

## OPEN TO PUBLIC INSPECTION

Anders Minkler Huber & Helm LLP

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Form <b>99</b>	0
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#### EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2023 Open to Public Inspection

	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						
A For the 2023 calendar year, or tax year beginning and ending							
	Check if pplicat	Dle: C Name or	organization		D Employer identific	ation number	
	Addr	ess MBCH	FOUNDATION				
F	Nam	e	usiness as		43-189278	35	
	Initia			Room/suite	E Telephone number		
	Final	1130	0 ST. CHARLES ROCK ROAD	nooni, ouno	314-739-6	5811	
	⊥returi termi ated	n	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,371,930.	
	Amer	nded DOTO	GETON, MO 63044-2793		H(a) Is this a group re		
	Appli		nd address of principal officer: RUSSELL L. MARTIN		for subordinates?		
	pend		ST. CHARLES ROCK ROAD, BRIDGETON,	MO	<b>H(b)</b> Are all subordinates inc		
1	Tax-e>	empt status:	X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) c	or 🗌 527	1	ist. See instructions	
J١	Nebs	ite: WWW .	MBCH.ORG		H(c) Group exemption	number	
Κ	<sup>=</sup> orm c	of organization:	X Corporation Trust Association Other	L Year	of formation: 2000 M	State of legal domicile: MO	
Pa	art I	Summary					
0	1	Briefly describ	e the organization's mission or most significant activities: $\underline{ ext{THE}}$ (	ORGANI	ZATION EXIST	S TO	
Governance		MANAGE	THE ENDOWMENT OF MBCH AND INVESTME	NT PRO	OPERTIES AND	RAISE	
erna	2	Check this bo	x if the organization discontinued its operations or dispos	ed of more	than 25% of its net asse		
ove	3					15	
	4		ependent voting members of the governing body (Part VI, line 1b)			15	
es 2	5		of individuals employed in calendar year 2023 (Part V, line 2a)			9	
Viti	6	Total number	of volunteers (estimate if necessary)			0	
Activities &	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12			0.	
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	·····		0.	
					Prior Year	Current Year	
e	8		and grants (Part VIII, line 1h)		72,668.	299,721.	
Revenue	9	•	ce revenue (Part VIII, line 2g)		1,017,113.	1,174,182.	
Bev	10		come (Part VIII, column (A), lines 3, 4, and 7d)		852,708.	878,633.	
_	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,309. 1,947,798.	7,615.	
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)			2,360,151.	
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		1,002,672.	818,121.	
	14		to or for members (Part IX, column (A), line 4)		458,824.	511,281.	
ses	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		458,824.	0.	
ens	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.	
Expenses			ng expenses (Part IX, column (D), line 25)	0.	252,328.	418,059.	
			es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,713,824.	1,747,461.	
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		233,974.	612,690.	
<u> </u>	19	Revenue less	expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year	
Net Assets or	20	Total accete (	Part X lina 16)		19,952,832.	20,920,004.	
Asse	20 21	Total assets (F	²art X, line 16) (Part X, line 26)	······	146,262.	101,348.	
Vet /	21		fund balances. Subtract line 21 from line 20	······	19,806,570.	20,818,656.	
	art II		Block			20,010,030.	
			I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of mv	knowledge and belief, it is	

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date					
-	RUSSELL L. MARTIN, PRESID	ENT							
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature	Date						
Paid	THOMAS S. HELM, JR.			self-employed P01342210					
Preparer	Firm's name ANDERS MINKLER HU	BER & HELM LLP		Firm's EIN 43-0831507					
Use Only	Firm's address 800 MARKET STREET	, SUITE 500							
ST. LOUIS, MO 63101-2501 Phone no. (314)655-5									
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2023) MBCH FOUNDATION	43-1892785 Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
•	THE ORGANIZATION EXISTS TO MANAGE THE ENDOWMENT OF	MBCH AND INVESTMENT
	PROPERTIES AND RAISE FUNDS FOR MISSOURI BAPTIST CHI	
		LUREN S HOME AND
	ITS AFFILIATES.	
2	Did the organization undertake any significant program services during the year which were not listed	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	services?
5		
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program se	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocatio	ns to others, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1, 501, 978. including grants of \$818, 121	• ) (Revenue \$ 1,181,797.
	ENDOWMENT MANAGEMENT AND DONOR DEVELOPMENT.	
41.		
4b	(Code:) (Expenses \$ including grants of \$	) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$	) (Revenue \$
A.1	Other preases an ices (Describe on Octoblue O)	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 1,501,978.	
		Form <b>990</b> (2023
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 Form 990 (2023)
 MBCH
 FOUNDATION

 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	37
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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		<u> </u>
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		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	<u>11a</u>	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		х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Δ	
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		x
Ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		- 21
u		11d		х
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12u	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		X
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		X
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
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Par	t IV Checklist of Required Schedules (continued)			
00	Did the experimentian report more than \$5,000 of grants or other equiptions to be for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
<b>2</b> 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	210		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29 20	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete	<u> </u>		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		<u> </u>
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	Ĺ
Par				
	Check if Schedule O contains a response or note to any line in this Part V		V	
19	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1	Yes	No
		Ď		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Par	t 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	2a	9		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	. 2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		. 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	. 3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	. 4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).	-		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac				X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	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 contribution				
	were not tax deductible?	0	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pavor	? <b>7</b> a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s required			
•	to file Form 8282?	•	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
a	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
Ŭ		by the	8		
9	Sponsoring organizations maintaining donor advised funds.				
	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b			. <u>0u</u> 9b		
10	Section 501(c)(7) organizations. Enter:				
 a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:	100	-		
	Gross income from members or shareholders	11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	110	-		
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
u	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		. 100		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
~	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
	Did the entry institution of the entry of the institution of the data of the territory of the second		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		·		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
10	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitios			
.,	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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						X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	1	5		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6	х	
	Did the organization have members, stockholders, or other persons who had the power to elect or ap			Ť		
74	more members of the governing body?			7a	x	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			10		
b				7b	x	
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the yea					
8		-	-	0-	x	
a	The governing body?			<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
<u>C</u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	
	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	s, affiliates,			
				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	re filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	_	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Y	′es," c	lescribe			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b		
	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 arrangen	nent w	vith a			
	taxable entity during the year?			16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			100		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-			
				16b		
Sec	exempt status with respect to such arrangements?			100		1
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>					
			T (contion $501(c)/3$		availa	blo
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar for public inspection. Indicate how you made these available. Check all that apply.	10 33(		is only	avalla	DIG
40				al #	aic	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	milCt	or interest policy, ar	ia finar	ICIAI	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks an	d records			
	ANDY HELTON - 314-739-6811					
	11300 ST. CHARLES ROCK ROAD, BRIDGETON, MO 63044-2	19	5		000	
332006	12-21-23			For	n <b>990</b>	(2023)
1 4 4	7 00 001445 20000 000				~ ~	
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Page **6** 

