

OPENTO PUBLIC INSPECTION

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	∘ 2023 calendar year, or tax year beginning and o	ending								
B c	heck if	C Name of organization		D Employer identi	fication number						
	Addres	MBCH PROPERTIES		_							
	Name change	Doing business as		43-1948	011						
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 11300 ST. CHARLES ROCK ROAD	Room/suite	E Telephone numb 314-739							
	⊐return/ termin ated			G Gross receipts \$	17,782.						
	Ameno	J		H(a) Is this a group							
	Applic			for subordinate							
	pendir	11300 ST. CHARLES ROCK ROAD, BRIDGETON,	MO	H(b) Are all subordinates							
	27-07	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c		1 ` ′	a list. See instructions						
	Vebsit		021	H(c) Group exempt							
		organization: X Corporation Trust Association Other	I Vear		M State of legal domicile: MO						
	rt I	Summary	L 10ai	or formation. 2002	W State of legal dofficile, 110						
	_	Briefly describe the organization's mission or most significant activities: TO OV	VN . MA	INTAIN, CON	ISTRUCT AND						
ce											
Governance	DEVELOP FACILITIES FOR SERVICES AND PROGRAMS FOR THE CARE OF Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.										
veri	-			3	1 4-						
Ĝ	l	Number of independent voting members of the governing body (Part VI, line 1b)									
∞ ′0		Total number of individuals employed in calendar year 2023 (Part V, line 2a)									
tie		Total number of volunteers (estimate if necessary)									
Activities		Total unrelated business revenue from Part VIII, column (C), line 12									
Ā		Net unrelated business taxable income from Form 990-T, Part I, line 11									
		The translated Sacrifico taxasic moone nome of the order, have, mile in the miles		Prior Year	Current Year						
ane	8	Contributions and grants (Part VIII, line 1h)		17,569	. 11,250.						
	l	Program service revenue (Part VIII, line 2g)		0							
Revenue	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,586							
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		472							
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		23,627							
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0							
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0							
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0							
ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0							
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	0.								
Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		378,665	322,997.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		378,665							
	l	Revenue less expenses. Subtract line 18 from line 12		-355,038							
or		·	Ве	ginning of Current Year	End of Year						
ets	20	Total assets (Part X, line 16)		3,927,206	3,625,036.						
ASS d Ba	21	Total liabilities (Part X, line 26)		0	. 336.						
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		3,927,206	3,624,700.						
Pa	ırt II	Signature Block									
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of r	ny knowledge and belief, it is						
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.							
Sigr	า	Signature of officer		Date							
Her	е	RUSSELL L. MARTIN, PRESIDENT									
		Type or print name and title									
		Print/Type preparer's name Preparer's signature		Date Check	PTIN						
Paid		THOMAS S. HELM, JR.		self-emp							
Prep	arer	Firm's name ANDERS MINKLER HUBER & 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)655-5500						
Мау	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No						

<u>Form</u>	1 990 (2023) MBCH PROPERTIES	43-1948011	Page 2
	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: TO OWN, MAINTAIN, CONSTRUCT AND DEVELOP FACILITIES FOR		
	PROGRAMS FOR THE CARE OF CHILDREN AND YOUTH; AND TO SE		D
	ARRANGE CAPITAL TO PROVIDE FOR SUCH FACILITIES.	•	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		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 service	es? Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	•	
	revenue, if any, for each program service reported.	otricis, tric total experises, al	IG
4a	201 060	Revenue \$	
14	THE ORGANIZATION EXISTS TO OWN, MAINTAIN, CONSTRUCT AN		
	FACILITIES FOR MBCH CHILDREN AND FAMILY MINISTRIES AND		
	AFFILIATES.	<u> </u>	
	111111111111111111111111111111111111111		
4b	(Code:) (Expenses \$ including grants of \$) ((Devenue f	
713	(Code) (Expenses #	(Nevenue w	
4-		<i>'-</i>	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	·		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 321,962.		

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		X
0	Schedule D, Part III	-		125
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			- V
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	L
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
	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	·''		
.0		18		x
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.0		v
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		 ^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Part IV	Checklist of Required Schedules	(continued)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	37
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
00	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?	26		x
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37		37		X
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 37		
00	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Par	Tt 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)							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
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 organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
_	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	15							
Ŭ	to file Form 8282?	7c		х					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70							
e		7e		х					
f		7f		X					
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711							
o		8							
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.								
	5111	9a							
a	Did the control of the control of the first of the control of the	9b							
10	Section 501(c)(7) organizations. Enter:	90							
а	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	\dashv							
11	Section 501(c)(12) organizations. Enter:	\dashv							
	I I								
	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	\dashv							
b									
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
		IZa							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	\dashv							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
_	organization is licensed to issue qualified health plans They the amount of receives an head	-							
C	Enter the amount of reserves on hand	44-		v					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v					
	excess parachute payment(s) during the year?	15		X					
46	If "Yes," see the instructions and file Form 4720, Schedule N.			v					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	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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If "Yes," complete Form 6069.

