

OPENTO PUBLIC INSPECTION

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

| А Г | יוו ווי | e 2023 Calefidat year, or tax year beginning | enuing | | | | | |
|-----------------------------|-------------------|--|---------------|----------------------|------------------------|--|--|--|
| B c | heck if | C Name of organization | | D Employer id | lentific | ation number | | |
| | Addre | | | | | | | |
| | Name chang | e Doing business as | | 43-069 | 9704 | 16 | | |
| | Initial return | , | Room/suite | E Telephone number | | | | |
| | ☐Final return | 11300 ST. CHARLES ROCK ROAD | | 314-73 | 39-6 | | | |
| | termir ated | | | G Gross receipts \$ | | 5,957,613. | | |
| | Amen return | BRIDGEION, MO 03044-2793 | | H(a) Is this a gr | | | | |
| | Application pendi | | | for subordi | | | | |
| | | 11300 ST. CHARLES ROCK ROAD, BRIDGETON, | | H(b) Are all subordi | | | | |
| | | empt status: $X = 501(c)(3) = 501(c)()$ (insert no.) $4947(a)(1)$ | or 527 | 7 | | list. See instructions | | |
| | Vebsi | | T | H(c) Group exe | | | | |
| | orm of | organization: X Corporation Trust Association Other Summary | L Year | of formation: 100 | 0 0 M | State of legal domicile: MO | | |
| ГС | | Briefly describe the organization's mission or most significant activities: TO S | FDVF C | יחם עם חחי | ZDON | יייייייייייייייייייייייייייייייייייייי | | |
| G | 1 | THE NEEDS OF CHILDREN, YOUTH, AND FAMILIE | | | | | | |
| Jan | 2 | Check this box if the organization discontinued its operations or dispose | | | | | | |
| Veri | | | | | 1 _ 1 | 27 | | |
| ဗိ | I | Number of independent voting members of the governing body (Part VI, line 1b) | | | | 27 | | |
| رې مې | | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | | | | 26 | | |
| ıţi. | | Total number of volunteers (estimate if necessary) | | | 6 | 0 | | |
| Activities & Governance | ı | | | | 7a | 0. | | |
| _ | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 7b | 0. | | |
| | | | | Prior Year | | Current Year | | |
| Φ | 8 | Contributions and grants (Part VIII, line 1h) | | 3,645,69 | | 4,110,194. | | |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 391,43 | | 142,802. | | |
| ev. | ı | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 1,211,89 | | 1,250,080. | | |
| ш. | l | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 332,50 | | 449,042. | | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 5,581,52 | | 5,952,118. | | |
| | l | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 2,012,22 | | 2,236,773. | | |
| | l | Benefits paid to or for members (Part IX, column (A), line 4) | | 1,150,92 | 0. | 1,108,492. | | |
| ses | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 1,130,92 | 0. | 0. | | |
| Expenses | 10a | Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 644, 3 | 71 | | | 0. | | |
| Ä | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,164,29 | 99. | 1,319,958. | | |
| | ' <i>'</i> | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 4,327,44 | | 4,665,223. | | |
| | | Revenue less expenses. Subtract line 18 from line 12 | | 1,254,08 | | 1,286,895. | | |
| or es | | | | eginning of Current | | End of Year | | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | | 28,396,28 | 85. | 30,674,445. | | |
| ASS | 21 | Total liabilities (Part X, line 26) | | 290,65 | | 408,769. | | |
| E Set | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 28,105,63 | 34. | 30,265,676. | | |
| Pa | art II | Signature Block | | | | | | |
| | | alties of perjury, I declare that I have examined this return, including accompanying schedule | | | - | knowledge and belief, it is | | |
| true, | corre | ct, and complete. Declaration of preparer (other than officer) is based on all information of w | hich preparer | has any knowledge |). | | | |
| | | Circulture of officer | | Data | | | | |
| Sigi | | Signature of officer | | Date | | | | |
| Her | е | RUSSELL L. MARTIN, PRESIDENT Type or print name and title | | | | | | |
| | | | | Date I ch | hook F | PTIN | | |
| n - ! -! | | Print/Type preparer's name Preparer's signature | | if | heck | | | |
| Paid | | THOMAS S. HELM, JR. Firm's name ANDERS MINKLER HUBER & HELM LLP | | elf-employe | D01342210 3-0831507 | | | |
| - | arer Only | Firm's name ANDERS MINKLER HUBER & HELM LLP Firm's address 800 MARKET STREET, SUITE 500 | Firm's El | IIV 4. | D-002T201 | | | |
| JOE | Jilly | ST. LOUIS, MO 63101-2501 | | Dhone n | ი (31 | 14)655-5500 | | |
| May | the II | RS discuss this return with the preparer shown above? See instructions | | I FIIOIIE III | U. \ J | X Yes No | | |
| viay | - LI IC II | TO GISCUSS THIS TELUITI WITH THE PERPARET SHOWIT ADOVE? SEE HISTIACHOLIS | | | | . 21 Tes NO | | |

| Pa | Chack if School Is O contains a response or note to specifie in this Part III | |
|----------------|--|--------------------------------------|
| 1 | Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: | |
| • | TO SERVE GOD BY RESPONDING TO THE NEEDS OF CHILDREN, | YOUTH AND |
| | FAMILIES TO MAKE A LASTING DIFFERENCE IN THEIR LIVES | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed o | on the |
| | prior Form 990 or 990-EZ? | Yes X No |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program se | ervices? Yes X No |
| | If "Yes," describe these changes on Schedule O. | in a constant by a constant |
| 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. | |
| | revenue, if any, for each program service reported. | s to others, the total expenses, and |
| 4a | 2 400 505 2 220 5772 |) (Revenue \$ 564,037.) |
| | TO PROVIDE SUPPORT TO VARIOUS AFFILIATED AGENCIES TO | |
| | ABILITY TO CARRY OUT THEIR MISSION. | |
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| 4b | Code:) (Expenses \$ including grants of \$ |) (Revenue \$) |
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| 4c | Code:) (Expenses \$ including grants of \$ | _) (Revenue \$) |
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| اب 1 | Other program continue (Describe on Schedule O.) | |
| 4 0 | d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ | 1 |
| 4e | 2 400 505 | , |
| | · · · | Form 990 (2023) |

Form 990 (2023) MISSOURI BAPTIST CHILDREN'S HOME 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, | Ť | | |
| ′ | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | - '- | | 1 |
| 8 | , , | | | x |
| • | Schedule D, Part III | 8 | | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | 37 |
| | If "Yes," complete Schedule D, Part IV | 9 | | <u> </u> |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi-endowments? f "Yes," complete Schedule D, Part V | 10 | Х | _ |
| 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 | | | |
| | 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 | | Х |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | Х | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 1.0 | | \vdash |
| · | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 19a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | F | | |
| 124 | Schedule D, Parts XI and XII | 12a | | X |
| h | | 120 | | 1 |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | 406 | x | |
| 40 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | - 22 | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | <u> </u> |
| 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 | l | | 37 |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | 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 | | | l |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | <u> </u> | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| - | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |
| | | | | |

332003 12-21-23

| Form | 1 990 (2023) MISSOURI BAPTIST CHILDREN'S HOME 43-06 | 97046 | P | age 4 |
|------|--|----------|-----|--------------|
| Pa | rt IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | 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 | 045 | | |
| | 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 | 050 | | X |
| h | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | 125 |
| 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? If "Yes," complete Schedule L, Part III | - 1 | | 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 | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | | | Х |
| | 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 | | 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 | | X | |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | X | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | ,, |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization | - 1 | | 37 |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | ₩ |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | | v | |
| Pai | Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance | 38 | X | |
| · u | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | Oneca ii Schedule O contains a response of note to any line in this Faft v | | V | NI - |
| 1. | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | 2 | Yes | No |
| | 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 | | |
| D | The are named of the W 2d moladed of the fat. Enter of the applicable | <u> </u> | | |