Form 990 (2			FOUNDATION		43-189278	
Part VI	Governance,	, Manager	nent, and Disclosure.	For each "Yes" response to lines 2 through	7b below, and for a "No	" response

09

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Form 990 (2023) MBCH FOUNDA	lion	43-1892785	Page 7
Part VII Compensation of Officers, Direct	ors, Trustees, Key Employees, Highe	est Compensated	
Employees, and Independent Co	ntractors		
Check if Schedule O contains a response of	r note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Emplo	yees, and Highest Compensated Employees		
<ul> <li>1a Complete this table for all persons required to be lis</li> <li>List all of the organization's current officers, dire</li> </ul>		s	

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)		(D) (E)		(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar I	id a d I	irecto	r/trus I	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		e	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yolqr	t con	_	1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RUSSELL MARTIN	2.00				-					
PRESIDENT	46.00	x		x				0.	181,515.	64,369.
(2) ANDY HELTON	2.00									
EXECUTIVE VP/ TREASURER	42.00	Х		Х				0.	103,111.	21,891.
(3) DAVID GAMACHE	2.00									
CHAIRMAN	2.00	Х		Х				0.	0.	0.
(4) AMY ARENS	2.00									
RECORDING SECRETARY	0.00	Х		X				0.	0.	0.
(5) REV. TIM ABANATHY	2.00									
TRUSTEE	0.00	Х						0.	0.	0.
(6) JIM BRANDENBURG	2.00									
TRUSTEE	0.00	Х						0.	0.	0.
(7) EUGENE BUTLER	2.00									
TRUSTEE	0.00	Х						0.	0.	0.
(8) CHUCK EASTER	2.00								0	
TRUSTEE	2.00	X						0.	0.	0.
(9) REV. JIMMY GENTRY	2.00								0	
TRUSTEE	4.00	X				<u> </u>		0.	0.	0.
(10) KEVIN HARDING	2.00								0	
	0.00	X				<u> </u>		0.	0.	0.
(11) BRENDA HIBBARD	2.00								0	
TRUSTEE	2.00	X						0.	0.	0.
(12) ARLEEN JACKSON	2.00							0	0	0
TRUSTEE	0.00	Х				-		0.	0.	0.
(13) REV. LANCE LONG TRUSTEE	2.00	x						0.	0.	
		A				<u> </u>		0.	0.	0.
(14) REV. BRIAN VEAL TRUSTEE	2.00	v						0.	0.	0.
(15) DEBBIE WALKER	2.00	Х	<u> </u>					0.	0.	<u> </u>
TRUSTEE	2.00	x						0.	0.	0.
INUSIAE	4.00					-	-	0.	0.	<u> </u>
		•								
		1								
	1	I				1	I	1		

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332007 12-21-23

Form 990 (2023)

#### 09211003 781445 30022.002

									43-1892	2 <b>785</b> Pa	ge <b>8</b>	
Par			oloy	ees,			ghes	t Co		· , ,	1	
	(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unles	ss per	ition more rson is	than c s both r/trust	an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount o other	
		(list any hours for related organizations below line)	hours for related built for related built for the for the for the for the			Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensat from the organizatio and relate organizatio	on ed
						K	e +					
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.00.00.	284,626. 0. 284,626.		0.
2	Total number of individuals (including but n compensation from the organization											0
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s	,	,			,	,	0		,	Yes 3	No X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" со	mple	ete S	Sche	edule	J fo	or such individual	-	4 X	
	rendered to the organization? If "Yes." com	-				-			-		5	Х
1	tion B. Independent Contractors Complete this table for your five highest contract the organization. Report compensation for the organization for the organi										ation from	
	(A) Name and business			ONE					(B) Description of s		<b>(C)</b> Compensation	
2	Total number of independent contractors (in \$100,000 of compensation from the organized or the transmission of transmission of the transmission of	0	ot lin	niteo	to t	thos C	se list )	ted	above) who received m	ore than		

332008 12-21-23

			CH FOUNDAT	ION			43-1892	785 Page 9
Pa	rt VI							
		Check if Schedule O	contains a respons	se or note to any lir	ne in this Part VIII (A)	(B)	(C)	D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
S II	1 -	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b Membership dues 1b				1			
ي ق		Fundraising events		39,867.				
ifts, r A		Related organizations		,				
, Bla	e	Government grants (conti						
Sir	f	All other contributions, gifts,						
buti		similar amounts not included	-	259,854.				
Đ trị	g	Noncash contributions included in		•				
Cor	h	<b>Total.</b> Add lines 1a-1f			299,721.			
				Business Code				
ė	2 a	CONTRACTUAL F	'EES - FUN	r 561499	1,174,182.	1,174,182.		
r vic	b							
Sel	c							
am	d							
Program Service Revenue	е	•		_				
Ъ	f	All other program service	revenue					
	g	Total. Add lines 2a-2f			1,174,182.			
	3	Investment income (inclue	ding dividends, int	erest, and				
					878,633.			878,633.
	4	Income from investment of	of tax-exempt bond	d proceeds				
	5	Royalties						
		(i) Real		(ii) Personal	-			
	6 a		6a		4			
	b	b Less: rental expenses 6b			-			
	c		6c					
		Net rental income or (loss		- (") Oll				
	7 a	Gross amount from sales of	(i) Securitie	s (ii) Other	-			
		assets other than inventory	7a		-			
0	b	Less: cost or other basis						
venue		and sales expenses	7b 7c		-			
eve		Gain or (loss)						
er Re		Net gain or (loss)     Gross income from fundraisi	Г					
Other	0 4	including \$39						
0		contributions reported on						
		Part IV, line 18		8a 11,779.				
	h			8b 11,779.				
		Net income or (loss) from	····· L		0.			
		Gross income from gamir						
		Part IV, line 19	-	9a				
	b	Less: direct expenses		9b				
		Net income or (loss) from						
		Gross sales of inventory,	F					
		and allowances		10a				
	b	Less: cost of goods sold		10b				
	c	Net income or (loss) from	sales of inventory					
S				Business Code				
noc e	11 a	MISCELLANEOUS	5 INCOME	900099	7,615.	7,615.		
ane	b	)		_				
Miscellaneous Revenue	c			_				
Mis	C	All other revenue						
		Total. Add lines 11a-11d			7,615.	1 101 707	0	070 (22)
	12	Total revenue. See instruction	ons		2,360,151.	μ,⊥о⊥,/9/.	0.	
33200	9 12-2	1-23						Form <b>990</b> (2023)

