANDERS MINKLER HUBER & HELM LLP		Firm's EIN 4					
	Only	Firm's address 800 MARKET STREET, SUITE 500		I IIIII 2 EIIV =					
550	Jiny	ST. LOUIS, MO 63101-2501		Phone no (3	14)655-5500				
May	the II	RS discuss this return with the preparer shown above? See instructions		I i ilolle ilo. (5	X Yes No				
ivia	, uite 11	Paragraph Parket for Act Nation and the property of the forest and			21 fes NO				

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Pal	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	TO PROVIDE PROGRAMS AND SERVICES FOR CHILDREN, YOUTH AND FAMILIES
	THROUGHOUT MISSOURI.
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	$(\texttt{Code:} ___) (\texttt{Expenses} \$ _ 3,654,948 \centerdot $
	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.
	7 160 700 20 117 0 002 140
4b	(Code:) (Expenses \$ 7,168,702. including grants of \$ 20,117.) (Revenue \$ 8,023,149.)
	TO PROVIDE THE BASIC NECESSITIES OF FOOD, CLOTHING, SHELTER, AND MEDICAL CARE. ALSO TO PROVIDE THE CHILDREN WITH INDIVIDUAL, FAMILY AND
	MEDICAL CARE. ALSO TO PROVIDE THE CHILDREN WITH INDIVIDUAL, FAMILY AND GROUP COUNSELING, PUBLIC EDUCATION, A STRUCTURED ENVIRONMENT,
	PSYCHOLOGICAL CARE AND RECREATION.
	PSICHOLOGICAL CARE AND RECREATION.
4c	(Code:) (Expenses \$ 611,363. including grants of \$ 14,439.) (Revenue \$ 280,631.)
	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.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 145,662 • including grants of \$ 0 •) (Revenue \$ 0 •)
4e	Total program service expenses 11,580,675.
	Form 990 (2023)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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>	<u> </u>		
Ü	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		X
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	_
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	_X_	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	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			
. •	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."			<u></u>
	,	19		X
202	complete Schedule G, Part III	20a		X
		20a		
	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		
21		21		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	41		_ 42

332003 12-21-23

Form 990 (2023) MBCH CHILDREN AND FAMILY MINISTRIES

Part IV Checklist of Required Schedules (continued)