43-1948011 Page **6** MBCH PROPERTIES Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line oa, ob, or too below, describe the circumstances, processes, or changes on schedule of see instructions.			
0	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			l
4.	Enter the number of voting members of the governing body at the end of the tax year 15		Yes	No
та				
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent 1b 14			
a				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2		х
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			25
3		3		x
4	of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4		5		X
5 6	8:11	6	Х	25
о 7а	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0	21	
<i>1</i> a		7a	х	
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a	21	
b		7b	х	
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.0	21	
		8a	Х	
a b	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	- 21	
3	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 Revenue Code.)			
	(This Section B requests information about policies not required by the internal nevenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	iou		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ANDY HELTON - 314-739-6811			
	11300 ST. CHARLES ROCK ROAD, BRIDGETON, MO 63044-2793			

Form **990** (2023)

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

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

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

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

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

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

(A)	(B)	(C) Position						(D)	(E)	(F)		
Name and title	Average hours per	(do	(do not check more than one box, unless person is both an officer and a director/trustee)			than o	one	Reportable compensation	Reportable compensation	Estimated amount of		
	week							from	from related	other		
	(list any	ector						the	organizations	compensation		
	hours for	or dir	96			ated		organization	(W-2/1099-MISC/	from the		
	related organizations	ustee	trust		99	upeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related		
	below	Individual trustee or director	Institutional trustee	_	Key employee	st cor	- E	10001420)		organizations		
	line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Former			3		
(1) RUSSELL MARTIN	2.00											
PRESIDENT/TREASURER	46.00	Х		Х				0.	181,515.	64,369.		
(2) ANDY HELTON	2.00											
EXECUTIVE VICE PRESIDENT/TREASURER	42.00	Х		Х				0.	103,111.	21,891.		
(3) DR. RONALD E. BAKER	2.00											
CHAIRMAN	2.00	Х		Х				0.	0.	0.		
(4) REV. RUSSELL ABBOTT	2.00	1								_		
TRUSTEE	0.00	Х						0.	0.	0.		
(5) BRENT CAMPBELL	2.00	ļ										
TRUSTEE	0.00	Х			_			0.	0.	0.		
(6) REV. KEN HAWKINS	2.00	-								•		
TRUSTEE	2.00	Х			_			0.	0.	0.		
(7) LINDA LOGUE TRUSTEE	2.00	х						0.	0.	0		
(8) REV. MARK ALBEE	2.00	A						0.	0.	0.		
TRUSTEE	0.00	Х						0.	0.	0.		
(9) REV. WAYNE CARRIGAN	2.00	^	\vdash		\vdash			0.	0.			
TRUSTEE	0.00	х						0.	0.	0.		
(10) REV. EAN HENDRIX	2.00											
TRUSTEE	2.00	х						0.	0.	0.		
(11) REV. RICK POSEY	2.00											
TRUSTEE	2.00	Х						0.	0.	0.		
(12) MICHAEL BEASLEY	2.00											
TRUSTEE	2.00	Х						0.	0.	0.		
(13) REV. JIMMY GENTRY	2.00											
TRUSTEE	4.00	Х						0.	0.	0.		
(14) REV. WELBY JONES	2.00											
TRUSTEE	2.00	Х						0.	0.	0.		
(15) CLARISSA ROSS	2.00	1										
TRUSTEE	0.00	Х						0.	0.	0.		
		-										
		<u> </u>			_	-	-					
		1										
	l]						<u> </u>		- 000 (sees)		

Form 990 (2023)