MBCH FOUNDATION

Check if Schedule O contains a respons not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	<u>e or note to any line in t</u> (A) Total expenses	this Part IX (B) Program service	(C)	
3b, 9b, and 10b of Part VIII.         Grants and other assistance to domestic organizations         and demostic assistance See Dett IV, line 21	Total expenses			
and domastic governments. Cas Dart IV line 01		expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
	818,121.	818,121.		
Grants and other assistance to domestic 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,				
Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
Other salaries and wages	438,054.	268,457.	169,597.	
Pension plan accruals and contributions (include				
	42,659.	29.302.	13.357.	
	30,568.			
Management				
Professional fundraising services. See Part IV, line 17 Investment management fees				
Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch 0.)				
Advertising and promotion				
Office expenses		25,042.		
Information technology	20,284.		20,284.	
Royalties				
Occupancy				
Travel	78,133.	78,133.		
Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
Conferences, conventions, and meetings	3,139.		3,139.	
Interest				
	1 011		1 014	
		10 505		
	25,171.	12,585.	12,586.	
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)	24 405	24 405		
		4,/02.	2 0 0 7	
		1 0 2 2		
· · · · · · · · · · · · · · · · · · ·				C
-	<u>т,/4/,401</u> .	-8/8,1UC,1	443,403.	<u>(</u>
Joint costs. Complete this line only if the organization				
	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) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),	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)         Other salaries and wages       438,054.         Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)       42,659.         Payroll taxes       30,568.         Fees for services (nonemployees):       42,659.         Management       Legal         Legal       20,284.         Accounting       569.         Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)       126,498.         Advertising and promotion       80,813.         Office expenses       35,569.         Information technology       20,284.         Royalties       6,0000.         Coupency       6,000.         Travel       78,133.         Payments of travel or entertainment expenses for any federal, state, or local public officials       25,171.         Other expenses. Itemize expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)       24,495.         <	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 of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation at an ontributions (include section 401k) and 403(b) employer contributions) Other employee benefits Depresons described in section 4958(c)(3)(B) Other services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch OJ Advertising and promotion Office expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance DOther Ust Mittel 19 (11, 21, 2585. Other expenses, Itemize expenses not covered above, (List miscellaneous expenses on Scholue) Dother spenses, Itemize expenses not covered above, (List miscellaneous expenses on Scholue) DONOR DEVELOPMENT All other expenses. Add lines 1 through 24e Diffice 24 amount (A), amount, list line 24e expenses on Scholue (A). SQUIT PMENT RENTAL DONOR DEVELOPMENT All other expenses. Add lines 1 through 24e	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 of included above to disgualified persons (as defined under section 4958(r)(11) and persons described in section 4958(r)(11) and persons described in section 4958(r)(13) and persons described in section 4958(r)(14) and accounting Lebdying Professional functialing services. See Part IV, line 17 Investment management fees Deter: (If line 11g arount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch C), Advertising and permotion Occupancy Travel Payments to artifiates Depreciation, depletion, and amortization Insurance Detre despenses on line 24, if line 24e anount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedul (A), advertising and meetings Interest Payments to artifiates Depreciation, depletion, and amortization Insurance Detre LOPMENT APPEALS ALL OTHER All there expenses Tetal functional expenses Add lines 1 through 24e

332010 12-21-23

Check here

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reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

#### MBCH FOUNDATION Part X Balance Sheet

Form 990 (2023)

		Check if Schedule O contains a response or note	e to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			306,587.	1	118,110.
	2	Savings and temporary cash investments			22,184.	2	22,645.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			197,262.	4	203,925.
	5	Loans and other receivables from any current or			- , -		
	-	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disgualif	•	F		-	
	-	under section 4958(f)(1)), and persons described	•	,		6	
	7	Notes and loans receivable, net		E E E E E E E E E E E E E E E E E E E		7	
Assets	8	Inventories for sale or use				8	
As	9				6,994.	9	1,700.
		Land, buildings, and equipment: cost or other	I		• / • • • •	Ŭ	
	iou	basis. Complete Part VI of Schedule D	10a	77,030.			
	h	Less: accumulated depreciation		18,411.	53,500.	10c	58,619.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			19,197,388.	12	20,246,089.
	13	Investments - program-related. See Part IV, line 1		E E E E E E E E E E E E E E E E E E E		13	
	14	Intangible assets		I		14	
	15	Other assets. See Part IV, line 11	168,917.	15	268,916.		
	16	Total assets. Add lines 1 through 15 (must equa			19,952,832.	16	20,920,004.
	17	Accounts payable and accrued expenses			146,262.	17	101,348.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F		I		21	
	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
lide		controlled entity or family member of any of thes				22	
Ē	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pay		Г			
		parties, and other liabilities not included on lines					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			146,262.	26	101,348.
		Organizations that follow FASB ASC 958, che	ck here	X			
Ses		and complete lines 27, 28, 32, and 33.					
ano	27	Net assets without donor restrictions			19,781,570.	27	20,793,656.
Ba	28	Net assets with donor restrictions			25,000.	28	25,000.
pu		Organizations that do not follow FASB ASC 9	58, che	ck here			
Ë.		and complete lines 29 through 33.					
s o	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq	uipmen	t fund		30	
As	31	Retained earnings, endowment, accumulated ind	come, o	r other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			19,806,570.	32	20,818,656.
	33	Total liabilities and net assets/fund balances			19,952,832.	33	20,920,004.

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

Form 990 (2023)

	990 (2023) MBCH FOUNDATION	43-1	892785	Pag	<sub>le</sub> 12		
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	2,360				
2	Total expenses (must equal Part IX, column (A), line 25)	2	<u>1,74</u> 7 612				
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	19,806	-			
5	Net unrealized gains (losses) on investments	5	399	, 39	96.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		00 01 0				
De	column (B))	10	20,818	,65	<u>, 6 .</u>		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		I		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		2a		х		
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			77			
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			<b>v</b>			
	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 Sch	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				77		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	., 000			

Form **990** (2023)

332012 12-21-23

**SCHEDULE A** 

Department of the Treasury Internal Revenue Service

(Form 990)

### Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047
	2023
	Open to Public Inspection
-	