22 List the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, counting (A), line 27 if Yes, 'complete Schedule I. Part I and III a				Yes	No
22 Dit the organization answer "Vas" 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? "#"Yes," complete Schedule I. Part IV. 23 Dit the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that visual sisued after December 31, 2002? "#"Yes," answer lines 25 through 22d and complete Schedule I. #"No." go to line 25a 24a Dit the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24b Dit the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 25c Section 501(5), 501(6)(4), and 501(6)(20) organizations. Dit the organizations are benefit transaction with a disqualified person during the year? "#"Yes," complete Schedule I. Part I 25a Section 501(5), 501(6)(4), and 501(6)(20) organizations. Dit the organization with a disqualified person during the year? "#"Yes," complete Schedule I. Part I 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? "#"Yes," complete Schedule I. Part II 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year if year, complete Schedule I. Part II 25c In the transaction has not been reported on any of the organizations pror Forms 990 or 900 E27 If Yes," complete Schedule I. Part II 25c In the organization provide a grant or other assistance to any current or former officer, director, fusable, key employee, creator or founder, substantial contributor or 35% controlled entity (including an employee thereof) or family member of any of these persons? If Yes, complete Schedule I. Part IV 25c In the organization related to business transaction with or edit to flowing patters? (See the Schedul	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, fustees, key employees, and highest compensated employees? If "Yes, compete Schedule L Part IV. 24a Old 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 240 through 24d and complete Schedule K. If "No," go to line 25a. 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization mirect any proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization mirect any proceeds of tax-exempt bonds period and temporary period exception? 24d Did the organization are assort as count other than a refunding sector at any time during the year? 24d Did the organization are assort as a "On behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization are assort as a "On behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization are assort as a "On behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization are assort as a "On behalf of" issuer for bonds outstanding at any time during the year of defease any time during the year? 25d Did the organization are assort as a "On the organization behalf of the organization are assorted in the 25d Did the organization are the organization behalf of the organization are provided as a "On the organization are provided as a "On the organization are provided as a part or other assistance to any current or former officer, director, trustee, key employee, creator or forunder, substantial contributor?" If "Yes, complete Schedule L, Part IV, including an employee thereof, or family member of any of these persons? If "Yes, "complete Schedule L, Part IV, including an employee thereof, or family member of any of these persons? If "Yes, "complete Schedule L, Part IV, Inc. 2 A 39% controlled entity of one than 5th		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
Schedule / Late or 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? // "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a. b Did the organization misses any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization misses any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization maintain an escrive account other than a refunding escrive at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization was that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I are stated to the responsibility of the organization says that it engaged in an excess benefit transaction has not been reported on any of the organization is prior forms 990 or 990-E77 If "Yes," complete Schedule L, Part II are formed fined, effective, truste, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these personary. If "Yes," complete Schedule L, Part II are stated or formed fined, efficient, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part II are stated or of the properties of the	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
24a Did the organization have a tor-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 "Yea," arrawer lines 24th through 24d and complete Schedule K. If "No," go to hire 25a		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
schedule K. If "No." go to line 25a. b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization mest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization mest any proceeds of tax exempt bonds beyond a temporary period exception? d Did the organization maintain an escrive vaccount other than a refunding escrive any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d		Schedule J	23	X	
Schedule K. If "No." go to fine 25a. b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization acid sa an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 22a Section 501(c/3), 501(c/4), and 501(c/29) organizations. Did the organization engage in an excess benefit transaction with a disqualited 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 organizations prior Forms 990 or 990E2? If Yes," complete Schedule L, Part I 25b X 50 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 foraling an employee beneson? If Yes," complete Schedule L, Part II 25b 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 59% controlled entity from themsof or any inhamber of any of these persons? If Yes," complete Schedule L, Part IV 27 X 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If Yes, "complete Schedule L, Part IV 28b X X 29 Did the organization receive more than \$25.000 in noncash contributions; and exceptions and the second of the part of the second of the part of the organization releave contributions of at, historical treasures, o	2 4a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds? 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? 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? 25b Is the organization aware that the negage in an excess benefit transaction with a disqualified person during the year? 25b Is the organization have not been reported on any of the organization's prior Forms 990 or 990-E27 // 1/*es," complete Schedule L, Part I 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, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or foundary, substantial contributor or 75es," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 35% controlled entity from your abuse persons? If "Yes," complete Schedule L, Part III 28 Was the organization apertly to a business transaction with one of the following parties? (See the Schedule L, Part III 27 Is A accurrent or former officer, director, frustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part III 28 A A 18 A summer of any individual described in line 28a" If "Yes," complete Schedule L, Part III 28 A 18 A		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 28a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'ves, 'complete Schedule L, Part I 55a 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 Forme '990 or 990-E/2? If 'ves, 'complete Schedule L, Part I 25b X 25b X 25c					<u>X</u>
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d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year?	С				
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? #"Yes," complete Schedule L, Part 1					
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 sport proms 990 or 990-EZ? If "Yes," complete Schedule I., Part I			24d		
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-E27 "Yes," complete Schedule I, Part I 25b	25a				\ .
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete Schedule L, Part I			25a		<u> </u>
Schedule L, Part I 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 33% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 28 Was 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 IV instructions for applicable filing thresholds, conditions, and exceptions; a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 288 X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 288 X complete Schedule L, Part IV 288 X Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X Did the organization iquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X Did the organization of selection in the substance of the organization under Regulations sections 301.7701.2 and 301.7701.3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Did the organization conduct more than 596 of its activities through an entity that	b				
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 of family member of any of these persons? If I*Ves, "complete Schedule I, 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 fincluding an employee thereof or family member of any of these persons?" If I*Ves, "complete Schedule I, Part II." 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule I, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule I, Part IV. 28 A X b A family member of any individual described in line 28a? If "Yes," complete Schedule I, Part IV. 28 B X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule I, Part IV. 28 C X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II, Part II. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. 32 Did the organization organization exclused the second or second or 100% of an entity disregarded as separate from the organization under Regulations sections 30.1.7701.2 and 30.1.7701.37 If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 34 Was		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٠,,
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		•	25b		_X_
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		(gambling) winnings to prize winners?	1c	X	

332004 12-21-23

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

			Yes	No						
2a	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 262									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?									
b										
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	b If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7с		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e								
е	7, 7, 1, 7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,									
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h								
h										
8										
0	sponsoring organization have excess business holdings at any time during the year?	8								
9										
_										
10										
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
С	Enter the amount of reserves on hand									
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x						
	excess parachute payment(s) during the year?									
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	4-								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 16 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 14 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 X 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ANDY HELTON - 314-739-6811 11300 ST. CHARLES ROCK ROAD, BRIDGETON, MO

Form **990** (2023)