332004 12-21-23

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

Form 990 (2023) MISSOURI BAPTIST CHILDREN'S HOME

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

| b if "Yes," risa it filled a Form 990-T for this year? If "Not" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account; securities account, or other financial account)? 5b if "Yes," enter the name of the foreign country 5ce 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 b Did any taxable party notify the organization that twas or is a party to a prohibited tax shelter transaction? 5b Did any taxable party notify the organization file Form 8896-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contribution and party for goods and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," indicate the number of Forms 8282 filed during the year 7c Did the organization receive a pay remiums, directly or indirectly, to pay premiums on a personal benefit contract? 7c Did the organization received a contribution of cars, boats, sinplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations main | | | | | Yes | No |
|--|------------|--|-----------------------------|-----------|-----|------|
| b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 20 X 31 Did the organization here unreturated business gross income of \$1,000 or more during the year? 32 A 14 A 14 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 shart account, securities account, or other financial account)? 33 B If Yes, "enter the name of the foreign country See instructions for filing requirements for FnCNF form 114, Report of Foreign Bank and Financial Accounts (FBAR). 34 B If Yes, "enter the name of the foreign country See instructions for filing requirements for FnCNF form 114, Report of Foreign Bank and Financial Accounts (FBAR). 35 Was the organization a party to a prohibited tax shelfer transaction at any time during the tax year? 36 Does the organization have unauf gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 36 Uf Yes, and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 37 Organizations that may receive deductible contributions under section 170(c). 38 Uf Yes, and the organization include with every solicitation and party for gods and services provided to the payor? 38 D If the organization exceed so spiment in excess of \$57 made party as a contribution and party for gods and services provided to the payor? 39 D If the organization exceed so spiment in excess of \$57 made party as a contribution and party for gods and services provided to the payor? 39 D If the organization exceed was applient in excess of \$57 made party and scription of excess provided? 30 Did the organization exceed was applient to excess to the gods or services provided? 30 D If the organization exceed was applient in excess of \$57 made party and scription of excess provide | 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | |
| sa bit the organization have unrelated business gross income of \$1,000 or more during the year? bit "Yes," has it filed a Form 990 To fith is year? if "No" to line 3b, provide an explanation on Schedule O shall all the degrate of 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) in a foreign country (such as a bank account, securities account, or other financial account) in the foreign country. See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? b Did any taxable party notify the organization from FFORM 114, Report of Foreign Bank and Financial Accounts (FBAF). c If "Yes" to line Sac of 5b, did the organization for FincEN FORM 114, Report of Foreign Bank and Financial Accounts (FBAF). c If "Yes" the line Sac of 5b, did the organization for FincEN FORM 114, Report of Foreign Bank and Financial Accounts (FBAF). c If "Yes" the line Sac of 5b, did the organization for the organization should as a proper of the organization for should be organization for should be organization for should be organization should be organization should be organization for should for should for should for should for should for shoul | | filed for the calendar year ending with or within the year covered by this return | 2a 2 | 6 | | |
| b If "Yes," has it filled a Form 990-T for this year? If "No" to Jine 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5b If "Yes," enter the name of the foreign country 5ee 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 Does the organization a party to a prohibited tax shelter transaction? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization file Form 8888-1? 5a 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? 7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization service a payment in excess of \$57 made party as a contribution and party for poods and services provided to the payer? 7b If "Yes," did the organization notify the cloner of the value of the goods or services provided? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization receive a payment in excess of \$57 made party as a contribution of quanty and party of the payer of the p | b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | 2b | X | |
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| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Intitation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 13c If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 Xi If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Xi If "Yes," complete Form 4720, Schedule O. | а | Did the arrangement are realistic makes and to call distributions under carties 40000 | | 9a | | |
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| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | | | | 13 | | |
| If "Yes," complete Form 4720, Schedule O. | 16 | | income? | 16 | | Х |
| | 10 | | | 10 | | |
| The section of the first term of the traction of the traction of the traction person on gage in any activities | 17 | | tivities | | | |
| that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | ., | | | 17 | 1 | |
| If "Yes," complete Form 6069. | | | | | | |

332005 12-21-23

MISSOURI BAPTIST CHILDREN'S HOME 43-0697046 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 27 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 27 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 X 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

Form **990** (2023)

MO

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,

63044-2793

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

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

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

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

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

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

| (A) Name and title | (B) Average hours per week | box | not cl | ss per | ition more son is | on ore than one on is both an octor/trustee) | | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|-------------------------------------|--|--------------------------------|-----------------------|---------|-------------------------|---|----------|---|---|--|
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | compensation from the organization and related organizations |
| (1) RUSSELL MARTIN | 40.00 | | | 37 | | | | 101 515 | 0 | 64 270 |
| PRESIDENT | 8.00 | Х | | Х | | _ | _ | 181,515. | 0. | 64,370. |
| (2) ANDY HELTON | 40.00 | ., | | 37 | | | | 102 111 | 0 | 01 001 |
| EXECUTIVE VICE PRESIDENT/ TREASURER | 8.00 | Х | | Х | | _ | _ | 103,111. | 0. | 21,891. |
| (3) CHUCK EASTER CHAIRMAN | 2.00 | х | | х | | | | 0. | 0. | 0. |
| (4) MARY ANN ALLEN | 2.00 | | | | | | | | | |
| RECORDING SECRETARY | 2.00 | Х | | Х | | | | 0. | 0. | 0. |
| (5) MARSHA DRAKE | 2.00 | | | | | | | | | |
| TRUSTEE | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (6) GLENN SCOTT | 2.00 | | | | | | | | | |
| TRUSTEE | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (7) BRENDA HIBBARD | 2.00 | | | | | | | | | |
| TRUSTEE | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (8) COURTNEY JANES | 2.00 | | | | | | | | | |
| TRUSTEE | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (9) REV. LANCE LONG | 2.00 | | | | | | | | _ | _ |
| TRUSTEE | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (10) KRISTY MCCALL | 2.00 | ļ | | | | | | | | |
| TRUSTEE | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (11) REV. RICK POSEY | 2.00 | ļ | | | | | | | | _ |
| TRUSTEE | 2.00 | Х | | | | _ | | 0. | 0. | 0. |
| (12) REV. DAVID STEPHENSON | 2.00 | - | | | | | | | _ | 0 |
| TRUSTEE (12) FLOW CHILDON | 2.00 | X | | | | | | 0. | 0. | 0. |
| (13) ELSY SHUFORD TRUSTEE | 2.00 | - - | | | | | | 0. | 0. | 0 |
| (14) SHEILA GATLIN | 2.00 | X | \vdash | | | | | 0. | 0. | 0. |
| TRUSTEE | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (15) REV. BRIAN VEAL | 2.00 | Δ | | | | | | 0. | 0. | 0. |
| TRUSTEE | 2.00 | x | | | | | | 0. | 0. | 0. |
| (16) DEBBIE WALKER | 2.00 | | | | | \vdash | \vdash | | | <u>_</u> |
| TRUSTEE | 2.00 | x | | | | | | 0. | 0. | 0. |
| (17) REV. CHRIS WILLIAMS | 2.00 | | | | | | | · · | • | |
| TRUSTEE | | х | | | | | | 0. | 0. | 0. |
| · | | | | | | | | | | Form 990 (2022) |