Name of the	organization
-------------	--------------

Name of the organization		-					identification number	
	I FOUNDATIO						3-1892785	
Part I Reason for Public	Charity Status.	(All organizations must c	complete th	nis part.) S	see instruction	S.		
The organization is not a private foun	dation because it is: (I	For lines 1 through 12, c	heck only	one box.)				
1 A church, convention of c	hurches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)( <sup>-</sup>	1)(A)(i).			
2 A school described in sec	tion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)					
<b>3</b> A hospital or a cooperative	e hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).			
4 A medical research organi	zation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,	
city, and state:								
5 An organization operated	for the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental ur	nit describe	ed in	
section 170(b)(1)(A)(iv).	Complete Part II.)							
6 A federal, state, or local go	overnment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7 An organization that norm	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).			-					
8 A community trust describ		(1)(A)(vi). (Complete Par	t II.)					
9 An agricultural research o				ed in coniu	unction with a	land-arant	colleae	
or university or a non-land								
university:	5 5 5			j	,	5		
<b>10</b> An organization that norm	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns. membershi	p fees, and	d aross receipts from	
activities related to its exe	, ,						•	
income and unrelated bus								
See section 509(a)(2). (Co		(					,	
<b>11</b> An organization organized		velv to test for public sa	fetv. See	section 50	09(a)(4).			
12 X An organization organized	•					rv out the	purposes of one or	
more publicly supported of	-	•	-			-		
lines 12a through 12d that	-							
a X Type I. A supporting or							aivina	
the supported organizat								
organization. You must			indjointy c				ipporting	
<b>b Type II.</b> A supporting or	-		tion with it	s sunnorte	ad organization	n(s) by hav	ina	
control or management	•				•		-	
organization(s). You mu					inter of manag			
c Type III functionally int	-		in connect	tion with	and functional	v integrate	d with	
its supported organizatio						y integrate	a with,	
d Type III non-functional	.,	•				ted organiz	ration(s)	
that is not functionally ir								
requirement (see instruc			•		-	anattentiv	01033	
e X Check this box if the org	,	•				I Type III		
functionally integrated, of					турсі, турсі	i, iype iii		
f Enter the number of supported		, , , , , , , , , , , , , , , , , , , ,	0 0				2	
g Provide the following information	• • • • • • • • • • • • • • • • • • • •	d organization(s)						
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other	
organization		(described on lines 1-10	Yes	ng document?	support (see in	structions)	support (see instructions)	
MISSOURI BAPTIST	1	above (see instructions))	103					
CHILDREN'S HOME	43-0697046	7	x		798	,202.		
MBCH CHILDREN AND	45 0057040	,			150	, 202.		
FAMILY MINISTRIES	43-1948009	10	x		19	,919.		
	10 19 19 10 00 0 0	<u></u>				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
					818	,121.	0.	
Total	Notice and the last	wustiene fer Ferm 000				/ ± 41 ± •	dulo A (Form 000) 2022	

Schedule A	Form	990	202
Schedule A		000	1 2021

MBCH FOUNDATION

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

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
-	column (f)						
	Public support. Subtract line 5 from line 4. ction B. Total Support						
		() 0010	(1) 0000	() 0001	( 1) 0000	( ) 0000	(0, 7, 1, 1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
•	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	• • • • • • • • • •	etc. (see instruction	ns)			12	
	First 5 years. If the Form 990 is for th					·	
	organization, check this box and <b>sto</b>	0		-			
Se	ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		14	%
	Public support percentage from 2022		•			15	%
	33 1/3% support test - 2023. If the					nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱			
b	33 1/3% support test - 2022. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual	lifies as a publicly :	supported organiz	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	e <b>re.</b> Explain in Part	VI how the organi	zation
	meets the facts-and-circumstances te	st. The organizatio	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances test	: - 2022. If the orc	anization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	eck this box and s	<b>stop here.</b> Explain	in Part VI how the	
	organization meets the facts-and-circl	umstances test. Th	ne organization qu	alifies as a publicly	y supported organi	zation	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s
						Schedule A	(Form 990) 2023

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Schedule A	Form	990)	2023

MBCH FOUNDATION

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		1	-			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 202	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support	-	•	÷		·	· · · ·
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 202	3 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)				İ		
	<b>First 5 years.</b> If the Form 990 is for the	ne organization's fi	rst, second, third.	fourth, or fifth tax	year as a section	501(c)(3) orga	inization,
	check this box and stop here	0		-			·
Sec	ction C. Computation of Publi	ic Support Per	centage				
	Public support percentage for 2023 (I			column (f))		15	%
16	Public support percentage from 2022	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Invest					<u> </u>	
17	Investment income percentage for 20	023 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a	<b>33 1/3% support tests - 2023.</b> If the	organization did r				33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a						
b	<b>33 1/3% support tests - 2022.</b> If the						
	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization						
33202	23 12-21-23						dule A (Form 990) 2023
			16	5			- •

<sup>2023.04030</sup> MBCH FOUNDATION

Yes No

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1

2

3a

3b

3c

4a

4b

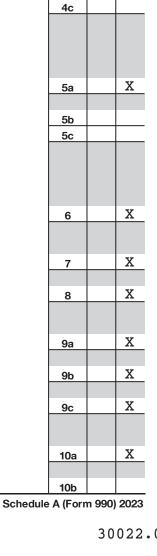
#### Part IV Supporting Organizations

(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")? // "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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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	(Form 990) 2023	-	FOUNDATION
Part IV	Supporting Or	ganizations (	continued)

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Yes No

Yes No

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1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described on line 11a above?	11b		Х
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		Х
Sec	tion B. Type I Supporting Organizations	_		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization</i> (s) <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i>			

organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

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

Section D. All Type III Supporting Organizations	

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

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

с		The organization supported a governmental entity.	Describe in Part VI how y	you supported a governmental e	ntity (see instruction <u>s).</u>
---	--	---	---------------------------	--------------------------------	-----------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

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

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

2a 2b 3a 3b

Schedule A (Form 990) 2023

Yes No

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Sche	dule A (Form 990) 2023 MBCH FOUNDATION			43-1892785 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 ( explain ir	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		,	
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	y integrat	ed Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2023

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e Excess from 2023

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

MBCH FOUNDATION

Schedule A (Form 990) 2023

			loonana	100)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
c	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				

Schedule A (Form 990) 2023

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### SCHEDULE A, PART IV, SECTION B, QUESTION 1

#### ALL POWERS TO APPOINT AND/OR REMOVE DIRECTORS ARE ALLOCATED TO THE

MISSOURI BAPTIST CHILDREN'S HOME.

Schedule A (Form 990) 2023

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SCHEDULE D	)
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Part I

#### **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.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

#### Name of the organization MBCH FOUNDATION

Employer identification number 43 - 1892785

MBCH FOUNDATION	43-1092/05
Organizations Maintaining Donor Advised Funds or Other Similar Funds or Ac	counts. Complete if the
organization answered "Yes" on Form 990, Part IV, line 6.	