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)	(B)	(C)		(D)	(E)	(F)					
Name and title	Average	(do	Position (do not check more than one				one	Reportable			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of				
	week	-			from	from related	other				
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the	
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	truste	al tru		oyee	n be		1099-NEC)	,	and related	
	below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations	
	line)	Indi	Insti	Officer	Key	High	Former				
(1) RUSSELL L. MARTIN	2.00										
PRESIDENT/TREASURER	44.00	Х		Х				0.	181,515.	64,369.	
(2) ANDY HELTON	2.00										
EXECUTIVE VICE PRESIDENT/ TREASURER	44.00	Х		X				0.	103,111.	21,891.	
(3) LEAH CAPPS	2.00										
CHAIRMAN	2.00	Х		Х				0.	0.	0.	
(4) REV. DAVID STEPHENSON	2.00										
RECORDING SECRETARY	2.00	Х		X				0.	0.	0.	
(5) MARY ANN ALLEN	2.00										
TRUSTEE	2.00	Х						0.	0.	0.	
(6) REV. MATTHEW CREATH	2.00										
TRUSTEE	2.00	Х						0.	0.	0.	
(7) MARSHA DRAKE	2.00										
TRUSTEE	2.00	Х						0.	0.	0.	
(8) LYDIA EMBREY	2.00										
TRUSTEE	2.00	Х						0.	0.	0.	
(9) REV. KEVIN GRIFFEY	2.00										
TRUSTEE	2.00	Х						0.	0.	0.	
(10) ROBERT LILLY	2.00										
TRUSTEE		Х						0.	0.	0.	
(11) KRISTY MCCALL	2.00										
TRUSTEE	2.00	Х						0.	0.	0.	
(12) DR. ELMER MCCULLY	2.00								_	_	
TRUSTEE		Х						0.	0.	0.	
(13) GREG MORROW	2.00										
TRUSTEE		Х						0.	0.	0.	
(14) CARA PEOPLES	2.00								_	_	
TRUSTEE	2.00	Х						0.	0.	0.	
(15) JOANNE ROYER	2.00								_	_	
TRUSTEE		Х						0.	0.	0.	
(16) ELSY SHUFORD	2.00	1							_	_	
TRUSTEE	2.00	Х	_	_				0.	0.	0.	
		4									
										000	

Form 990 (2023) MBCH CHII									43-19	9480	009	Pa	age 8
Part VII Section A. Officers, Directors, Trust		oloye	ees,			ghes	t C		, , , , , , , , , , , , , , , , , , ,				
(A) Name and title	(B) Average hours per week	box,	not c	ss per	ition more son i	than of s both or/trus	an	(D) Reportable compensation from	(E) Reportable compensatio from related	on	am	(F) timate nount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	compensation from the organization and related organizations		e ion ed
		u	u	JO.	Ke	ill la	8						
										-			
										\dashv			
1b Subtotal c Total from continuation sheets to Part VII								0.	284,62	26.	86	5,26	60.
d Total (add lines 1b and 1c)								0.	284,62		86	5,26	
Total number of individuals (including but no compensation from the organization	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable	€			0
3 Did the organization list any former officer,	•	-	•	•	•		_		•			Yes	No
 line 1a? If "Yes," complete Schedule J for st For any individual listed on line 1a, is the su and related organizations greater than \$150 	m of reportable	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4	Х	X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	ccrue compen	satio	on fr	om	any	unre	elate	ed organization or individ	dual for services		5		Х
Section B. Independent Contractors 1 Complete this table for your five highest contractors	mpensated ind	lepei	nder	nt co	ntra	actor	rs th	hat received more than \$	3100,000 of com		ion fro	m	
the organization. Report compensation for t	:he calendar ye	•							, ,		(C	;)	
Name and business	address	NC	ONE	<u> </u>				Description of s	ervices	Co	omper	nsation	1
2 Total number of independent contractors (in \$100,000 of compensation from the organization from the organiza	•	ot lin	nited	d to t	thos		ted	above) who received me	ore than				

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Form 990 (2023) MBCH CH Part VIII Statement of Revenue

			Check if Schedule O contains	a response (or note to any lin	e in this Part VIII			
			Check if Correduce C correlains	a response v	or flote to arry lift	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
				1.1					SECTIONS 212 - 214
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns						
ira Ou			Membership dues						
s, (Am			Fundraising events						
Sift ar		d	Related organizations	1d	2,178,659.				
s, (mi		е	Government grants (contributions)	1e					
ion		f	All other contributions, gifts, grants, ar	ıd					
but			similar amounts not included above	1f	1,736,991.				
ÖĘ		g	Noncash contributions included in lines 1a-1f	1g \$	23,712.				
Sor		_	Total. Add lines 1a-1f			3,915,650.			
<u> </u>					Business Code				
4	2	2	PROGRAM FEES		624100	9,786,801.	9,786,801.		
je		_				2,,00,000	5,,		
er, ne		b							
n S		С							
ara Be		d							
Program Service Revenue		е							
Δ.			All other program service revenue						
		g	Total. Add lines 2a-2f			9,786,801.			
	3		Investment income (including divid						
			other similar amounts)			168,452.			168,452.
	4		Income from investment of tax-exe						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a	9,353.					
		b	Less: rental expenses 6b	0.					
		С	Rental income or (loss) 6c	9,353.					
			Not rental income or (loss)			9,353.			9,353.
			` '	Securities	(ii) Other				
			assets other than inventory 7a	147.					
		h	Less: cost or other basis						
<u>o</u>		~	and sales expenses	0.					
n l		_	Gain or (loss) 7c	147.					
Revenue			· /			147.			147.
E E			Net gain or (loss)			117.			117.
ther	0	а	Gross income from fundraising events	·					
ŏ			including \$	_					
			contributions reported on line 1c).						
			Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundraisi						
	9	а	Gross income from gaming activiti	I .					
			Part IV, line 19						
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming a	activities					
	10	а	Gross sales of inventory, less retur	ns					
			and allowances	10a					
		b	Less: cost of goods sold	10b					
		С	Net income or (loss) from sales of	nventory					
					Business Code				
Miscellaneous Revenue	11	а	MISCELLANEOUS REVENUE		900099	2,629.	2,629.		
nec		b				-			
ella		c							
Sci			All other revenue						
Σ			Total. Add lines 11a-11d			2,629.			
	12	_	Total revenue. See instructions			13,883,032.	9,789,430.	0.	177,952.
						, ,	. , , .		, ·