Form 990 (2023) MBCH PRO	PERTIES								43-19	948011	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	loye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)		
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	office of soot	not ch unles	neck r ss per	ition more son is irecto	Highest compensated that the state of the st	an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensatio from related organization (W-2/1099-MIS 1099-NEC)	Est on am d co ss comp SC/ fro orga and	(F) imated ount of other ensation on the nization related nizations
1b Subtotal c Total from continuation sheets to Part VI								0.	284,62	26. 86	0.
d Total (add lines 1b and 1c)								0.	284,62	26. 86	,260.
compensation from the organization						, , ,					0 Yes No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si										3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	е со	mpe	nsa	tion	and	oth	er compensation from tl	ne organization		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com										5	Х
1 Complete this table for your five highest con	=	-								pensation from	m
the organization. Report compensation for the state of th	,		nain NE		ith c	or Wil	nin	(B) Description of s		(C) Compen	sation
				-				·		·	
O Tital works (C. I	- de altre de la company							ah aya Vista in ini	us the		
Total number of independent contractors (in \$100,000 of compensation from the organization from the organization)	•	υτ III	iited	101	thos 0		rea	above) who received mo	ore man	Form 9	90 (2023)

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

			Check if Schedule O c	onta	ains a r	esnonse	or note to any lin	e in this Part VIII			
			Officer if Correcting Offi	701110	<u> </u>	Соронос	or rioto to arry iii	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
Т	_				Т						Sections 512 - 514
nts	1					1a					
ira Oui			Membership dues		Г	1b					
S, C		С	Fundraising events			1c					
a ii		d	Related organizations			1d	11,250.				
s, C		е	Government grants (contri	buti	ons)	1e					
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts,	grant	ts, and						
bel			similar amounts not included			1f					
걸		g	Noncash contributions included in I			1g \$					
Sol		-	Total. Add lines 1a-1f			- 3 +		11,250.			
<u> </u>			Totali / Ga iii co Ta Ti				Business Code				
_	_										
ice	2	a									
erv ne		b									
n S		С									
rar 3ev		d									
Program Service Revenue		е									
۵			All other program service r								
		g	Total. Add lines 2a-2f								
	3	3	Investment income (includ	ing (dividen	ds, intere	est, and				
			other similar amounts)					5,918.			5,918.
	4	ļ	Income from investment of								
	5	5	Royalties								
						Real	(ii) Personal				
	6	a	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)				-				
	7		Gross amount from sales of			curities	(ii) Other				
	'	а		7-	(1) 00	, carringo	(ii) Garioi				
			assets other than inventory	7a							
		D	Less: cost or other basis								
nu			and sales expenses	7b							
her Revenue			Gain or (loss)	7с							
æ			Net gain or (loss)								
he	8	а	Gross income from fundraisin	ig ev	ents (no	ot					
₹			including \$			I					
			contributions reported on								
			Part IV, line 18			8a	1				
		b	Less: direct expenses			8b					
		С	Net income or (loss) from f	fund	raising	events_					
	9	а	Gross income from gaming	g ac	tivities.	See					
			Part IV, line 19			9a	ı				
		b	Less: direct expenses								
			Net income or (loss) from g								
	10		Gross sales of inventory, le								
		_	and allowances				a				
		h	Less: cost of goods sold								
			Net income or (loss) from s				٥,				
			THE INCOME OF 11033/ 1101113	Jaios	J OI 111V	critory .	Business Code				
sn	11	а	MISCELLANEOUS	ΤI	NCON	Æ.	900099	614.	614.		
Miscellaneous Revenue	• •		>		.,		, , , , , ,	274.	074.		
llar ⁄en		b									
sce Re		С	All allanous								
žΞ		d All other revenue				611					
	- د		Total. Add lines 11a-11d					614.	611	0	E 010
	12	<u>'</u>	Total revenue. See instructio	ns				17,782.	614.	0.	5,918.

332009 12-21-23

Form **990** (2023)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management а 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 O.) Advertising and promotion 12 27. 27. Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,008. 1,008. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 316,790. 316,790. 22 Depreciation, depletion, and amortization 4,042. 4,042. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 1,130. 1,130. PROPERTY TAXES All other expenses 322,997. 321,962. 1,035. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023) Part X Balance Sheet