332007 12-21-23

| | RI BAPTIST | <u>. </u> | HT | עע | KŁ | 'IA | 5 | HOME | 43-0697 | U46 Page 6 |
|--|--|--|----------------------------|---------|----------------|------------------------------|--------|---|---|--|
| Part VII Section A. Officers, Directors, | Trustees, Key Emp | oloy | ees, | and | l Hi | ghes | st Co | ompensated Employee | s (continued) | |
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and title | Average hours per week | box | not c , unles cer an | ss per | more rson i | than o | n an | Reportable compensation from | Reportable compensation from related | Estimated amount of other |
| | (list any hours for related organizations below line) | Individual trustee or director | In stit utio nal tru stee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC/ 1099-NEC) | organizations (W-2/1099-MISC/ 1099-NEC) | compensation from the organization and related organizations |
| (18) MARY BETH HENSON | 2.00 | | | | | | | | | |
| TRUSTEE | 0.00 | X | | | | | | 0. | 0. | 0. |
| (19) REV. EAN HENDRIX | 2.00 | | | | | | | | | |
| TRUSTEE | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (20) RON BAKER | 2.00 | | | | | | | | | |
| TRUSTEE | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (21) MICHAEL BEASLEY | 2.00 | | | | | | | | | |
| TRUSTEE | 2.00 | X | | | | | | 0. | 0. | 0. |
| (22) CHASITY BLACK TRUSTEE | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (23) WILLIAM "ARTHUR" BRYANT | 2.00 | | | | | | | | | |
| TRUSTEE | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (24) TRACI BYRD | 2.00 | | | | | | | | | |
| TRUSTEE | 0.00 | X | | | | | | 0. | 0. | 0. |
| (25) LEAH CAPPS | 2.00 | | | | | | | | | |
| TRUSTEE | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (26) REV. MATTHEW CREATH | 2.00 | | | | | | | | | |
| TRUSTEE | 2.00 | Х | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 284,626. | 0. | 86,261. |
| c Total from continuation sheets to Pa | rt VII, Section A | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 284,626. | 0. | 86,261. |
| 2 Total number of individuals (including b | out not limited to th | ose | liste | d ab | ove |) wh | o re | ceived more than \$100, | 000 of reportable | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

| | | | Yes | No |
|---|--|---|-----|----|
| 3 | Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on | | | |
| | line 1a? If "Yes," complete Schedule J for such individual | 3 | | X |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization | | | |
| | and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 4 | X | |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services | | | |
| | rendered to the organization? If "Yes." complete Schedule J for such person | 5 | | Х |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--|---------------------|
| | REMOTE I.T. NETWORK MONITORING AND SYSTE | 168,731. |
| | | |
| | | |
| | | |
| | | |
| 2 Total number of independent contractors (including but not limited to those listed | d above) who received more than | |

| Form 990 MISSOURI | BAPTIST | ¹ C | HI | LD | RE | N' | S | HOME | 43-069 | 7046 |
|--|------------------------|--------------------------------|-----------------------|----------|--------------|------------------------------|--------|---------------------------------|-----------------|-----------------------------|
| Part VII Section A. Officers, Directors, Tru | stees, Key En | nplo | yee | s, aı | nd H | lighe | est (| Compensated Employe | ees (continued) | |
| (A) | (B) | | | | C) | | | (D) | (E) | (F) |
| Name and title | Average | | | Pos | ition | | | Reportable | Reportable | Estimated |
| | hours | (cl | neck | all · | that | арр | ly) | compensation | compensation | amount of |
| | per | | | | | | | from | from related | other |
| | week | _ | | | | loyee | | the | organizations | compensation |
| | (list any hours for | lirecto | | | | emp | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the |
| | related | 96 Or (| stee | | | satec | | (***2/1099*****130) | | organization and related |
| | organizations | Individual trustee or director | Institutional trustee | | Key employee | Highest compensated employee | | | | organizations |
| | below | idual | tution | ъ | old me | estoc | ıer | | | 3 |
| | line) | Indiv | Instit | Officer | Key 6 | High | Former | | | |
| (27) LYDIA EMBREY | 2.00 | | | | | | | | | |
| TRUSTEE | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (28) WESLEY FOWLER | 2.00 | | | | | | | | | |
| TRUSTEE | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (29) REV. STEVE FRANCIS | 2.00 | | | | | | | | | |
| TRUSTEE | 0.00 | Х | | | | | | 0. | 0. | 0. |
| (30) DAVID GAMACHE | 2.00 | T- | | | | | | | | |
| TRUSTEE | 2.00 | х | | | | | | 0. | 0. | 0. |
| (31) REV. TRAVIS YEARGANS | 2.00 | <u> </u> | | | | | | <u> </u> | | |
| TRUSTEE | 2.00 | х | | | | | | 0. | 0. | 0. |
| (32) REV. KEVIN GRIFFEY | 2.00 | | | | | | | | | |
| TRUSTEE | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (33) REV. KEN HAWKINS | 2.00 | | | | | | | • | | • |
| TRUSTEE | 2.00 | Х | | | | | | 0. | 0. | 0. |
| (34) REV. JIMMY GENTRY | 2.00 | 23 | \vdash | | | | | • | • | • |
| VICE CHAIR | 4.00 | Х | | х | | | | 0. | 0. | 0. |
| THE CHILL | 4.00 | 21 | | 21 | | | | 0. | 0. | 0. |
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| 9 | I | <u> </u> | | | | | | | | |
| Total to Dort VII Section A line to | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | | I | |

Form 990 (2023) MISSOUR
Part VIII Statement of Revenue

| | | | Check if Schedule O | onta | ins a res | nonse | or note to any lin | e in this Part VIII | | | |
|--|---------------------------|---|-----------------------------------|----------|------------|----------|-----------------------|---------------------|-------------------|------------------|--------------------------------------|
| | | | Officer if Octreduce O | onta | 1113 & 100 | porise | or riote to arry iiri | (A) | (B) | (C) | (D) |
| | | | | | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded |
| | | | | | | | | | function revenue | business revenue | from tax under sections 512 - 514 |
| | _ | | | | Τ. | _ | | | | | 30000013 3 12 3 14 |
| nts | 1 | | Federated campaigns | | | | | - | | | |
| Gra | | | Membership dues | | | _ | | | | | |
| ts, An | | | Fundraising events | | | _ | 064 005 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | Related organizations | | | | 864,985. | | | | |
| ns, Sim | | | Government grants (contri | | | 9 | | | | | |
| eritio | | f | All other contributions, gifts, | | | | 2 045 000 | | | | |
| έŧ | | | similar amounts not included | | | | 3,245,209. | | | | |
| ont od (| | _ | Noncash contributions included in | lines 1a | a-1f 1 | g \$ | 34,573. | 4 110 104 | | | |
| <u>o</u> <u>e</u> | | h | Total. Add lines 1a-1f | | | | | 4,110,194. | | | |
| | | | | | | | Business Code | 110.000 | 1.10.000 | | |
| ce | 2 | а | AUTOMOBILES TO AFFII | JIATI | ES | | 900099 | 142,802. | 142,802. | | |
| er. | | b | | | | | | | | | |
| n Si | | С | | | | | | | | | |
| ran 3ev | | d | | | | | | | | | |
| Program Service Revenue | | е | | | | | | | | | |
| Δ. | | | All other program service | | | | | | | | |
| | | g | Total. Add lines 2a-2f | | | | | 142,802. | | | |
| | 3 | | Investment income (include | | | | | | | | |
| | | | | | | | | 1,219,533. | | | 1219533. |
| | 4 | | Income from investment of | f tax- | exempt | bond p | roceeds | | | | |
| | 5 | | Royalties | | | | | | | | |
| | | | | | (i) R | | (ii) Personal | | | | |
| | 6 | а | Gross rents | 6a | 2 | ,807. | | | | | |
| | | b | Less: rental expenses | 6b | | 0. | | | | | |
| | | С | Rental income or (loss) | 6с | 2 | ,807. | | | | | |
| | | | Net rental income or (loss) | | | | | 27,807. | | | 27,807. |
| | 7 | а | Gross amount from sales of | | (i) Sec | urities | (ii) Other | | | | |
| | | | assets other than inventory | 7a | | | 36,042. | | | | |
| | | b | Less: cost or other basis | | | | | | | | |
| nιe | | | and sales expenses | 7b | | | 5,495. | | | | |
| Revenue | | | Gain or (loss) | | | | 30,547. | | | | |
| æ | | | Net gain or (loss) | | | | | 30,547. | | | 30,547. |
| her | 8 | а | Gross income from fundraising | ng eve | nts (not | | | | | | |
| ð | | | including \$ | | | f | | | | | |
| | | | contributions reported on | | | | | | | | |
| | | | Part IV, line 18 | | | | İ | | | | |
| | | | Less: direct expenses | | | | | | | | |
| | | | Net income or (loss) from | | | | T | | | | |
| | 9 | а | Gross income from gamin | | | | | | | | |
| | | | Part IV, line 19 | | | | | | | | |
| | | | Less: direct expenses | | | | | | | | |
| | | | Net income or (loss) from | _ | 0 | ties | T | | | | |
| | 10 | а | Gross sales of inventory, I | | | | | | | | |
| | | | and allowances 10a | | | | | | | | |
| | | | Less: cost of goods sold | | | | • | | | | |
| | | С | Net income or (loss) from | sales | of inver | tory | | | | | |
| 2 | | | WIGGELL ANDONE TWO | , | | | Business Code | 404 005 | 404 005 | | |
| eor | 11 a MISCELLANEOUS INCOME | | | | 900099 | 421,235. | 421,235. | | | | |
| Miscellaneous Revenue | | b | | | | | | | | | |
| scel 3ev | | С | | | | | | | | | |
| Mis | | | All other revenue | | | | | 404 005 | | | |
| | | е | Total. Add lines 11a-11d | | | | | 421,235. | F.C.1.00= | | 4055005 |
| | 12 | | Total revenue. See instruction | ns . | | | | 5,952,118. | 564,037. | 0. | 1277887. |