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Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 123,265. 123,265. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 6,760,333. 6,572,839. 187,494. Other salaries and wages 7 Pension plan accruals and contributions (include 449,778. 432,141. 17,637. section 401(k) and 403(b) employer contributions) $1,109,\overline{090}$ 1,065,600. 43,490. Other employee benefits 9 511,725. 491,659. 20,066. 10 Payroll taxes Fees for services (nonemployees): Management 4,857. 4,857. Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 944. 31,599. 30,655. column (A), amount, list line 11g expenses on Sch O.) 1,764. 1,764. Advertising and promotion 12 220,923. 205,964. 14,959. Office expenses 13 Information technology 14 15 Royalties 573,217. 590,490. 17,273. 16 Occupancy 276,896. 261,536. 15,360. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 9,335. 9,335. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 21,991. 21,334. 657. Depreciation, depletion, and amortization 22 326,765. 317,008. 9,757. 23 Other expenses. Itemize expenses not covered 24 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.) 1,250,317. 1,250,317. CONTRACT EMPLOYEES MISSOURI MATERNITY HOME 413,251. 413,251. 111,048. 111,321. 273. **EOUIPMENT RENTAL** 46,045. 46,045. FOOD SERVICE $128,7\overline{18}$. 76,283. 52,435. e All other expenses 12,388,463. 11,580,675. 394,537. 413,251. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

Part X | Balance Sheet

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or note	to any	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		293,615.	1	252,083	
	2	Savings and temporary cash investments			1,300,199.	2	988,903
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		889,265.	4	1,209,107	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualifi	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
ış	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		<u> </u>	11- 1-	8	
⋖	9	Prepaid expenses and deferred charges			117,653.	9	4,680
	10a	Land, buildings, and equipment: cost or other		1 505 005			
		basis. Complete Part VI of Schedule D	10a	1,585,905.	455 222		600 000
	b	Less: accumulated depreciation		886,066.	477,338.	10c	699,839
	11	Investments - publicly traded securities			1 066 000	11	2 060 500
	12	Investments - other securities. See Part IV, line 1			1,966,203.	12	3,060,702
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets	1 067 007	14	2 226 540		
	15	Other assets. See Part IV, line 11	1,867,907. 6,912,180.	15	2,336,549		
\dashv	16	Total assets. Add lines 1 through 15 (must equa			16	8,551,863	
	17	Accounts payable and accrued expenses	1,284,186.	17	1,054,604		
	18	Grants payable			18		
	19	Deferred revenue				19	
	20 21	Tax-exempt bond liabilities				20	
	22	Escrow or custodial account liability. Complete P Loans and other payables to any current or former				21	
les	22	trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these				22	
E	23	Secured mortgages and notes payable to unrelat				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines		1			
		of Schedule D	-	·	108,848.	25	110,229
	26	Total liabilities. Add lines 17 through 25			1,393,034.	26	1,164,833
		Organizations that follow FASB ASC 958, check			<i>'</i>		, ,
es		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			3,666,481.	27	5,217,611
Bal	28	Net assets with donor restrictions			1,852,665.	28	2,169,419
g u		Organizations that do not follow FASB ASC 95					
ᇎᅵ		and complete lines 29 through 33.					
S Q	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc	ome, c	or other funds		31	
Net	32	Total net assets or fund balances		5,519,146.	32	7,387,030	
·	33	Total liabilities and net assets/fund balances			6,912,180.	33	8,551,863 Form 990 (202

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
		.					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,883				
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,38				
3	Revenue less expenses. Subtract line 2 from line 1	1,49					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,51				
5	Net unrealized gains (losses) on investments	5	5	6,5	<u>64.</u>		
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	31	6 , 7.	51.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII	<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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits						
			Form	990	(2023)		

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SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