Part A		Dalatice Stieet		P - 1 - 11 - 12 - 12 - 12 - 12 - 12 - 12							
		Check if Schedule O contains a response or note	e to any	/ line in this Part X	(A)		(B)				
					Beginning of year		End of year				
1	1	Cash - non-interest-bearing			8,555.	1	14,547.				
2		Savings and temporary cash investments			949.	2	1,004.				
3		Pledges and grants receivable, net			3	,					
4		Accounts receivable, net			4						
5		Loans and other receivables from any current or									
		trustee, key employee, creator or founder, subst									
		controlled entity or family member of any of thes		5							
6	6	Loans and other receivables from other disqualif									
		under section 4958(f)(1)), and persons described	•	,		6					
_ω 7		Notes and loans receivable, net		· / · / · / · · · · · · · · · · · · · ·		7					
Assets		Inventories for sale or use				8					
AS 9		Prepaid expenses and deferred charges				9					
10		Land, buildings, and equipment: cost or other									
		basis. Complete Part VI of Schedule D	10a	11,155,157.							
	b	Less: accumulated depreciation	10b	7,682,625.	3,789,322.	10c	3,472,532.				
11		Investments - publicly traded securities			128,380.	11	136,953.				
12		Investments - other securities. See Part IV, line 1				12					
13		Investments - program-related. See Part IV, line 1			13						
14		Intangible assets			14						
15		Other assets. See Part IV, line 11		15							
16		Total assets. Add lines 1 through 15 (must equa			3,927,206.	16	3,625,036				
17	7	Accounts payable and accrued expenses				17					
18		Grants payable		18							
19		Deferred revenue				19					
20		Tax-exempt bond liabilities				20					
21		Escrow or custodial account liability. Complete F				21					
_Ω 22	2	Loans and other payables to any current or form	er offic	er, director,							
Eie		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%							
Liabilities		controlled entity or family member of any of thes	e perso	ons		22					
⊐ ₂₃	3	Secured mortgages and notes payable to unrela	ted thir	d parties		23					
24	4	Unsecured notes and loans payable to unrelated	third p	arties		24					
25	5	Other liabilities (including federal income tax, pay	/ables t	o related third							
		parties, and other liabilities not included on lines	17-24).	Complete Part X							
		of Schedule D			0.	25	336.				
26	6	Total liabilities. Add lines 17 through 25			0.	26	336.				
,,		Organizations that follow FASB ASC 958, che	ck here	X							
Net Assets or Fund Balances 25 28 30 31 32		and complete lines 27, 28, 32, and 33.			2 005 006		2 604 502				
<u>E</u> 27		Net assets without donor restrictions			3,927,206.	27	3,624,700.				
<u>6</u> 28	3	Net assets with donor restrictions				28					
<u> </u>		Organizations that do not follow FASB ASC 95	58, che	ck here							
<u>۲</u>		and complete lines 29 through 33.									
န္ 29		Capital stock or trust principal, or current funds				29 30					
ğ 30			aid-in or capital surplus, or land, building, or equipment fund								
31 <u>ڳ</u>		Retained earnings, endowment, accumulated inc			2 007 006	31	2 604 500				
		Total net assets or fund balances		<u> </u>	3,927,206.	32	3,624,700.				
33	3	Total liabilities and net assets/fund balances			3,927,206.	33	3,625,036. Form 990 (2023				

Form **990** (2023)

Pa	T 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		7 <u>,7</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,9			
3	Revenue less expenses. Subtract line 2 from line 1	3	-30				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,92	7,2	<u>06.</u>		
5	Net unrealized gains (losses) on investments	5		2,7	<u>09.</u>		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	3,62	4,7	00.		
Pa	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				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	Ο.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2023)		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection **Employer identification number**

MBCH PROPERTIES 43-1948011 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) MBCH CHILDREN AND 43-1948009 10 661,488. FAMILY MINISTRIES X 0. MISSOURI BAPTIST 7 43-0697046 CHILDREN'S HOME X 0. 661,488

Schedule A (Form 990) 2023 MBCH PROPERTIES 43-1948011 Page 2

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

	(Complete only if you checked	•			, , , , , ,		•
	fails to qualify under the tests			•	Trianou to quamy a	maor r are m. n are	organization
Se	ction A. Public Support	71	1	,			
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Tatal Add lines 4 through 0						
4							
5	•						
	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						<u> </u>
		(=) 0010	(h) 0000	(-) 0001	(4) 0000	(-) 0000	(4) Tatal
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4						
0	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10	L	,			40	
	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for the	•			•	. , . ,	
Se	organization, check this box and stor	c Support Per	centage				
	Public support percentage for 2023 (I			column (f))		14	%
	Public support percentage from 2022					15	// %
	a 33 1/3% support test - 2023. If the o						
102	stop here. The organization qualifies						
ı							
L	33 1/3% support test - 2022. If the c	-					
17-	and stop here. The organization qual						
1/6	a 10% -facts-and-circumstances test	-					
	and if the organization meets the facts		•	-	•	viriow tile organiz	zation
	meets the facts-and-circumstances te	-		*	-	170 and line 15 :-	L
K	10% -facts-and-circumstances test	-					10% 01
	more, and if the organization meets the				-		
	organization meets the facts-and-circu	amstances test. In	ie organization qu	iainies as a publicly	supported organiz	Lau011	