	organization answered "Yes" on Form 990, Part IV, lin	e 6.					
		(a) Donor ad	vised funds	<b>(b)</b> Fu	nds and oth	er accour	nts
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	writing that the asset	s held in donor advis	sed funds			
	are the organization's property, subject to the organization's	exclusive legal contro	ol?			Yes	No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing tha	t grant funds can be	used only			
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or fo	r any other purpose	conferring			
_	impermissible private benefit?					Yes	No
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						
	Preservation of land for public use (for example, recrea	tion or education)	Preservation o				
	Protection of natural habitat		Preservation o	f a certified h	istoric struc	ture	
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation con	tribution in the form	of a conserva	Held at the		
	day of the tax year.						Tax real
	Total number of conservation easements						
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic stru	ucture included on lin					
C d				<u>2c</u>			
d	Number of conservation easements included on line 2c acqu on a historic structure listed in the National Register			2d			
3	Number of conservation easements modified, transferred, rel				during the	tax	
Ū	year	casca, extinguishea,	or terminated by the	organization	r during the	lan	
4	Number of states where property subject to conservation eas	sement is located					
5	Does the organization have a written policy regarding the per		pection, handling of				
	violations, and enforcement of the conservation easements it		· · · · · · · · · · · · · · · · ·			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,					ng the ye	ar
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	d enforcing conserva	tion easemer	nts during th	ie year	
8	Does each conservation easement reported on line 2d above	satisfy the requirem	ents of section 170(h	n)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?					Yes	No No
9	In Part XIII, describe how the organization reports conservation		•				
	balance sheet, and include, if applicable, the text of the footr	note to the organization	on's financial statem	ents that des	cribes the		
Dar	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical		thar Simila	ar Accate		
1 01	Complete if the organization answered "Yes" on Form	-			II ASSELS	•	
10	If the organization elected, as permitted under FASB ASC 95		rovonuo statomont a	and balanco c	boot works		
Ia	of art, historical treasures, or other similar assets held for put						
	service, provide in Part XIII the text of the footnote to its finar				public		
b	If the organization elected, as permitted under FASB ASC 95				t works of		
	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items.		,			,	
	(i) Revenue included on Form 990, Part VIII, line 1				\$		
2	If the organization received or held works of art, historical tre						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1	-			\$		
	Assets included in Form 990, Part X				\$		
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.			Schedule	D (Form	990) 2023
332051	09-28-23						
		2.2					

2023.04030 MBCH FOUNDATION

Sche	dule D (Form 990) 2023 MBCH FOU					43-18	92785	D P	age <b>2</b>
Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Oth	er Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant u	use of its			
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ex	empt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	art, historical treas	sures, or other simil	ar assets				
	to be sold to raise funds rather than to be ma	intained as part of th	e organization's col	llection?			Yes		No
Par	t IV Escrow and Custodial Arrang	jements Complete	e if the organization	answered "Yes" of	n Form 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 intermedi	ary for contribution	s or other assets no	ot included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:						
							Amount	t	
с	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for escrow or cu	istodial account liat	oility?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds Complete if								
	-	(a) Current year	(b) Prior year	(c) Two years back				-	
<b>1</b> a	Beginning of year balance	19,806,570.	20,297,297.	18,933,103		60,247.	16,		267.
b	Contributions	299,721.	72,668.	62,771		30,706.		,	870.
С	Net investment earnings, gains, and losses	2,199,176.	1,150,429.	2,953,763	. 1,5	65,374.	3,	716,	223.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	1,501,978.	1,491,511.	1,303,909	· · ·	02,076.	1,		176.
f	Administrative expenses	245,843.	222,313.	348,431	-	21,148.		,	937.
g	End of year balance	20,557,646.	19,806,570.	20,297,297	. 18,9	33,103.	18,	960,	247.
2	Provide the estimated percentage of the curre		(line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment	97.0000	_%						
b	Permanent endowment 3.0000	%							
С	Term endowment	6							
	The percentages on lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the posses	sion of the organizat	ion that are held ar	d administered for	the		r		
	organization by:							Yes	No
	(i) Unrelated organizations?						3a(i)	Х	
							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	d on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		ment funds.						
Pai	t VI Land, Buildings, and Equipme								
	Complete if the organization answered	I "Yes" on Form 990,							
	Description of property	(a) Cost or ot	• •		Accumulate		(d) Bool	k valu	е
		basis (investm	,	. ,	lepreciation				00
1a	Land			5,000.	10 4	1 1			00.
b	Buildings		6	2,030.	18,4	±±•	4.	5,6	19.
	Leasehold improvements								
d	Equipment								
-	Other								10
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X	, line 10c, column	<u>(B))</u>					19.
						Schedule	D (Form	1 990)	2023

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Dout VII			a miti a a
Schedule D	(Form 990) 202	23 MBCH	I FOUNDATION

	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. See Form 990, Part X,	line 12.	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuatio	n: Cost or end	of-year market value
1) Financia	al derivatives				
2) Closely	held equity interests				
3) Other					
(A) SE	CURITIES HELD BY				
(B) <b>MI</b>	SSOURI BAPTIST				
(C) <b>FO</b>	UNDATION	20,246,089.	END-OF-YEAR	MARKET	VALUE
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, line 12, col. (B))	20,246,089.			
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1			
	(a) Description of investment	(b) Book value	(c) Method of valuatio	n: Cost or end	of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Part IX	b) must equal Form 990, Part X, line 13, col. (B)) Other Assets Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1d. See Form 990, Part X,	line 15.	
	(a) [	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, line 15, col.	(B))			
Part X	Other Liabilities				
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, F	Part X, line 25.	
1.	(a) Description of liability				(b) Book value
(1) Fed	leral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(7)					
(3) (4) (5)					

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

Schedule D (Form 990) 2023

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X

Sche	dule D (Form 990) 2023 MBCH FOUNDATION		43-1892785 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d			
е	Add lines <b>2a</b> through <b>2d</b>		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,		
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Exper	nses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	<u>8.</u> )	
Pa	rt XIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART V, LINE 4:

#### TO SUPPORT OPERATIONS OF MISSOURI BAPTIST CHILDREN'S HOME AND ITS

AFFILIATES.

PART X, LINE 2:

THE ORGANIZATION AND AFFILIATES ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE"), EXCEPT ON NET

INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES AS DEFINED IN THE CODE.

#### ACCORDINGLY, THE ORGANIZATION AND AFFILIATES FILE AS TAX EXEMPT

#### ORGANIZATIONS.

THE	ORGANIZATION	AND	AFFILIATES	FOLLOWS	GUIDAI	NCE I	SSUED	BY	THE	FASB	ON	_
332054 0	09-28-23								Sc	hedule D	(Form 990) 2023	5
				25								
0921100	03 781445 300	22.00	)2	2023.	04030	MBCH	FOUND	ATI	ON		30022	.01

Schedule D (Form 990) 2023 MBCH FOUNDATION	43-1892785 Page 5
Part XIII Supplemental Information (continued)	
ACCOUNTING FOR INCOME TAXES AND HAS EVALUATED ITS TAX P	OSITIONS, EXPIRING
STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS,	CHANGES IN TAX LAW
AND NEW AUTHORITATIVE RULINGS, AND BELIEVES THAT NO PRO	VISION FOR INCOME
TAXES IS NECESSARY TO COVER ANY UNCERTAIN TAX POSITIONS	. THE ORGANIZATION
AND AFFILIATES' RETURNS FOR TAX YEARS 2020 AND LATER RE	MAIN SUBJECT TO
EXAMINATION BY TAXING AUTHORITIES.	

Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on				r <b>19</b> ,	or if the	2023
	o	organization entered more than \$15 Attach to Form 990 o						
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/Form990 for instruct				ı.		Open to Public Inspection
Name of the organization		U						entification number
		UNDATION					43-1892	
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ne 1	7. Form 990-E2	filers are not
<ol> <li>Indicate whether th         <ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> </ul> </li> <li>2 a Did the organization key employees list</li> </ol>	e organization rais ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	ed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursus	ion of ion of fundra (includ	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Yes	
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have c or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is (	exempt from re	gistration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

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

			(b) Event #2 BRANSON DINNER THEAT	(c) Other events	<b>(d)</b> Total events (add col. <b>(a)</b> through
		(event type)	(event type)	(total number)	col. <b>(c)</b> )
שמעם וחם	1 Gross receipts	13,285.	27,790.	10,571.	51,646
-	2 Less: Contributions	11,497.	24,778.	3,592.	39,867
	<b>3</b> Gross income (line 1 minus line 2)	1,788.	3,012.	6,979.	11,779
	4 Cash prizes				
	5 Noncash prizes				
101120	6 Rent/facility costs				
nireut Experises	7 Food and beverages				
اد	8 Entertainment	4 = 0.0	3,012.	6,979.	11,779
	<ul><li>9 Other direct expenses</li></ul>		· · · ·		11,779
	11 Net income summary. Subtract line 10 from li				0
a	ITT III Gaming. Complete if the organization a				
_	\$15,000 on Form 990-EZ, line 6a.		· · · · · ·		
שמושמע		<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
2	1 Gross revenue				
0	2 Cash prizes				
nireut Experises	3 Noncash prizes				
	4 Rent/facility costs				
1	5 Other direct expenses				
	6 Volunteer labor	Yes %	└── Yes % └── No	└── Yes % └── No	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)			
	Enter the state(s) in which the organization condu				
	In the exercise tion linear and the exercise the second se	suvilies in each of these s			Yes N
а	Is the organization licensed to conduct gaming ac If "No," explain:				
a b	If "No," explain:				
a b a		voked, suspended, or te		ear?	Yes N

332082 09-13-23

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	MBCH	FOUNDATION	43-1892785 Page 3
11	Does the organization conduct ga	ming activ	ties with nonmembers?	Yes No
			rustee of a trust, or a member of a partnership or other entity formed	
	to administer charitable gaming?			YesNo
13	Indicate the percentage of gaming			
а	The organization's facility			
14	Enter the name and address of th	e person w	ho prepares the organization's gaming/special events books and recor	ds:
	Name			
15 2		tract with a	third party from whom the organization receives gaming revenue?	Yes No
154	Does the organization have a con		and party norm whom the organization receives gaming revenue?	
b	If "Yes," enter the amount of gam	ina revenu	e received by the organization \$ and the an	nount
	of gaming revenue retained by the			
с	If "Yes," enter name and address	-		
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Coming monoger companyation	¢		
	Gaming manager compensation	\$		
	Description of services provided			
	Director/officer	Emp	oyee Independent contractor	
17	Mandatory distributions:			
а	Is the organization required under	state law	o make charitable distributions from the gaming proceeds to	
	retain the state gaming license?			Yes No
b			nder state law to be distributed to other exempt organizations or spent	in the
Da	organization's own exempt activit rt IV Supplemental Infor			
га			Provide the explanations required by Part I, line 2b, columns (iii) and (v)	; and Part III, lines 9, 9b, 10b,
	150, 15C, 16, and 17D, as	аррисари	. Also provide any additional information. See instructions.	
33208	33 09-13-23			Schedule G (Form 990) 2023
			29	

Part IV	Supplemental Information (continued)	
332084 04-01-		Schedule G (Form 990)

09211003 781445 30022.002

SCHEDULE I (Form 990)		GOV Comple	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States <sup>Complete if</sup> the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	I Other Assistance to Organizations, :s, and Individuals in the United States nization answered "Yes" on Form 990, Part IV, line 21 or 2	e to Organi s in the Unit on Form 990, Part	zations, ed States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs.	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	990. :he latest informa	tion.		Open to Public Inspection
Ę.	tion MBCH FOUNDATION	ION						Employer identification number 43 – 1892785
Ե	General Information on Grants and Assistance	sistance						
1 Does the organiz	Does the organization maintain records to substantiate the amount of the	stantiate the a		or assistance, the g	rantees' eligibility 1	for the grants or assis	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	 ۲۰۰۷
<ul> <li>Criteria used to a</li> <li>Describe in Part</li> </ul>	criteria used to award the grants of assistance / Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	r As for monito	ring the use of grant fi	inds in the United	States			
art II	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	stic Organiza	ations and Domestic	if additional space is needed.	omplete if the orga d.	nization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and ac	<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	<b>(d)</b> Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MBCH CHILDREN AND FAMILY MINISTRIES - 11300 ST. CI ROCK ROAD - BRIDGETON, M 63044-2793	HARLES	43-1948009 <u>5</u>	501 (C) (3)	19,919.				ORGANIZATION ASSISTANCE
MISSOURI BAPTIST CHILDREN'S HOME 11300 ST. CHARLES ROCK ROAD BRIDGETON, MO 63044-2793		43-0697046	501 (C) (3)	798,202.	.0			ORGANIZATION ASSISTANCE
2 Enter total numb 3 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	ernment org: in the line 1	anizations listed in the	line 1 table	-			3.
For Paperwork Reduc	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ructions for	Form 990.					Schedule I (Form 990) 2023

LHA 332101 11-01-23

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Schedule I (Form 990) 2023 MBCH FOUNDATION	_				43-1892785 Page 2
Part III 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.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
PART I, LINE 2:					
ASSISTANCE BETWEEN RELATED PARTIES	IS	DETERMINED BY T	THE BOARD A	APPROVED	
BUDGETS AND IS MONITORED THROUGH THE DETAILED	HE DETAIL	ED FINANCI	FINANCIAL STATEMENTS.	NTS.	
332102 11-01-23					Schedule I (Form 990) 2023

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SC	HEDULE J	Compensation Information		OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highes		20	99	
		Compensated Employees	22	20	<b>Z</b> J	
Dena	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line Attach to Form 990.	.3.	Open to		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information			ection	
Nan	e of the organization			r identificati		mber
		MBCH FOUNDATION	43-	-189278	5	
Ра	rt I Question	s Regarding Compensation				
_					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on F	ərm 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation				
		spending account Personal services (such as maid, cha	Iffeur, chet)			
Ŀ	If any of the here-	on line to ave shealed, did the exemination follows a written a line results are shealed				
D	2	on line 1a are checked, did the organization follow a written policy regarding payment or		41.	x	
0	•	provision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		<u> </u>
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all director	•	2		x
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?				
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organizat	on's			
Ŭ		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.	221101110			
	Compensation					
	·	compensation consultant Compensation survey or study				
	·	ther organizations Approval by the board or compensation	on committee			
			JI 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 re					
а	0	e payment or change-of-control payment?		4a		X
b		eive payment from a supplemental nonqualified retirement plan?		41		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4.		X
		nes 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 of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compen-	ation			
	contingent on the r	evenues of:				
а	The organization?			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compen-	ation			
	contingent on the n	et earnings of:				
а	The organization?			<u>6a</u>		X
		ation?				X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed paym				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	to the			
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?	<u></u>	9		
For	Paperwork Reducti	ion Act Notice, see the Instructions for Form 990.	Sch	edule J (Fori	n 990	) 2023