MBCH CHILDREN AND FAMILY MINISTRIES

Employer identification number

			AND FAMILY M					3-1948009				
Part I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions	S.					
The organ	nization is not a private found											
1												
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)											
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	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:											
5	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).											
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
	section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8	A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)								
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college				
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of t	the college	or				
	university:											
10 X	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from co	ontributior	ns, membershi	p fees, and	d gross receipts from				
	activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no i	more than	33 1/3% of its	support f	rom gross investment				
	income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.				
	See section 509(a)(2). (Co	mplete Part III.)										
11 🖳	An organization organized a	and operated exclusi	vely to test for public sa	fety.See	section 50	09(a)(4).						
12	An organization organized a	=	•	•			•					
	more publicly supported or	•						Check the box on				
	lines 12a through 12d that						-					
a		•			-							
	the supported organization			majority o	f the direc	tors or trustee	s of the su	upporting				
	organization. You must o											
b		•				-		-				
	control or management o			ame persoi	ns that co	ntrol or manag	e the supp	ported				
	organization(s). You mus							.i				
с	☐ Type III functionally inte	-					y integrate	ed with,				
	its supported organization		·									
d							-					
	that is not functionally int requirement (see instruct	-		•		-	an alterniv	/eness				
e	Check this box if the orga	•	•	•			I Type III					
c	functionally integrated, or					Type I, Type I	і, туре ііі					
f Ente	er the number of supported of	ranizations		ig organizi	ation.							
	vide the following information	•	ed organization(s).									
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other				
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)				
			,									
Total												

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Schedule A (Form 990) 2023 MBCH CHILDREN AND FAMILY MINISTRIES 43-1948009 Page 2

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 fails to qualify under the tests	d the box on line 5	5, 7, or 8 of Part I c	or if the organization			-
Sec	ction A. Public Support	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(5) 2020	(0) 2021	(4) 2022	(0) 2020	(i) rotar
•	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						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	•						
Э	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,						
	actume (f)						
_	· · · · · · · · · · · · · · · · · · ·						
	Public support. Subtract line 5 from line 4.						
		(a) 2010	(b) 2020	(a) 2021	(4) 2022	(a) 2022	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(I) TOTAL
	Amounts from line 4						
0	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.)						
	Total support. Add lines 7 through 10	ata (a				40	l
	Gross receipts from related activities,			fadb		12	
13	First 5 years. If the Form 990 is for the			•	-		
300	organization, check this box and stoperion C. Computation of Publi						
	Public support percentage for 2023 (I			column (f)\		14	
			•	* * * *		15	
	Public support percentage from 2022 33 1/3% support test - 2023. If the o						
IOa							
L	stop here. The organization qualifies		-			cor more check th	
a	33 1/3% support test - 2022. If the c			-4:			
47-	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test	_					
	and if the organization meets the fact				•	vi now the organiz	zation
	meets the facts-and-circumstances te	-			-		L
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the						_
	organization meets the facts-and-circu	imetances test Th	an arganization au	aution an a publich	cupported organi	zation	1

Schedule A (Form 990) 2023

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Sec	ction A. Public Support	elow, please comp	nete Part II.)					
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3283618.	3101713.	3570334.	3654979.		17526294.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	8505535.	8063859.	8885783.			43545167.	
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		4445555				54.0.54.4.54	
	Total. Add lines 1 through 5	11789153.	11165572.	12456117.	11958168.	13702451.	61071461.	
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
l	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	6183169.	6315315.	7118850.			34637152.	
C	Add lines 7a and 7b	6183169.	6315315.	7118850.	6914001.	8105817.	34637152.	
	Public support. (Subtract line 7c from line 6.)						26434309.	
	ction B. Total Support	1 1 2 2 2 2	# \ cccc		()) 0000	() 0000		
	ndar year (or fiscal year beginning in)	(a) 2019 11789153.	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	117,852.	97,445.		104,239.			
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	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	117,852.	97,445.	82,121.	104,239.	177,805.	579,462.	
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,375.	2,117.	8,654.	9,678.	2,776.	25,600.	
		11909380.			•			
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	ear as a section 5	U1(c)(3) organization	on,	
Sec	check this box and stop here ction C. Computation of Publi	ic Support Per	centage					
	Public support percentage for 2023 (I			column (f))		15	42.86 %	
	Public support percentage from 2022		•			16	44.17 %	
	ction D. Computation of Inves							
17	Investment income percentage for 20	023 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	.94 %	
	Investment income percentage from					18	.85 %	
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1		
b	more than 33 1/3%, check this box at 33 1/3% support tests - 2022. If the						ınd	
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

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Schedule A (Form 990) 2023

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "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?
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
3a		
3b		
3c		
4a		
15		
4b		
4c		
5a		
5b		
5c		
6		
7		
_		
8		
9a		
9b		
9c		
10a		
10b		
ule A (Forn	n 000)	2023

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Pai	LIV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily 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	tion I	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		the organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sect	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
		ustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
			1		
Sect	tion I	upported organization(s). D. All Type III Supporting Organizations	•		
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
		rganization maintained a close and continuous working relationship with the supported organization(s). Pason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	ficant voice in the organization's investment policies and in directing the use of the organization's			
	-	me or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		·	3		
Sect		orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
' a	Crieci	The organization satisfied the Activities Test. Complete line 2 below.			
b	H	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	H	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	.tation	ما	
2	Δctivi	ities Test. Answer lines 2a and 2b below.	struction	Yes	No
		substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined	2a		
h		hese activities constituted substantially all of its activities.	Za		
b		he activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in	QL-		
2		e activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or	0-		
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each	OL		
	ot its	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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I	CHILDREN	AND	FAMILY	MINISTRIES	43-1948009