Schedule A (Form 990) 2023

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

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		1	Г			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		mak assert to the	[01(-)(0)	
14	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	on,
Sec	check this box and stop here ction C. Computation of Publi					• • • • • • • • • • • • • • • • • • • •	·····
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022	, , , , , , , , , , , , , , , , , , , ,	•			16	/ 6
	ction D. Computation of Inves					1	70
17	Investment income percentage for 20	D23 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2023. If the					33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organization	
20	Private foundation If the organization	n did not chock a	hov on line 14 10	or 10h chock th	nic hay and can inc	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1	X	
	21	
2		Х
За		Х
3b		
3c		
42		Х
4a		71
4b		
4c		
5a		X
- Fla		
5b 5c		
6		X
7		Х
		Х
8		Λ
9a		Х
9b		X
9c		Х
90		
10a		Х
10b	~ 000\	0000

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MBCH PROPERTIES

	Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		X
	A family member of a person described on line 11a above?	11b		X
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		X
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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		Х
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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)	_		
а	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	(2)	
2	Activities Test. Answer lines 2a and 2b below.	straction	Yes	No
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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
2	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	nizations	<u></u>
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	inization (see

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

e Excess from 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 I, LINE 11G
MBCH PROPERTIES PROVIDED USE OF FACILITIES TO MBCH CHILDREN AND FAMILY
MINISTRIES VALUED AT \$638,176.
SCHEDULE A, PART IV, SECTION B, QUESTION 1
ALL POWERS TO APPOINT AND/OR REMOVE TRUSTEES ARE ALLOCATED TO THE
MISSOURI BAPTIST CHILDREN'S HOME.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

MBCH PROPERTIES

Employer identification number 43-1948011

Par	t I Organizations Maintaining Donor Advised F	unds or Other Si	milar Funds or Ad	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6			
		(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writ	ing that the assets hel	d in donor advised fund	ds
	are the organization's property, subject to the organization's exc	lusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advis	sors in writing that gra	nt funds can be used o	only
	for charitable purposes and not for the benefit of the donor or do	onor advisor, or for any	other purpose confer	ring
	impermissible private benefit?			Yes No
Par			" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization (1	
	Preservation of land for public use (for example, recreation	or education)	1	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribu	ition in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
_	Total number of conservation easements			2a
b				2b
C	Number of conservation easements on a certified historic structu			2c
d	Number of conservation easements included on line 2c acquired	•		
2	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	ea, extinguishea, or te	erminated by the organ	ization during the tax
4	year Number of states where property subject to conservation easem	ent is located		
5	Does the organization have a written policy regarding the period		on handling of	
Ū	violations, and enforcement of the conservation easements it ho		on, nanamig or	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, har			
_	3, 1 3,	3	3	3
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enf	orcing conservation ea	sements during the year
		,		,
8	Does each conservation easement reported on line 2d above sat	tisfy the requirements	of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation e			
	balance sheet, and include, if applicable, the text of the footnote	to the organization's	financial statements th	at describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of A	-	asures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, r	not to report in its reve	nue statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its financia			
b	If the organization elected, as permitted under FASB ASC 958, t			
	art, historical treasures, or other similar assets held for public ex	hibition, education, or	research in furtherance	e of public service,
	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 treasu		- ·	provide
_	the following amounts required to be reported under FASB ASC	-		Φ.
a	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions fo			\$ Schedule D (Form 990) 2023
ЦΠН	To Tapel work neduction Activotice, see the instructions to	1 1 01111 330.		Juliedale D (Louill 220) 5052