332009 12-21-23

| Secti | on 501(c)(3) and 501(c)(4) organizations must comp | | | nplete column (A). | |
|--------|---|-------------------------------|-----------------------------|---------------------------------|----------------------|
| | Check if Schedule O contains a respon | se or note to any line in (A) | this Part IX(B) | (C) | (D) |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | 2,236,773. | 2,236,773. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 334,907. | 334,907. | | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 590,723. | 408,293. | 182,430. | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 8,771. | 5,564. | 3,207. | |
| 9 | Other employee benefits | 104,582. | 47,962. | 56,620. | |
| 10 | Payroll taxes | 69,509. | 44,096. | 25,413. | |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | 74,075. | | 74,075. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A), amount, list line 11g expenses on Sch O.) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 111,034. | 87,656. | 23,378. | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 5,686. | | 5,686. | |
| 17 | Travel | 12,254. | 7,799. | 4,455. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 34,748. | | 34,748. | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 6 m 6 d d | | | |
| 22 | Depreciation, depletion, and amortization | 67,211. | | 67,211. | |
| 23 | Insurance | 68,336. | | 68,336. | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) | | | | |
| а | PAYMENTS TO RELATED PAR | 644,371. | | | 644,371. |
| a b | CONTRACT WORK | 152,230. | 152,230. | | 0 = 1 0 1 |
| C | EMPLOYEE RECRUITING AND | 58,798. | 58,798. | | |
| d | | , | , | | |
| | All other expenses | 91,215. | 22,517. | 68,698. | |
| 25 | Total functional expenses. Add lines 1 through 24e | 4,665,223. | 3,406,595. | 614,257. | 644,371. |
| 26 | Joint costs. Complete this line only if the organization | , ., | , ., | , | , |
| - | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |
| | | | | | |

Form 990 (2023)
Part X Balance Sheet

| Par | tΧ | Balance Sneet | | | | | |
|-----------------------------|-----|---|-------------|---------------------|---------------------------------|-----|---------------------------|
| | | Check if Schedule O contains a response or note | to any | line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 537,130. | 1 | 600,448 |
| | 2 | Savings and temporary cash investments | | | 820,416. | 2 | 1,054,160 |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | 40,335. | 4 | 54,258 |
| | 5 | Loans and other receivables from any current or for | | | | | |
| | | trustee, key employee, creator or founder, substar | ntial c | ontributor, or 35% | | | |
| | | controlled entity or family member of any of these | perso | ons | | 5 | |
| | 6 | Loans and other receivables from other disqualifie | | | | | |
| | | under section 4958(f)(1)), and persons described in | | | | 6 | |
| ts | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| 8 | 9 | Prepaid expenses and deferred charges | | | 149,206. | 9 | 119,298 |
| | 10a | Land, buildings, and equipment: cost or other | | 4 440 000 | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 1,419,378. | 100 050 | | 254 224 |
| | b | Less: accumulated depreciation | | | 138,852. | 10c | 351,824 |
| | 11 | Investments - publicly traded securities | | | E 560 200 | 11 | 0 644 405 |
| | 12 | Investments - other securities. See Part IV, line 11 | | | 7,562,399. | 12 | 8,641,437 |
| | 13 | Investments - program-related. See Part IV, line 11 | | | | 13 | |
| | 14 | Intangible assets | | | 10 140 040 | 14 | 10 052 000 |
| | 15 | Other assets. See Part IV, line 11 | | | 19,147,947. | 15 | 19,853,020 |
| | 16 | Total assets. Add lines 1 through 15 (must equal | | 1 | 28,396,285. | 16 | 30,674,445 |
| | 17 | Accounts payable and accrued expenses | | | 284,088. | 17 | 216,014 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Pa | | | | 21 | |
| es | 22 | Loans and other payables to any current or former | | | | | |
| ≣ | | trustee, key employee, creator or founder, substar | | | | | |
| Liabilities | 00 | controlled entity or family member of any of these | | | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unrelate | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated to Other liabilities (including federal income tax, paya | | | | 24 | |
| | 25 | parties, and other liabilities not included on lines 1 | | | | | |
| | | of Schodulo D | , | · | 6,563. | 25 | 192,755 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 290,651. | | 408,769 |
| | 20 | Organizations that follow FASB ASC 958, check | | | 230,0321 | 20 | 1007703 |
| es | | and complete lines 27, 28, 32, and 33. | · · · · · · | , | | | |
| 2 | 27 | | | | 8,799,621. | 27 | 10,321,511 |
| 391 | 28 | Net assets with donor restrictions | | | 19,306,013. | 28 | 19,944,165 |
| <u></u> | | Organizations that do not follow FASB ASC 958 | | | | | , , |
| ┇│ | | and complete lines 29 through 33. | , | | | | |
| ō | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| sets | 30 | Paid-in or capital surplus, or land, building, or equi | | | | 30 | |
| Ass | 31 | Retained earnings, endowment, accumulated inco | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | 28,105,634. | 32 | 30,265,676 |
| _ | 33 | | | | 28,396,285. | 33 | 30,674,445 |

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|-------|--|----------------|------|------------|------------|---------------|
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | X |
| | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | <u>,95</u> | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | ,66 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1 | ,28 | 6,8 | 95. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 28 | ,10 | 5,6 | 34. |
| 5 | Net unrealized gains (losses) on investments | 5 | | 16 | 7,0 | <u> 18.</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 | | 70 | <u>6,1</u> | 29. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | | |
| _ | column (B)) | 10 | 30 | ,26 | 5,6 | <u>76.</u> |
| Pa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | X |
| | 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 | | | | 7.7 | |
| 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 | | | | 37 | |
| | 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 | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | ₃₇ |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? | ed aud | it | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 3b | | |