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

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

d Excess from 2022 e Excess from 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

MBCH CHILDREN AND FAMILY MINISTRIES

Employer identification number 43-1948009

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Donor advised funds	(b) Funds and other accounts
1 2	Total number at end of year		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
Ū	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor o		
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ition or education) 🔲 Preservation o	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
С.	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included on line 2c acqu		
2	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
4	year Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
Ū	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	5 6 .		Ů,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Tracquires or O	thar Cimilar Assats
Pai			ther Sillilar Assets.
4-	Complete if the organization answered "Yes" on Form		and below as absorb control
па	If the organization elected, as permitted under FASB ASC 95	,	
	of art, historical treasures, or other similar assets held for put	· · · · · · · · · · · · · · · · · · ·	•
h	service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.	exhibition, education, or research in furt	nerance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	-	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023

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

	t III Organizations Maintaining Co	ollections of Art	t, Histo	orical Tre	asures, oi	r Other	Simila	r Assets	(continu	ued)
3	Using the organization's acquisition, accession	n, and other records	s, check	any of the f	ollowing that	make si	gnificant ı	use of its	,	
	collection items (check all that apply).									
а	Public exhibition	d		Loan or excl	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	During the year, did the organization solicit or	receive donations of	of art, his	storical treas	ures, or othe	r similar	assets			
	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arrang	gements Complet	te if the	organization	answered "	Yes" on F	orm 990	Part IV, li	ne 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an, or other intermed	diary for	contribution	s or other as	sets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a									
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						. 1e			
f	Ending balance									
2 a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	escrow or cu	stodial acco	unt liabili	ty?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds Complete if									
		(a) Current year		rior year	(c) Two year					years back
	Beginning of year balance	1,852,665.	2	,331,650.	2,082	2,222.	2,0	57,143.	1,	806,508.
b	Contributions									
	Net investment earnings, gains, and losses	316,755.	-	-478,985.	249	9,428.		25,079.	:	250,635.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance	2,169,420.		,852,665.	· · · · ·	L,650.	2,0	82,222.	2,	057,143.
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g	j, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
	Permanent endowment100	%								
С		%								
	The percentages on lines 2a, 2b, and 2c should be a sh	•								
За	Are there endowment funds not in the posses	ssion of the organiza	ition that	t are held an	id administer	ed for the	е		Г	Vaa Na
	organization by:								$\overline{}$	Yes No
	(i) Unrelated organizations?								- '/-	X
	(ii) Related organizations? If "Yes" on line 3a(ii), are the related organizations.			-lllD0					3a(ii)	A
									3b	
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipment		wment ii	urius.						
ı aı	Complete if the organization answered		Part IV	line 11a S	ee Form 990	Part X	line 10			
	Description of property	(a) Cost or o		(b) Cost			ccumulate	24	(d) Book	
	pescription of property	basis (investr		basis			oreciation	-u	(u) DOOK	value
10	Land	1 - 1 - 2			0,000.	401			293	,080.
	Land Buildings				2,946.		87,6	29.		,317.
D	Buildings			- 10	_ , , , , , ,		5, 70		543	, = 1 .
	Equipment	I		69	3,551.	F	532,1	09.	61	,442.
	Other	I			6,328.		L66,3			0.
	. Add lines 1a through 1e. (Column (d) must ed	•	Y line 1						699	,839.
iota	i / laa iii loa Ta ti i loagii Te. [Cojujiji jaj must et	<u>ļuai FUIIII 990, PAR J</u>	^. III e 10	oc. coluirin	(D))					, 0000

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 MBCH CHILDR	EN AND FAMILY	MINISTRIES	43-1948009 Page 3
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	3,060,702.	END-OF-YEAR MA	RKET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	3,060,702.		
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, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line	
	Description		(b) Book value
(1) SECURITY DEPOSITS			800.
(2) INVENTORY OF DONATED GOOD	S		19,511.
	SSETS HELD BY	OTHERS	2,169,420.
(4) DUE FROM AFFILIATES			146,818.
(5)			
(6)			
(7)			
(8)			