Pai	t III	Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar	Assets	(continue	ed)
3	Using	the organization's acquisition, accession	n, and other record	s, check	any of the f	following that	t make sig	nificant u	se of its		
	collec	tion items (check all that apply).									
а		Public exhibition	d		Loan or exc	hange progra	am				
b		Scholarly research	е		Other						
С		Preservation for future generations									
4	Provid	de a description of the organization's co	llections and explair	n how th	ey further th	ne organizatio	on's exem	ot purpos	e in Part	XIII.	
5		g the year, did the organization solicit or									
	to be	sold to raise funds rather than to be ma	intained as part of th	ne organ	nization's co	llection?				Yes	☐ No
Pai		Escrow and Custodial Arrang								ne 9, or	
		reported an amount on Form 990, Par									
1a	Is the	organization an agent, trustee, custodia	n, or other intermed	diary for	contribution	s or other as	sets not ir	ncluded			
	on Fo	rm 990, Part X?								Yes	☐ No
b		s," explain the arrangement in Part XIII a									
										Amount	
С	Begin	ning balance						1c			
d	-	ons during the year						1d			
е		outions during the year						1e			
f		g balance						1f			
2a		e organization include an amount on Fo						y?		Yes	No No
b	If "Yes	s," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been	provided in F	Part XIII				
Pai	τV	Endowment Funds Complete if	the organization ans	wered "	Yes" on For	m 990, Part	IV, line 10				
			(a) Current year	(b) P	rior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four y	ears back
1a	Begin	ning of year balance									
b		ibutions									
С		vestment earnings, gains, and losses									
d		s or scholarships									
е		expenditures for facilities									
		rograms									
f		nistrative expenses									
g		f year balance									
2	Provid	de the estimated percentage of the curre	ent year end balance	e (line 1g	g, column (a))) held as:					
а	Board	designated or quasi-endowment	·	%		•					
b		anent endowment	%	_							
С	Term	endowment 9	6								
	The p	ercentages on lines 2a, 2b, and 2c shou	ıld equal 100%.								
За	Are th	ere endowment funds not in the posses	sion of the organiza	tion tha	t are held ar	nd administer	ed for the				
	organ	ization by:								Y	es No
	(i) U	nrelated organizations?								3a(i)	
										3a(ii)	
b	If "Yes	s" on line 3a(ii), are the related organizat	ions listed as requir	ed on S	chedule R?					3b	
4		ibe in Part XIII the intended uses of the	organization's endo	wment f	unds.						
Pai	t VI	Land, Buildings, and Equipme	ent								
		Complete if the organization answered	"Yes" on Form 990	, Part IV	, line 11a. S	See Form 990	, Part X, li	ne 10.			
		Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulate	d	(d) Book	/alue
			basis (investn	nent)	basis	(other)	dep	reciation			
1a	Land					1,762.					,762.
b		ngs	I		10,33	0,575.	7,4	95,33	37.	2,835	
С		hold improvements			19	2,820.	1	87,28	38.	5	,532.
d		ment	I								
е											
Tota	l. Add l	ines 1a through 1e. (Column (d) must ed	nual Form 990. Part	X. line 1	Oc. column	(B))				3,472	,532.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 MBCH PROPER	RTIES	4	3-1948011 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			226
(2) DUE TO AFFILIATES			336.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, co	ol. (B))		336.

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

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 FILES AS A TAX EXEMPT ORGANIZATION.

THE ORGANIZATION FOLLOWS GUIDANCE ISSUED BY THE FASB ON ACCOUNTING FOR INCOME TAXES AND HAS EVALUATED ITS TAX POSITIONS, EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS, AND BELIEVES THAT NO PROVISION FOR INCOME TAXES IS NECESSARY TO COVER ANY UNCERTAIN TAX POSITIONS. THE ORGANIZATION'S RETURNS FOR TAX YEARS 2020 AND LATER REMAIN SUBJECT TO EXAMINATION BY TAXING

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Schedule D (Form 990) 2023 MBCH PROPERTIES	43-1948011 Page 5
Schedule D (Form 990) 2023 MBCH PROPERTIES Part XIII Supplemental Information (continued)	
ALIMITODITHING	
AUTHORITIES.	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

wered "Yes" on Form 990, Part IV, line 23.
h to Form 990.

Open to Public

Name of the organization

Department of the Treasury

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

MBCH PROPERTIES

Inspection
Employer identification number

43-1948011

OMB No. 1545-0047

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

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

Schedule J (Form 990) 2023

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not described on lines 5 and 6? If "Yes," describe in Part III

Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?

Х

X

Schedule J (Form 990) 2023

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

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

		(B) Breakdown of M	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			or or
(1) RUSSELL MARTIN	Ξ		0	0	1 1	0	0	0
PRESIDENT/TREASURER	▣	181,515.	0	0.	64,369.	0	245,884.	0
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							Schedu	Schedule J (Form 990) 2023

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SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

MBCH PROPERTIES

Employer identification number 43-1948011

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CHILDREN AND YOUTH; AND TO SECURE, RAISE AND ARRANGE CAPITAL TO PROVIDE
FOR SUCH FACILITIES.
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 OF TRUSTEES APPROVES THE TRUSTEES
OF THE BOARD OF MBCH PROPERTIES.
FORM 990, PART VI, SECTION A, LINE 7B:
THE BOARD OF TRUSTEES OF MISSOURI BAPTIST CHILDREN'S HOME APPROVES THE
BUDGET OF MBCH PROPERTIES.
FORM 990, PART VI, SECTION B, LINE 11B:
THE ORGANIZATION SENT OUT A PDF 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, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE CONFLICTS OF
INTERESTS ANNUALLY.
FORM 990, PART VI, SECTION C, LINE 19:

BY REQUEST

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

Schedule O (Form 990) 2023

Name of the organization MBCH PROPERTIES	Employer identification number 43-1948011
PART XII LINE 2C	
NO CHANGE FROM PRIOR YEAR	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

2023

OMB No. 1545-0047

Employer identification number Open to Public Inspection

43-1948011

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

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

MBCH PROPERTIES

Name of the organization

Partl

Department of the Treasury Internal Revenue Service

Direct controlling End-of-year assets (e) Total income 9 Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

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

(a)	(q)	(c)	(p)	(e)	(f)	(b)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 5 12(b)	z(b)(13) lled
of related organization		foreign country)	section	status (if section	entity	entity?	.5
				501(c)(3))		Yes	% N
MISSOURI BAPTIST CHILDREN'S HOME -	RESPONDING TO THE NEEDS OF						
43-0697046, 11300 ST. CHARLES ROCK ROAD,	YOUTH AND FAMILIES WITH						
BRIDGETON, MO 63044-2793	STATEWIDE SERVICE	MISSOURI	501(C)(3)	LINE 7			×
MBCH FOUNDATION - 43-1892785	MANAGE ENDOWMENT OF MBCH						
11300 ST. CHARLES ROCK ROAD	AND INVESTMENT PROPERTIES				MISSOURI BAPTIST		
BRIDGETON, MO 63044-2793	AND RAISE FUNDS FOR MBCH	MISSOURI	501(C)(3)	LINE 12A, I	CHILDREN'S HOME		×
MBCH CHILDREN AND FAMILY MINISTRIES -	PROVIDE PROGRAMS AND						
43-1948009, 11300 ST. CHARLES ROCK ROAD,	SERVICES FOR CHILDREN,				MISSOURI BAPTIST		
BRIDGETON, MO 63044-2793	YOUTH AND FAMILIES	MISSOURI	501(C)(3)	LINE 10	CHILDREN'S HOME		×
THE L.I.G.H.T HOUSE, INC 43-1569525	PROVIDE LOVE, SUPPORT, &						
PO BOX 22553	GUIDANCE TO THOSE				MBCH CHILDREN AND		
KANSAS CITY, MO 64113	EXPERIENCING UNPLANNED	MISSOURI	501(C)(3)	LINE 7	FAMILY MINISTRIES		×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R (Form 990) 2023	Form 990) 2023

SEE PART VII FOR CONTINUATIONS

MBCH PROPERTIES

43-1948011

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

		(-)	7	17)	9	17
(a)	(a)	(c)		(e)	E .	(9) Section 512(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	controlled organization?
				501(c)(3))		Yes
MISSOURI BAPTIST CONVENTION - 44-0559931						⊢
400 E. HIGH STREET	SERVE TOGETHER TO GROW					
JEFFERSON CITY, MO 65101-3215	GREAT COMMISSION CHURCHES	MISSOURI	501(C)(3)	LINE 1		×

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MBCH PROPERTIES

43-1948011

Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Schedule R (Form 990) 2023 Part III

(k)	General or Percentage managing ownership										e related
<u> </u>	neral or P naging c	YesNo									or mor
<u>(i)</u>	Code V-UBI Ge ma amount in box ma 20 of Schedule Pa	K-1 (Form 1065) Ye									, because it had one
Ð	Disproportionate allocations?	Yes No									ırt IV, line 34,
(a)	Share of end-of-year	222013									" on Form 990, Pa
(£)	Share of total income										on answered "Yes
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)									mplete if the organizati
(p)	Direct controlling entity										ration or Trust. Col
(၁)	Legal domicile (state or	country)									s a Corpo
(q)	Primary activity										janizations Taxable a
(a)	Name, address, and EIN of related organization										Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related

organizations treated as a corporation or trust during the tax year.