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

MISSOURI BAPTIST CHILDREN'S HOME

Employer identification number

| | | | | 21 CHILDREN S | | | I | 3-009/040 |
|------|----------|---------------------------------|---------------------------------------|---|------------------|-----------------------------------|---------------------------------|----------------------------|
| Pa | rt I | Reason for Public (| Charity Status. | (All organizations must c | omplete th | nis part.) S | ee instructions. | |
| he (| organ | zation is not a private found | ation because it is: (F | For lines 1 through 12, cl | heck only | one box.) | | |
| 1 | | A church, convention of ch | urches, or associatio | n of churches described | in sectio | n 170(b)(1 |)(A)(i). | |
| 2 | | A school described in sect | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Form | n 990).) | | | |
| 3 | | A hospital or a cooperative | | | | (b)(1)(A)(ii | i). | |
| 4 | | A medical research organiz | | | | | • | the hospital's name, |
| | | city, and state: | į | | | | | 1 |
| 5 | | An organization operated for | or the benefit of a col | lege or university owned | or operat | ed by a go | vernmental unit describe | ed in |
| 5 | | section 170(b)(1)(A)(iv). (C | | loge of aniversity owner | or operat | ca by a go | vorminorital anti accomb | 5 4 II 1 |
| _ | | | | | | 70/5//4//4/ | () | |
| 6 | T | A federal, state, or local gov | - | | | | | |
| 1 | X | An organization that norma | • | ntial part of its support fr | om a gove | ernmental | unit or from the general p | oublic described in |
| | | section 170(b)(1)(A)(vi). (C | - | | | | | |
| 8 | Щ | A community trust describe | ed in section 170(b)(| 1)(A)(vi). (Complete Par | t II.) | | | |
| 9 | | An agricultural research org | anization described | in section 170(b)(1)(A)(| ix) operate | ed in conju | inction with a land-grant | college |
| | | or university or a non-land-g | rant college of agric | ulture (see instructions). | Enter the I | name, city | , and state of the college | or |
| | | university: | | | | | | |
| 10 | | An organization that norma | lly receives (1) more | than 33 1/3% of its supp | ort from c | ontributior | ns, membership fees, and | d gross receipts from |
| | | activities related to its exem | npt functions, subjec | t to certain exceptions; a | and (2) no | more than | 33 1/3% of its support fr | rom gross investment |
| | | income and unrelated busin | ness taxable income | (less section 511 tax) fro | m busines | ses acquii | red by the organization a | ıfter June 30, 1975. |
| | | See section 509(a)(2). (Con | mplete Part III.) | | | | | |
| 11 | | An organization organized a | and operated exclusi | vely to test for public sat | fety. See | section 50 |)9(a)(4). | |
| 12 | | An organization organized a | and operated exclusi | vely for the benefit of, to | perform t | he functior | ns of, or to carry out the | purposes of one or |
| | | more publicly supported or | ganizations describe | d in section 509(a)(1) o | r section | 509(a)(2). | See section 509(a)(3). (| Check the box on |
| | | lines 12a through 12d that | - | | | | | |
| а | | Type I. A supporting orga | * * | | | | • | aivina |
| - | | the supported organization | · · · · · · · · · · · · · · · · · · · | | | - | | |
| | | organization. You must o | | | majority c | i tric direc | tors or trustees or the se | apporting |
| h | | 7 · | | | ion with it | o oupporto | d organization(a) by bay | vina |
| D | | Type II. A supporting org | • | | | | | - |
| | | control or management o | | | ame perso | ns that coi | ntroi or manage the supp | ооттеа |
| | | organization(s). You mus | - | | | | | |
| С | | Type III functionally inte | - | | | | | ed with, |
| | | its supported organization | | · | | | | |
| d | | Type III non-functionally | | | | | | |
| | | that is not functionally int | egrated. The organiz | ation generally must sat | isfy a distr | ibution rec | uirement and an attentiv | /eness |
| | _ | requirement (see instructi | ions). You must con | nplete Part IV, Sections | A and D, | and Part | V. | |
| е | | Check this box if the orga | anization received a v | written determination from | m the IRS | that it is a | Type I, Type II, Type III | |
| | | functionally integrated, or | Type III non-function | nally integrated supporting | ng organiz | ation. | | |
| f | Ente | er the number of supported o | organizations | | | | | |
| g | | ride the following information | | | L CALABA | | | |
| | (| Name of supported | (ii) EIN | (iii) Type of organization (described on lines 1-10 | in your governi | inization listed ing document? | (v) Amount of monetary | (vi) Amount of other |
| | | organization | | above (see instructions)) | Yes | No | support (see instructions) | support (see instructions) |
| | | | | | | | | |
| | | | | | | | | |
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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

| Sec | ction A. Public Support | 71 | , | , | | | |
|------|--|---|---|--|--|---|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Gifts, grants, contributions, and | | ` , | ` , | , , | , , | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 2646053. | 3330001. | 3675913. | 3645690. | 4110194. | 17407851. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 2646053. | 3330001. | 3675913. | 3645690. | 4110194. | 17407851. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 17407851. |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 7 | Amounts from line 4 | 2646053. | 3330001. | 3675913. | 3645690. | 4110194. | 17407851. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 955,143. | 1001447. | 1007597. | 1177043. | 1219533. | 5360763. |
| 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.) | 168,607. | 2,013. | 1,430. | 302,618. | | 926,450. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 23695064. |
| 12 | Gross receipts from related activities, | etc. (see instruction | ns) | | | 12 1 | ,077,761. |
| 13 | First 5 years. If the Form 990 is for the | ne organization's fir | rst, second, third, f | fourth, or fifth tax y | ear as a section 50 | 01(c)(3) | |
| _ | organization, check this box and stop | here | | | | | |
| | ction C. Computation of Publi | | | | | | |
| | Public support percentage for 2023 (I | | | | | 14 | 73.47 % |
| | Public support percentage from 2022 | | | | | 15 | 74.22 % |
| 16a | 33 1/3% support test - 2023. If the o | | | | | | |
| | stop here. The organization qualifies | | | | | | |
| b | 33 1/3% support test - 2022. If the o | | | | | | |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances test | • | | | | | • |
| | and if the organization meets the fact | s-and-circumstance | es test, check this | box and stop her | re. Explain in Part | VI how the organiz | zation |
| | meets the facts-and-circumstances te | - | | | - | | |
| b | 10% -facts-and-circumstances test | - | | | | | 10% or |
| | more, and if the organization meets the | | | | - | | |
| | organization meets the facts-and-circu | | | | | | |
| 18 | Private foundation. If the organization | n did not check a l | oox on line 13, 16a | a, 16b, 17a, or 17b | , check this box ar | | |
| | meets the facts-and-circumstances test 10% -facts-and-circumstances test more, and if the organization meets the organization meets the facts-and-circumstances. | est. The organizatio - 2022. If the orgue facts-and-circum umstances test. Th | n qualifies as a pu anization did not c astances test, chec e organization qua | blicly supported on theck a box on line the this box and stalifies as a publicly | rganization e 13, 16a, 16b, or 1 cop here. Explain in supported organiz | 7a, and line 15 is n Part VI how the cation | 10% or |

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

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

| Section A. Public Support | now, please comp | piete Fart II.) | | | | |
|--|-------------------------|---------------------------|-----------------------|---------------------|---------------------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | , , | | , |
| 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 | | | | <u> </u> | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received | | | | | | |
| from other than disqualified persons that | | | | | | |
| exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | | | | | | |
| | (-) 0040 | (1-) 0000 | (-) 0004 | (4) 0000 | (-) 0000 | (6) T-1-1 |
| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on | | | | | | |
| securities loans, rents, royalties, | | | | | | |
| and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses | | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business | | | | | | |
| activities not included on line 10b, whether or not the business is | | | | | | |
| regularly carried on | | | | | | |
| 12 Other income. Do not include gain | | | | | | |
| or loss from the sale of capital | | | | | | |
| assets (Explain in Part VI.) | | | | | | |
| 14 First 5 years. If the Form 990 is for the | e organization's fi | iret second third | fourth or fifth tax | vear as a section | | n |
| • | · · | | · · | • | . , . , | _ |
| check this box and stop here Section C. Computation of Public | | | | | | |
| - | | | calumn (f)) | | 45 | |
| 15 Public support percentage for 2023 (lin | | | | | 15 | 9 |
| 16 Public support percentage from 2022 Section D. Computation of Investigation | | | | | 16 | (|
| • | | | | | T .= I | |
| 17 Investment income percentage for 20 | | | | | | |
| 18 Investment income percentage from 2 | | | | | 18 | |
| 19a 33 1/3% support tests - 2023. If the | | | | | | 7 is not |
| more than 33 1/3%, check this box an | d stop here. The | e organization qual | ifies as a publicly s | supported organiz | ation | L |
| b 33 1/3% support tests - 2022. If the | organization did r | not check a box or | line 14 or line 19a | a, and line 16 is m | ore than 33 1/3%, a | nd |
| line 18 is not more than 33 1/3%, chec | k this box and s | top here. The orga | anization qualifies a | as a publicly supp | orted organization | |
| 20 Private foundation. If the organization | n did not check a | box on line 14, 19 | a. or 19b. check th | nis box and see in | structions | |

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Schedule A (Form 990) 2023

Von No

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.)