(1) SECURITY DEPOSITS	800.
(2) INVENTORY OF DONATED GOODS	19,511.
(3) BENEFICIAL INTERESTS IN ASSETS HELD BY OTHERS	2,169,420.
(4) DUE FROM AFFILIATES	146,818.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	2,336,549.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	110,229.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part V. line 25, col. (R))	110,229.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 MBCH CHILDREN AND FAMILY MI	INISTRIES	43-1948	009 Page
Pai	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per F	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
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 Stateme	ents With Expenses per	r Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
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; Part I 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit		e 4; Part X, line 2;	Part XI,
PAI	RT X, LINE 2:			
THE	ORGANIZATION IS EXEMPT FROM FEDERAL INCOM	E TAXES UNDER S	ECTION	
501	(C)(3) OF THE INTERNAL REVENUE CODE (THE "	CODE"), EXCEPT	ON UNREL	ATED
BUS	SINESS TAXABLE INCOME AS DEFINED IN THE COD	E. ACCORDINGLY,	THE	
ORG	SANIZATION FILES AS TAX EXEMPT ORGANIZATION	S.		
THE	ORGANIZATION FOLLOWS GUIDANCE ISSUED BY T	HE FASB ON ACCO	OUNTING F	OR
INC	COME TAXES AND HAS EVALUATED ITS TAX POSITI	ONS, EXPIRING S	STATUTES	OF

LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND 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 2020 AND LATER REMAIN SUBJECT TO EXAMINATION BY TAXING

Schedule D (Form 990) 2023	MBCH CHILDREN	AND	FAMILY	MINISTRIES	43-1948009 P	age 5
Schedule D (Form 990) 2023 Part XIII Supplemental Info	ormation (continued)					
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.

OMB No. 1545-0047

LULSOpen to Public

Inspection

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

Employer identification number	00000	and the selection		Form 990, Part IV, line 21, for any		
		the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		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		(f) Method of aluation (book, noncash assistance
		deligibility for the grants or		if the organization answere	,	> LL
		e, the grantees' eligibi	Jnited States.	ts. Complete if the c	needed.	nt of (e) Amount of noncash
CITY CIVITY		its or assistance, t	nt funds in the Uni	tic Governments.	ditional space is ne	(d) Amount of cash grant
TMTI.V MTNI			Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	tions and Domest	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	(c) IRC section (if applicable)
	,l	substantiate the a	edures for monitor	omestic Organiza	,000. Part II can be	(b) EIN
WRCH CHILDREN AND	General Information on Grants and Assistance	Does the organization maintain records to substantiate the amount of criteria used to award the grants or assistance?	ganization's proced	Assistance to Dor	ved more than \$5,0	organization t
	neral Information	organization mair	in Part IV the orga	ants and Other A	ipient that receive	1 (a) Name and address of organization or government
Name of the organization	Part I Gen	1 Does the c	2 Describe ir	Part II Grar	recik	1 (a) Name

Page 2

43-1948009

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) 2023

Part III

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part II, line 2; Part III, column (b); and any other additional information. THE BOARD APPROVED BUDGETS AND IS MONITORED THROUGH THE DETAILED FINANCIAL STATEMENTS (d) Amount of non-cash assistance 0 123,265. (c) Amount of cash grant IS DETERMINED BY (b) Number of recipients 1358 ASSISTANCE BETWEEN RELATED PARTIES DIRECT LIVING ASSISTANCE TO INDIVIDUALS (a) Type of grant or assistance LINE PART I,

Schedule I (Form 990) 2023 43 332102 11-01-23

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.

2020

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

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

MBCH CHILDREN AND FAMILY MINISTRIES

Employer identification number 43-1948009

P	art I Questions Regarding Compensation			
	art Questions negarating compensation		Yes	No
10	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		162	INO
Ia	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	Travel for companions Payments for business use of personal residence 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 Form 990 of other organizations 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		4a		Х
b		4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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		X
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:			
а		6a		X
b	Any related organization?	6b		X
	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		Х
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		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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.

		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) RUSSELL L. MARTIN	(E)		0	0	0	0		0
PRESIDENT/TREASURER	(ii)	181,515.	•0	• 0	• 0	64,369.	245,884.	• 0
	Ξ							
	▣							
	Ξ							
	(ii)							
	(j)							
	(ii)							
	(i)							
	€							
	(i)							
	€							
	Ξ							
	€							
	Ξ							
	(ii)							
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	<u>(i)</u>							
	(ii)							
	(j)							
	(ii)							
	(E)							
	<u> </u>							
	Ξ							
	(ii)							
							Schedu	Schedule J (Form 990) 2023

Schedule J (Form 990) 2023	n 990) 2023

SCHEDULE 0 (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.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 1948009

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
EXPENSES \$ 145,662. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
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

332211 11-14-23

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

2023.04030 MBCH CHILDREN AND FAMILY 30022.01

Schedule O (Form 990) 2023

09111003 781445 30022.004

Schedule O (Form 990) 2023	Page 2
Name of the organization MBCH CHILDREN AND FAMILY MINISTRIES	Employer identification number 43-1948009
COMPENSATION PACKAGES. THE ADMINISTRATIVE COMMITTEE RECEI	VED AND REVIEWED
COMPENSATION STUDIES FROM TWO INDEPENDENT SURVEYS AS WELL	AS REVIEWING
COMPENSATION FOR SENIOR EMPLOYEES OF LOCAL COMPARABLE AGEN	CIES.
FORM 990, PART VI, SECTION C, LINE 19:	
BY REQUEST.	
PART XII LINE 2C	
NO CHANGE FROM PRIOR YEAR.	