LHA 332111 11-06-23

09211003 781445 30022.002

Schedule J (Form 990) 2023 MBCH	FO	MBCH FOUNDATION			43-1892785	785		Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed	mplo	vees, and Highest C	ompensated Empl	oyees. Use duplica	e copies if additional s	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.	be rel	oorted on Schedule J 990, Part VII.	, report compensati	on from the organize	ttion on row (i) and fror	m related organization	s, described in the instr	uctions, on row (ii).
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.	ed inc	dividual must equal th	e total amount of Fo	orm 990, Part VII, Se	ction A, line 1a, applic	able column (D) and (I	E) amounts for that indi	vidual.
		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(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 MARTIN	9	.0	.0	•0	.0	•0	0.	.0
PRESIDENT		181,515.	.0	•0	•0	64,369.	245,88	.0
	(i)							
	93							
	Ξ							
	(ii)							
	(i)							
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							Schedu	Schedule J (Form 990) 2023

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Schedule J (Form 990) 2023 MBCH FOUNDATION	43-1892785 Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	this part for any additional information.
	Schedule J (Form 990) 2023

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SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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. 2023 Open to Public Inspection Employer identification number

43-1892785

OMB No. 1545-0047

MBCH FOUNDATION

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

FUNDS FOR MISSOURI BAPTIST CHILDREN'S HOME AND ITS AFFILIATES.

FORM 990, PART VI, SECTION A, LINE 6:

MISSOURI BAPTIST CHILDREN'S HOME HAS THE RIGHT TO APPOINT THE BOARD OF

TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 7A:

MISSOURI BAPTIST CHILDREN'S HOME'S BOARD MEMBERS APPROVE THE MEMBERS OF THE BOARD.

FORM 990, PART VI, SECTION A, LINE 7B:

THE BOARD OF MISSOURI BAPTIST CHILDREN'S HOME APPROVES THE BUDGET OF THE

FOUNDATION.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION SENT OUT A COPY OF THE 990 TO ITS BOARD OF TRUSTEES VIA

E-MAIL BEFORE IT WAS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE CONFLICTS

OF INTERESTS ANNUALLY.

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

THE ADMINISTRATIVE COMMITTEE REVIEWS AND MAKES RECOMMENDATIONS REGARDING

 COMPENSATION PACKAGES.
 THE ADMINISTRATIVE COMMITTEE RECEIVED AND REVIEWED

 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2023

LHA 332211 11-14-23

36 2023.04030 MBCH FOUNDATION

Schedule O (Form 990) 2023 Name of the organization	Employer identification num
MBCH FOUNDATION	43-1892785
COMPENSATION STUDIES FROM TWO INDEPENDENT SURVEYS	AS WELL AS REVIEWING
COMPENSATION FOR SENIOR EMPLOYEES OF LOCAL COMPAR	ABLE AGENCIES.
FORM 990, PART VI, SECTION C, LINE 19:	
BY REQUEST.	
FORM 990, PART XII, LINE 2C:	
NO CHANGES TO THIS PROCESS.	
332212 11-14-23	Schedule O (Form 990)
37 11003 781445 30022.002 2023.04030 MBCF	FOUNDATION 300

Interaction         Go to www.irs.gov/Form990 for instructions and the latest i           Name of the organization         MBCH FOUNDATION         An Form 990, Part IV, line 33.           Part I         Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.         (a)           Part I         Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.           Name, address, and EIN (if applicable)         (b)         (c)           Name, address, and EIN (if applicable)         Primary activity         Legal domicile (state or for eign country)           of disregarded entity         of disregarded entity         Primary activity         (c)	Go to www.irs.gov/Form990 for instructions and the latest information. the organization answered "Yes" on Form 990, Part IV, line 33.	instructions and the latest	information.			
MBCH FOUNDATION of Disregarded Entities. Complete if (a) s, and EIN (if applicable) regarded entity	organization answered "Yes" c					Inspection
	organization answered "Yes" o				Employer identification number 43-1892785	cation number 85
(a) Name, address, and EIN (if applicable) of disregarded entity		on Form 990, Part IV, line 33				
	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	r Total income	me End-of-year assets		(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations. Complete if th organizations during the tax year.	Complete if the organization ar	e organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	, Part IV, line 34,	because it had one	or more related tax-exe	npt
(a)	(q)	(c)	(p)	(e)	(ŧ)	(ā)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	controlled entity?
MISSOURI BAPTIST CHILDREN'S HOME - RESPONI	RESPONDING TO THE NEEDS OF					+
CK ROAD,	YOUTH AND FAMILIES WITH					
BRIDGETON, MO 63044-2793 STATEWIDE	SERVICE	MISSOURI	501(C)(3)	LINE 7		X
EN AND FAMILY MINISTRIES -	PROVIDE PROGRAMS AND					
43-1948009' II300 ST. CHARLES RUCK ROAD' - SERVIC BRIDGRTON MO 63044-2793	SERVICES FOR CHILDREN, VOUTTH AND FAMILIES	MT S SOUR T	501(C)(3)	T.T.NF: 1.0	MISSOURI BAFTIST CHTLDREN'S HOME	×
ERTIES - 43-1948011	THAT					
11300 ST. CHARLES ROCK ROAD HOUSE	HOUSE THE SERVICES AND				MISSOURI BAPTIST	
BRIDGETON, MO 63044-2793 PROGRA	PROGRAMS OF MBCH CFM	MISSOURI	501(C)(3)	LINE 12A, I	CHILDREN'S HOME	X
THE L.I.G.H.T HOUSE, INC 43-1569525 PROVIDI	PROVIDE LOVE, SUPPORT, &					
3	TO THOSE				MBCH CHILDREN AND	
KANSAS CITY, MO 64113 EXPERII	EXPERIENCING UNPLANNED	MISSOURI	501(C)(3)	LINE 7	FAMILY MINISTRIES	X

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FOUNDATION	continuation of Identification of Related Tax-Exempt Organizations
MBCH	ntification
Schedule R (Form 990)	art II Continuation of Ider
Š	<u> </u>