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| Par | t IV Supporting Organizations (continued) | | | |
|-----|--|----------|-----|-----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| 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 | 1 | | |
| 2 | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 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 | | |
| 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 | | 100 | 110 |
| • | 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 | | | |
| | J1 11 0 0 | | 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. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins | truction | s). | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | 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 | | | |
| | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | За | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. | 3b | | |

1

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6

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

2 Enter 0.85 of line 1.

4

5

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

1 Adjusted net income for prior year (from Section A, line 8, column A)

3 Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | (iii) Distributable Amount for 2023 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2023 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2023 (reason- | | | |
| able cause required - explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2023 | | | |
| a From 2018 | | | |
| b From 2019 | | | |
| c From 2020 | | | |
| d From 2021 | | | |
| e From 2022 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2023 distributable amount | | | |
| i Carryover from 2018 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2023 from Section D, | | | |
| line 7: | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2023 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2023, if | | | |
| any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2023. Subtract lines 3h | | | |
| and 4b from line 1. For result greater than zero, explain in | | | |
| Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2024. Add lines 3j | | | |
| and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2019 | | | |
| b Excess from 2020 | | | |
| c Excess from 2021 | | | |
| d Excess from 2022 | | | |
| e Excess from 2023 | | | |

Schedule A (Form 990) 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

MISSOURI BAPTIST CHILDREN'S HOME

Employer identification number 43-0697046

| Pai | organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line | | s or Accounts. Complete if the |
|-----|--|--|--|
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate value of contributions to (during year) | | |
| 3 | Aggregate value of grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in w | riting that the assets held in donor advi | sed funds |
| | are the organization's property, subject to the organization's e | exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ac | | |
| | for charitable purposes and not for the benefit of the donor or | | |
| | impermissible private benefit? | | Yes No |
| Pai | rt II Conservation Easements. Complete if the org | anization answered "Yes" on Form 990, | , Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the organizatio | n (check all that apply). | |
| | Preservation of land for public use (for example, recreat | | of a historically important land area |
| | Protection of natural habitat | Preservation of | of a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifie | ed conservation contribution in the form | n of a conservation easement on the last |
| | day of the tax year. | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | 2b |
| С | Number of conservation easements on a certified historic stru | cture included on line 2a | 2c |
| d | Number of conservation easements included on line 2c acquir | red after July 25, 2006, and not | |
| | on a historic structure listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | | |
| | year | | |
| 4 | Number of states where property subject to conservation ease | ement is located | _ |
| 5 | Does the organization have a written policy regarding the period | odic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it | holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | nandling of violations, and enforcing cor | nservation easements during the year |
| | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handl | ing of violations, and enforcing conserv | ation easements during the year |
| | | | |
| 8 | Does each conservation easement reported on line 2d above | | |
| | and section 170(h)(4)(B)(ii)? | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | · | |
| | balance sheet, and include, if applicable, the text of the footnot | ote to the organization's financial staten | nents that describes the |
| Da | organization's accounting for conservation easements. | Ant Historical Transcruss on O | Man Cincilar Assats |
| Pal | organizations Maintaining Collections of | | other Similar Assets. |
| | Complete if the organization answered "Yes" on Form | | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | , | |
| | of art, historical treasures, or other similar assets held for publ | | • |
| | service, provide in Part XIII the text of the footnote to its finance | | |
| b | If the organization elected, as permitted under FASB ASC 958 | | |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in fur | therance 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 trea | | al gain, provide |
| | the following amounts required to be reported under FASB AS | · | |
| | Revenue included on Form 990, Part VIII, line 1 | | |
| | Assets included in Form 990, Part X | | |
| LHA | For Paperwork Reduction Act Notice, see the Instructions | for Form 990. | Schedule D (Form 990) 2023 |

332051 09-28-23

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 20,675. | | 20,675. |
| b Buildings | | 167,789. | 121,483. | 46,306. |
| c Leasehold improvements | | | | |
| d Equipment | | 1,224,993. | 940,150. | 284,843. |
| e Other | | 5,921. | 5,921. | 0. |
| Total. Add lines 1a through 1e. (Column (d) must equa | 351,824. | | | |

Schedule D (Form 990) 2023

| Part VII Investments - Other Securities | PTIST CHILDREN | | 43-0697046 Page 3 |
|--|----------------------------|------------------------------|------------------------------------|
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11b. See Form 990, Part X, I | ine 12. |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation | : Cost or end-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) INVESTMENT IN SECURITIES | 8,641,437. | END-OF-YEAR | MARKET VALUE |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | 8,641,437. | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | | | |
| (a) Description of investment | (b) Book value | (c) Method of valuation | : Cost or end-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11d. See Form 990, Part X, I | ine 15. |
| | Description | | (b) Book value |
| (1) BENEFICIAL INTERESTS IN P | ERPETUAL TRUST | !S | 19,848,111. |
| (2) DUE FROM AFFILIATES | | | 4,909. |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, line 15, co | l. (B)) | | 19,853,020. |
| Part X Other Liabilities | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11e or 11f. See Form 990, P | |
| 1. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) DUE TO AFFILIATES | | | 192,755. |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | I |

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

192,755.

| 43-0697046 Page | e 4 |
|-----------------|------------|
|-----------------|------------|

| Par | t XI Reconciliation of Revenue per Audited Financial St | atements With I | Revenue per Re | turn | |
|------|--|-----------------|----------------|----------|------------------------|
| | Complete if the organization answered "Yes" on Form 990, Part IV, | line 12a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 6,825,265. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | 167,018. | | |
| b | Donated services and use of facilities | 2b | | | |
| С | Recoveries of prior year grants | 2c | | | |
| | Other (Describe in Part XIII.) | | 706,129. | | |
| | Add lines 2a through 2d | | | 2e | 873,147. 5,952,118. |
| 3 | Subtract line 2e from line 1 | | | 3 | 5,952,118. |
| | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1, | 2.) | | 5 | 5,952,118. |
| Par | t XII Reconciliation of Expenses per Audited Financial S | tatements With | Expenses per F | Return | 1 |
| | Complete if the organization answered "Yes" on Form 990, Part IV, | line 12a. | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 4,665,223. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| | Other (Describe in Part XIII.) | | | | |
| е | Add lines 2a through 2d | | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | | 3 | 4,665,223. |
| | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line | 18.) | | 5 | 4,665,223. |
| Par | t XIII Supplemental Information | | | | |
| | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide | | | ; Part X | X, line 2; Part XI, |
| | | | | | |
| | T V, LINE 4: | | | | |
| END | OWMENT FUNDS WILL BE USED TO SUPPORT T | THE FUTURE | CHARITABLE | ACI | TIVITIES |
| OF | THE HOME. | | | | |
| | | | | | |
| PAR | T X, LINE 2: | | | | |
| THE | ORGANIZATION AND AFFILIATES ARE EXEM | PT FROM FED | ERAL INCOM | E TA | AXES UNDER |
| SEC | TION 501(C)(3) OF THE INTERNAL REVENUE | E CODE (THE | "CODE"), | EXCE | EPT ON NET |
| INC | OME DERIVED FROM UNRELATED BUSINESS AC | CTIVITIES A | S DEFINED | IN T | THE CODE. |
| ACC | ORDINGLY, THE ORGANIZATION AND AFFILIA | ATES FILE A | S TAX EXEM | РТ | |
| | ANIZATIONS. | | | | |
| 5110 | | | | | |
| | | | | | |