SCHEDULE R (Form 990)

Name of the organization

PartI

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

OMB No. 1545-0047

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

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

MBCH CHILDREN AND FAMILY MINISTRIES

Open to Public Inspection

Employer identification number 43-1948009

	(a)	(q)	(0)	(p)	(e)	(£)
	Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
	of disregarded entity		foreign country)			entity
II tro	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	ions. Complete if the organization ans	swered "Yes" on Form 990, Par	rt IV, line 34, becaus	e it had one or more r	elated tax-exempt

Part II organizations during the tax year.

(a)	(q)	(c)	(p)	(e)	(£)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(controlled	2(b)(13) lled
of related organization		foreign country)	section	status (if section	entity	entity?	1.5
				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			×
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		×
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		×
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	×	
Con Description And Motion on the House and the House for Englishment and Ton	000				2000 (000 min) I a clinbade	200	0000

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2023

43-1948009

MBCH CHILDREN AND FAMILY MINISTRIES

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(c)		(e)	(L)	(g) Section 512(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	controlled organization?
				501(c)(3))		Yes No
MISSOURI BAPTIST CONVENTION - 44-0559931						_
400 E. HIGH STREET	SERVE TOGETHER TO GROW					
JEFFERSON CITY, MO 65101-3215	GREAT COMMISSION CHURCHES	MISSOURI	501(C)(3)	LINE 1		×

MBCH CHILDREN AND FAMILY MINISTRIES

Schedule R (Form 990) 2023

Page 2

43-1948009

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

(k) Percentage	managing ownership partner?									
(j) eneral or	anaging artner?	Yes								
(i) Code V-UBI	amount in box m	K-1 (Form 1065) Y								
(h) Disproportionate	allocations?	Yes No								
	end-of-year									
	income									
(e) Predominant income	(related, unrelated, excluded from tax under	sections 512-514)								
(d) Direct controlling	entity									
(c)	(state or	country)								
(b) Primary activity	,									
(a) Name, address, and EIN	of related organization									

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. Part IV

2	.13) led ?	No								
(E)	512(b) contro entity	Yes								
<u>ج</u>	Percentage 512(b)(13) ownership controlled entity?									
	Share of end-of-year									
	Share of total income									
(e)	Type of entity (C corp, S corp,	OI tidat)								
(p)	Direct controlling entity									
(၁)	Legal domicile (state or foreign	country)								
(q)	Primary activity									
(a)	Name, address, and EIN of related organization									

332162 09-28-23

Schedule R (Form 990) 2023

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	2
1 During the tax year, did the organization engage in any of the following transactions	s with one or more re	transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	À			1 a		×
b Gift, grant, or capital contribution to related organization(s)				1 b	×	
c Gift, grant, or capital contribution from related organization(s)				10	×	
d Loans or loan guarantees to or for related organization(s)				10		×
				1e		×
						1
f Dividends from related organization(s)				; =		×
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				1h		×
				=		×
_				; =	×	
V lease of facilities equipment or other assets from related organization(s)				÷	×	
R Lease of racinities, equipment, or other assets not related organization (s)	nization(s)			€ ∓	1	×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			= =	×	:
	ion(s)			두	×	
				9	×	
p Reimbursement paid to related organization(s) for expenses				1 _p		×
q Reimbursement paid by related organization(s) for expenses				19		×
						1
 r Other transfer of cash or property to related organization(s) 				÷		×
s Other transfer of cash or property from related organization(s)				1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	vho must complete thi	s line, including covered r	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	ıvolved		
(1) MISSOURI BAPTIST CHILDREN'S HOME	ŭ	2,158,740.	CASH VALUE			
(2)						
(3)						
(4)						
(5)						
(9)						
332163 09-28-23	ļ		Scheduk	Schedule R (Form 990) 2023	(066	2023

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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.

e d	I		I	-	
(k) ercenta					990) 202
General or F managing partner?					
Gene D man					B B (i
(h) (i) (j) (k) Disproportional propertion and process to an expension allocations? Code V-UBI General or Percentage amount in box 20 partner? Percentage ownership partner? Yes No (Form 1065) Yes No					Schedule R (Form 990) 2023
(h) Disproportionate allocations?					
Disp tio allocs					
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all partners sec. 501(c)(3) orgs.? Yes No					
partin 501 Yes					
(d) Predominant income particulated, unrelated, excluded from tax under sections 512-514)					
(c) Legal domicile (state or foreign (country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service 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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. 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 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. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** 43-1948009 MBCH CHILDREN AND FAMILY MINISTRIES File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 11300 ST. CHARLES ROCK ROAD return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 63044-2793 BRIDGETON, MO Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of ANDY HELTON 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 . 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 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning _____ , 20 ____ , and ending __ If the tax year entered in line 1 is for less than 12 months, check reason: Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a 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. 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. Зс