ATION

43-1892785

(~)	Section 512(b)(13) controlled organization?	Yes No			X															_	
197	Direct controlling entity																				
101	(e) Public charity status (if section	501(c)(3))			LINE 1																
(14)	(u) Exempt Code section				501(C)(3)																
(2)	Legal domicile (state or foreign country)				MISSOURI																
141	u) Primary activity				GREAT COMMISSION CHURCHES																
3	(a) Name, address, and EIN of related organization		<b>DNVENTION</b> - 44-0559931	EET	JEFFERSON CITY, MO 65101-3215																

	FOUNDATION								43-18	189278	5 Page 2	<b>.</b>
Part III Identification of Related Organizations Taxable as a Partnership. organizations treated as a partnership during the tax year.	janizations Taxable a tnership during the ta	<b>as a Partne</b> IX year.		f the organiza	Complete if the organization answered "Y	es" on Form 990	), Part IV, line	e 34, becaus	"Yes" on Form 990, Part IV, line 34, because it had one or more related	nore relat	þe	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from fax under sections 512-514)		(f) Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Dispro portionate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or F managing e partner? 55 Yes No	(k) r Percentage ownership	
Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.	janizations Taxable a	as a Corpoi	or Trust.	complete if th	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related	swered "Yes" on	Form 990, F	art IV, line 3	4, because it had	d one or r	nore related	
(a) Name, address, and EIN of related organization	Zc	Prime	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(C corp, S corp, or trust)	/ Share of total p,	) of total me	(g) Share of P end-of-year assets	(h) Percentage ownership	e Section 512(b) (13) controlled entity?	
332162 09-28-23				40					Sched	ule R (Fo	Schedule R (Form 990) 2023	1

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# Schedule R (Form 990) 2023 MBCH FOUNDATION

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	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	n Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	λ			1a	Х
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b X	
c Gift, grant, or capital contribution from related organization(s)				<del>ا</del> د	×
d Loans or loan guarantees to or for related organization(s)				1d	×
				1e	X
f Dividends from related organization(s)				4	×
g Sale of assets to related organization(s)				1g	X
Purchase of assets from related organiza				1h	X
i Exchange of assets with related organization(s)				1i	X
j Lease of facilities, equipment, or other assets to related organization(s)				1j	×
k Lease of facilities, equipment, or other assets from related organization(s)				÷	×
	inization(s)			1 X	
${f m}$ Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1n X	
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>				10 X	
					1
p Reimbursement paid to related organization(s) for expenses				1p	×
q Reimbursement paid by related organization(s) for expenses				1a	×
				,	۶
Other transfer of cash or property to related organization(s)				₽,	< >
ം				ls	4
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.	/ho must complete th	is line, including covered r	elationships and transaction thresholds.		
<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved	olved	
(1) MISSOURI BAPTIST CHILDRENS HOME	В	0.	CASH VALUE		
2					
(3)					
(4)					
(6)					
332.163 09-28-23	7		Schedule R	Schedule R (Form 990) 2023	) 2023

Page 4		nue)	<b>(k)</b> Percentage ownership					Schedule R (Form 990) 2023
85		s reve	(j) General or F managing partner?					Form
927		gros	Gen 1 par					le R (
43-189278		total assets or	(i) Code V-UBI amount in box 20 of Schedule K-1					Schedu
		tsured by	Dispropor- tionate allocations?	8				
	37.	which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) tain investment partnerships.	(g) Share of end-of-year assets					
	990, Part IV, line (	than five percent	(f) Share of total income					
	n Form	d more	Partners sec. 501(c)(3) er orgs??					
	es" or	ducte.	er or					
	ie organization answered "Yes" on Form 990, Part IV, line 37	ne organization con stment partnerships	(d) Predominant income (related, unrelated, excluded from tax under sections 512-214)					
		iip through which th sion for certain inve	(c) Legal domicile (state or foreign country)					
MBCH FOUNDATION	<b>le as a Partnership.</b> Co	ntity taxed as a partnersh ructions regarding exclus	<b>(b)</b> Primary activity					
Schedule R (Form 990) 2023 MBCH F	Part VI Unrelated Organizations Taxable as a Partnership. Complete if the	Provide the following information for each entity taxed as a partnership through which the organization cond that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	(a) Name, address, and EIN of entity					

## Page 4 43-1892785

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Schedule R (Form 990) 2023 MBCH FOUNDATION

Part VII Supplemental Information

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

#### PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

MBCH CHILDREN AND FAMILY MINISTRIES

PRIMARY ACTIVITY: PROVIDE PROGRAMS AND SERVICES FOR CHILDREN, YOUTH AND

FAMILIES THROUGHOUT MO

NAME OF RELATED ORGANIZATION:

THE L.I.G.H.T HOUSE, INC.

PRIMARY ACTIVITY: PROVIDE LOVE, SUPPORT, & GUIDANCE TO THOSE EXPERIENCING

UNPLANNED PREGNANCY

Schedule R (Form 990) 2023

332165 09-28-23

09211003 781445 30022.002

Form <b>8868</b>
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(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.

**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 instructions.

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.

must use	Form 7004 to request an extension of time to file incom	e tax retur	ns.			
Part I - Id	lentification					
Type or	Name of exempt organization, employer, or other filer, see instructions.				axpayer identification number (TIN)	
Print					43-1892785	
File by the due date for filing your return. See instructions.	MBCH FOUNDATION				43-1892785	
	Number, street, and room or suite no. If a P.O. box, see instructions. 11300 ST. CHARLES ROCK ROAD					
	City, town or post office, state, and ZIP code. For a for BRIDGETON , MO $63044 - 2793$	oreign add	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separa	e 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
Form 990-T (corporation)		07	Form 5330 (other than individual)			14
Form 1041-A		08				
After vo	ou enter your Return Code, complete either Part II or Par	t III. Part II	I. including signature, is applicable o	nlv for an	extension of	
Pla Pla	n Name n Number n Year Ending (MM/DD/YYYY)					
	utomatic Extension of Time To File for Exempt Organ	izations (s	see instructions)			
The bo	boks are in the care of ANDY HELTON		ROAD - BRIDGETON,	MOG	2011 270	2
<b>.</b>		S RUCE				5
	none No. <u>314-739-6811</u>		Fax No.			
	organization does not have an office or place of business					
	is for a Group Return, enter the organization's four-digit (	_				
	If it is for part of the group, check this box	_				
	quest an automatic 6-month extension of time until $\underline{N}$			e the exem	npt organization	return for
	organization named above. The extension is for the orga	anization's	return for:			
X	calendar year 20 $23$ or					
	tax year beginning	, 20	, and ending			, 20
2 lfth	ne tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return	Final retur	'n	
	Change in accounting period					
3a lfth	his application is for Forms 990-PF, 990-T, 4720, or 6069	enter the	tentative tax, less			
	nonrefundable credits. See instructions.	,		3a	\$	0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069	refundable credits and				
	imated tax payments made. Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa				- T	
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
	cv Act and Paperwork Beduction Act Notice, see inst				•	8 (Bev 1-2024

For Privacy Act and Paperwork Reduction Act Notice, see instructions.