THE ORGANIZATION AND AFFILIATES FOLLOWS GUIDANCE ISSUED BY THE FASB ON

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

OMB No. 1545-0047

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

| MISSOURE | BAPTIST C | CHILDREN'S HO | HOME | | | | 43-0697046 |
|---|---|---------------------------------|-----------------------------------|----------------------------------|--|---|------------------------------------|
| to I | | | | | | | |
| 1 Does the organization maintain records to substantiate the amount of criteria used to award the grants or assistance? | to substantiate the stance? | | or assistance, the c | grantees' eligibility | for the grants or assis | the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection | on X Yes No |
| 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | ocedures for monit | oring the use of grant 1 | funds in the United | States. | | | |
| Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Con recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | Domestic Organiz \$5,000. Part II can | | Governments. Conal space is neede | omplete if the orga ed. | nization answered "Y | Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any ed if additional space is needed. | IV, line 21, for any |
| 1 (a) Name and address of organization or government | (b) EIN | (f applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| MBCH CHILDREN AND FAMILY MINISTRIES - 11300 ST. CHARLES ROCK ROAD - BRIDGETON, MO 63044-2793 | 43-1948009 | 501 (C) (3) | 2,225,523. | 0. | | | ORGANIZATION ASSISTANCE |
| MBCH PROPERTIES 11300 ST. CHARLES ROCK ROAD BRIDGETON, MO 63044-2793 | 43-1948011 | 501 (C) (3) | 11,250. | 0. | | | ORGANIZATION ASSISTANCE |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table | nd government org s listed in the line 1 | Janizations listed in the table | e line 1 table | | | | |
| Δ. | e Instructions for | Form 990. | | | | | Schedule I (Form 990) 2023 |

LHA 332101 11-01-23

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| (f) Description of noncash |
|---------------------------------|
| (e) Method of valuation |
| (d) Amount of non- |
| (c) Amount of |
| (b) Number of |
| (a) Type of grant or assistance |

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | uired in Part I, line | 2; Part III, column | (b); and any other ad | ditional information. | |
| PART I, LINE 2: | | | | | |
| ASSISTANCE BETWEEN RELATED PARTIES | IS DETER | ETERMINED BY T | THE BOARD APPROVED | PROVED | |
| BUDGETS AND IS MONITORED THROUGH THE DETAILED FINANCIAL STATEMENTS. | HE DETAIL | ED FINANCI | AL STATEMEN | YTS. | |
| | | | | | |

SCHEDULE J (Form 990)

Department of the Treasury

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.

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

2U23Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service

Name of the organization

MISSOURI BAPTIST CHILDREN'S HOME

Employer identification number 43-0697046

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

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

Schedule J (Form 990) 2023

43-0697046

Page 2

MISSOURI BAPTIST CHILDREN'S HOME

Schedule J (Form 990) 2023

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

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

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

| | | (B) Breakdown of W | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) |
|--------------------|-----------|--------------------------|--|-------------------------------------|-----------------------------------|-------------------------|---------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) RUSSELL MARTIN | € : | 181,515. | 0 | 0.0 | 25,806. | 38,564. | 245,885. | 000 |
| PKESTDENT | ₽≘ | | | 0 | 0 |) | 0 | • |
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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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|--|

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number

| | | MISSOURI BAP | TIST C | HILDREN S | HOME | 43-0 | 69/1 | J46 | |
|-----|---------|---|-------------------------------|---|---|---|---------|-----|----|
| Pa | tΙ | Types of Property | | | | • | | | |
| | · | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of de noncash contribu | termini | _ | s |
| 1 | Art - ۱ | Norks of art | | | | | | | |
| 2 | | Historical treasures | | | | | | | |
| 3 | | Fractional interests | | | | | | | |
| 4 | Book | s and publications | | | | | | | |
| 5 | Cloth | ing and household goods | | | | | | | |
| 6 | Cars | and other vehicles | | | | | | | |
| 7 | | s and planes | | | | | | | |
| 8 | | ectual property | | | | | | | |
| 9 | | rities - Publicly traded | X | 2 | 34,573. | | | | |
| 10 | Secu | rities - Closely held stock | | | | | | | |
| 11 | | rities - Partnership, LLC, or | | | | | | | |
| | trust | interests | | | | | | | |
| 12 | | rities - Miscellaneous | | | | | | | |
| 13 | Quali | fied conservation contribution - | | | | | | | |
| | Histo | ric structures | | | | | | | |
| 14 | | fied conservation contribution - Other | | | | | | | |
| 15 | Real | estate - Residential | | | | | | | |
| 16 | Real | estate - Commercial | | | | | | | |
| 17 | Real | estate - Other | | | | | | | |
| 18 | | ctibles | | | | | | | |
| 19 | | inventory | | | | | | | |
| 20 | | s and medical supplies | | | | | | | |
| 21 | Taxid | ermy | | | | | | | |
| 22 | | rical artifacts | | | | | | | |
| 23 | | tific specimens | | | | | | | |
| 24 | | eological artifacts | | | | | | | |
| 25 | Othe | . () | | | | | | | |
| 26 | Othe | . () | | | | | | | |
| 27 | Othe | | | | | | | | |
| 28 | Othe | . (| | | | | | | |
| 29 | Numl | per of Forms 8283 received by the organiz | zation during | the tax year for co | ontributions | | | | |
| | for w | nich the organization completed Form 828 | 33, Part V, D | onee Acknowledg | ement 29 | | | | |
| | | | | | | | \Box | Yes | No |
| 30a | Durin | g the year, did the organization receive by | / contributio | n any property rep | orted in Part I, lines 1 through | 28, that it | | | |
| | must | hold for at least 3 years from the date of | the initial co | ntribution, and whi | ch isn't required to be used for | or | | | |
| | exem | pt purposes for the entire holding period? |) | | | | 30a | | X |
| b | | s," describe the arrangement in Part II. | | | | | | | |
| 31 | Does | the organization have a gift acceptance p | oolicy that re | quires the review of | of any nonstandard contribution | ons? | 31 | Х | |
| 32a | Does | the organization hire or use third parties of | or related or | ganizations to solid | cit, process, or sell noncash | | | | |
| | contr | ibutions? | | | | | 32a | | X |
| b | If "Ye | s," describe in Part II. | | | | | | | |
| 33 | If the | organization didn't report an amount in co | olumn (c) for | a type of property | for which column (a) is check | ked, | | | |
| | desci | ibe in Part II. | | | | | | | |

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

Schedule M (Form 990) 2023

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Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

MISSOURI BAPTIST CHILDREN'S HOME

Employer identification number 43-0697046

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: DIFFERENCE IN THEIR LIVES. FORM 990, PART VI, SECTION A, LINE 6: MISSOURI BAPTIST CONVENTION HAS THE RIGHT TO APPOINT THE BOARD OF TRUSTEES. FORM 990, PART VI, SECTION A, LINE 7A: THE MISSOURI BAPTIST CONVENTION ELECTS THE BOARD OF TRUSTEES. FORM 990, PART VI, SECTION A, LINE 7B: MISSOURI BAPTIST CONVENTION MUST AGREE TO ANY CHARTER CHANGES AND TO ANY SALES OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS. FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION SENT A COPY OF THE 990 VIA E-MAIL TO THE BOARD OF TRUSTEES BEFORE THE RETURN WAS FILED. FORM 990, SECTION B, LINE 12C: PART VI, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE CONFLICTS OF INTERESTS ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15: THE ADMINISTRATIVE COMMITTEE REVIEWS AND MAKES RECOMMENDATIONS REGARDING COMPENSATION PACKAGES. THE ADMINISTRATIVE COMMITTEE RECEIVED AND REVIEWED COMPENSATION STUDIES FROM TWO INDEPENDENT SURVEYS AS WELL AS REVIEWING COMPENSATION FOR SENIOR EMPLOYEES OF LOCAL COMPARABLE AGENCIES. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

332211 11-14-23

| Schedule O (Form 990) 2023 | Page 2 |
|--|---|
| Name of the organization MISSOURI BAPTIST CHILDREN'S HOME | Employer identification number 43-0697046 |
| | |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| BY REQUEST. | |
| | |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: | |
| CHANGE IN BENEFICIAL INTERESTS IN PERPETUAL TRUSTS | 706,129. |
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SCHEDULE R (Form 990)

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

2023

OMB No. 1545-0047

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

Attach to Form 990.