			ı		ı		ı		ı	
Section 512(b)(13) controlled entity?	Š									
Sec 512(t contre	Yes									
(h) Percentage ownership										
(g) Share of end-of-year	doodio									
(f) Share of total income										
(e) Type of entity (C corp, S corp,	Ol ildat)									
(d) Direct controlling entity										
(c) Legal domicile (state or foreign	country)									
(b) Primary activity										
(a) Name, address, and EIN of related organization										

Schedule R (Form 990) 2023

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

₈

Yes

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		•		<u>1</u>		×
b Gift, grant, or capital contribution to related organization(s)				1b		×
c Giff, grant, or capital contribution from related organization(s)				10	×	
d Loans or loan guarantees to or for related organization(s)				10		×
- 3				1e		×
				÷		×
:				- 5		: ×
Purchase of assets from related organization(s)				£		×
				=		×
related organization(s)				÷	×	
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1m		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			1	×	
o Sharing of paid employees with related organization(s)				9	×	
				,		Þ
p Heimbursement paid to related organization(s) for expenses				Q F	1	4
q Reimbursement paid by related organization(s) for expenses				10		×
r Other transfer of cash or property to related organization(s)				÷		×
				. 4		×
2 Other trainster or cash or property from practice or gaintage of gaintage of the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete th	is line, including covered r	elationships and transaction thresholds.	2	1	4
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved		
(1)						
(2)						
(3)						
(4)						
(5)						
(9)						
332163 09-28-23	58		Schedul	Schedule R (Form 990) 2023	(066	2023

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

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

Form **8868**

(Rev. January 2024)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return.

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

	nic filing (e-file). You can electronically file Form 8868 to			•					
	elow except for Form 8870, Information Return for Transfe								
request	for Form 8870 must be sent to the IRS in a paper format (see instru	ctions). For more details on the elect	ronic filing	g of Form				
	isit www.irs.gov/e-file-providers/e-file-for-charities-and-non-p								
Caution	: If you are going to make an electronic funds withdrawal (direct deb	it) with this Form 8868, see Form 84	53-TE and	l Form 8879-T	E for payment			
instruct	ions.								
All corp	orations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts				
must us	se Form 7004 to request an extension of time to file income	e tax returi	าร.						
Part I -	Identification								
Type o	Name of exempt organization, employer, or other filer	, see instru	ictions.	Taxpayer	ridentification	number (TIN)			
Print									
File by the	MBCH PROPERTIES				43-194	8011			
due date f	or Number, street, and room or suite no. If a P.O. box, so		ions.						
filing your return. Se	11300 ST. CHARLES ROCK ROAD)							
instruction	5.1,7, 15.11.1.5. p. 55.1.5.1.5. q. 1.1.5. q. 1.1.5	reign addr	ess, see instructions.						
	BRIDGETON, MO 63044-2793					0.1			
Enter tr	e Return Code for the return that this application is for (file					01			
Applica	tion Is For	Return	Application Is For			Return			
		Code				Code			
Form 9	90 or Form 990-EZ	01	Form 4720 (other than individual)			09			
Form 4	720 (individual)	03	Form 5227			10			
Form 9	90-PF	04	Form 6069			11			
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12									
Form 9	Form 990-T (trust other than above) 06 Form 5330 (individual) 13								
Form 9	90-T (corporation)	07	Form 5330 (other than individual)	vidual) 14					
Form 1	041-A	08							
After	you enter your Return Code, complete either Part II or Part	t III. Part III	, including signature, is applicable o	nly for an	extension of				
time to	file Form 5330.								
If this	application is for an extension of time to file Form 5330, y	ou must ei	nter the following information.						
Р	lan Name								
Р	lan Number								
P	lan Year Ending (MM/DD/YYYY)								
	Automatic Extension of Time To File for Exempt Organi	izations (s	ee instructions)						
The	books are in the care of ANDY HELTON								
		ROCK	ROAD - BRIDGETON,	MO 6	3044-27	793			
	phone No. 314-739-6811		Fax No.						
	e organization does not have an office or place of business								
If thi	s is for a Group Return, enter the organization's four-digit (_							
box	. If it is for part of the group, check this box		ch a list with the names and TINs of						
1	request an automatic 6-month extension of time until $$	OVEMBE	2R 15 , 20 24 , to file	e the exem	npt organization	on return for			
th	ne organization named above. The extension is for the orga	anization's	return for:						
X	calendar year 20 $\frac{23}{2}$ or								
	tax year beginning	, 20 _	, and ending			, 20			
2 If	the tax year entered in line 1 is for less than 12 months, cl	neck reasc	n: Initial return	Final retur	n				
	Change in accounting period								
3a If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less						
<u>a</u>	ny nonrefundable credits. See instructions.			3a	\$	0.			
b If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and						
	stimated tax payments made. Include any prior year overp			3b	\$	0.			
с В	alance due. Subtract line 3b from line 3a. Include your pa	yment with	n this form, if required, by						
	sing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.			