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

MISSOURI BAPTIST CHILDREN'S HOME

Name of the organization

Partl

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Employer identification number 43-0697046

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

| 0) 2023 | Form 99 | Schedule R (Form 990) 2023 | | | ō | see the Instructions for Form 990. | For Paperwork Reduction Act Notice, see the Instructions for Form 990. |
|-------------------------------|---------|----------------------------|--------------------|-------------|--------------------------|------------------------------------|--|
| × | | FAMILY MINISTRIES | LINE 7 | 501(C)(3) | MISSOURI | EXPERIENCING UNPLANNED | KANSAS CITY, MO 64113 |
| | | MBCH CHILDREN AND | | | | GUIDANCE TO THOSE | PO BOX 22553 |
| | | | | | | PROVIDE LOVE, SUPPORT, & | THE L.I.G.H.T HOUSE, INC 43-1569525 |
| | × | CHILDREN'S HOME | LINE 12A, I | 501(C)(3) | MISSOURI | AND RAISE FUNDS FOR MBCH | BRIDGETON, MO 63044-2793 |
| | | MISSOURI BAPTIST | | | | AND INVESTMENT PROPERTIES | 11300 ST. CHARLES ROCK ROAD |
| | | | | | | MANAGE ENDOWMENT OF MBCH | MBCH FOUNDATION - 43-1892785 |
| | × | CHILDREN'S HOME | LINE 12A, I | 501(C)(3) | MISSOURI | PROGRAMS OF MBCH CFM | BRIDGETON, MO 63044-2793 |
| | | MISSOURI BAPTIST | | | | HOUSE THE SERVICES AND | 11300 ST. CHARLES ROCK ROAD |
| | | | | | | OWNS THE CAMPUSES THAT | MBCH PROPERTIES - 43-1948011 |
| | × | CHILDREN'S HOME | LINE 10 | 501(C)(3) | MISSOURI | YOUTH AND FAMILIES | BRIDGETON, MO 63044-2793 |
| | | MISSOURI BAPTIST | | | | SERVICES FOR CHILDREN, | 43-1948009, 11300 ST. CHARLES ROCK ROAD, |
| | | | | | | PROVIDE PROGRAMS AND | MBCH CHILDREN AND FAMILY MINISTRIES - |
| No | Sə | | 501(c)(3)) | | | | |
| entity? | ent | entity | status (if section | section | foreign country) | | of related organization |
| tion 512(b)(13) controlled | Section | Direct controlling | Public charity | Exempt Code | Legal domicile (state or | Primary activity | Name, address, and EIN |
| (6) | ِ ا | (f) | (e) | (p) | (c) | (q) | (a) |

SEE PART VII FOR CONTINUATIONS

MISSOURI BAPTIST CHILDREN'S HOME

43-0697046

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

| (f) Section 5/2(b)(13) controlled controlled organization? | - | | | | | | |
|--|--|--|--|--|--|--|--|
| (e) Public charity Direct status (if section 6501(c)(3)) | LINE 1 | | | | | | |
| (d) Exempt Code section | 501(C)(3) | | | | | | |
| (c) Legal domicile (state or foreign country) | MISSOURI | | | | | | |
| (b) Primary activity | SERVE TOGETHER TO GROW GREAT COMMISSION CHURCHES | | | | | | |
| (a) Name, address, and EIN of related organization | MISSOURI BAPTIST CONVENTION - 44-0559931 400 E. HIGH STREET STEFFERSON CITY, MO 65101-3253 | | | | | | |

MISSOURI BAPTIST CHILDREN'S HOME

Part III

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. 43-0697046 Schedule R (Form 990) 2023

Page 2

| (X | General or Percentage managing ownership partner? | | | | | | | | | |
|------------|---|-------------------|--|--|--|--|--|--|--|--|
| 9 | ieneral or nanaging partner? | YesNo | | | | | | | | |
| (E) | Code V-UBI | K-1 (Form 1065) N | | | | | | | | |
| Ē | Disproportionate allocations? | No | | | | | | | | |
| (a) | Share of Disp end-of-year | Yes | | | | | | | | |
| | enc S | J | | | | | | | | |
| Œ | Share of total income | | | | | | | | | |
| (e) | Predominant income (related, unrelated, excluded from tax under | sections 512-514) | | | | | | | | |
| (Đ | Direct controlling entity | , | | | | | | | | |
| (၁ | Legal domicile (state or | country) | | | | | | | | |
| (q) | Primary activity | | | | | | | | | |
| (a) | Name, address, and EIN of related organization | | | | | | | | | |

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

| _ 0 | l | | |
|--|---|--|--|
| Section 512(b)(13) controlled entity? | | | |
| | | | |
| (h) Percentage ownership | | | |
| Per | | | |
| of year ts | | | |
| (g) Share of end-of-year assets | | | |
| | | | |
| (f) Share of total income | | | |
| (f) are of incon | | | |
| | | | |
| (e) Type of entity (C corp, S corp, or trust) | | | |
| (e) e of e orp, S or trus | | | |
| T, O, | | | |
| (d) Direct controlling entity | | | |
| (d) contreentity | | | |
|)irect | | | |
| ricile (% | | | |
| (c) Legal domicile (state or foreign country) | | | |
| <u> </u> | | | |
| lty. | | | |
| (b) Primary activity | | | |
| (rimar) | | | |
| _ | | | |
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| | | | |
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| Z c | | | |
| and E | | | |
| (a) dress, d orga | | | |
| (a) Name, address, and EIN of related organization | | | |
| Nam | | | |
| | | | |
| | | | |
| | | | |

Schedule R (Form 990) 2023

Page 3

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

| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | Yes | ٩ |
|---|--|------------------------------|--|------------|------|------|
| 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? | ns with one or more re | lated organizations listed i | n Parts II-IV? | | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | ity | | | 1 a | | × |
| b Gift, grant, or capital contribution to related organization(s) | | | | 1b | × | |
| c Gift, grant, or capital contribution from related organization(s) | | | | 9 | × | |
| Loans or loan guarantees to or for related organization(s) | | | | 19 | | × |
| e Loans or loan quarantees by related organization(s) | | | | 1 | | × |
| | | | | | | |
| f Dividends from related organization(s) | | | | # | | × |
| g Sale of assets to related organization(s) | | | | 1g | | × |
| h Purchase of assets from related organization(s) | | | | 1h | | × |
| i Exchange of assets with related organization(s) | | | | ;= | | × |
| j Lease of facilities, equipment, or other assets to related organization(s) | | | | -ţ | | × |
| k I ease of facilities equipment or other assets from related organization(s) | | | | ¥ | | × |
| Dorformanco of continuo or momborchia or fundraising collections for | (2) (2) (2) (3) (3) (4) (4) (5) (5) (5) (6) | | | Ŧ | | × |
| | elated organization(s)elated organization(s) | | | + | × | 4 |
| Sharing of facilities equipment mailing lists or other assets with relate | tion(s) | | | ⊢ | × | |
| | (c) | | | + | × | |
| | | | | | | |
| p Reimbursement paid to related organization(s) for expenses | | | | 9 | Г | × |
| Beimblirsement paid by related organization(s) for expenses | | | | - 5 | | × |
| | | | | 2 | | |
| r Other transfer of cash or property to related organization(s) | | | | ÷ | | × |
| | | | | 18 | | × |
| If the answer to any of the above is "Yes," see the instructions for infor | who must complete th | is line, including covered r | mation on who must complete this line, including covered relationships and transaction thresholds. | - | | |
| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved | volved | | |
| (1) MBCH CHILDREN AND FAMILY MINISTRIES | В | 2,158,740. | CASH | | | |
| (2) MBCH FOUNDATION | υ | 798,202. | CASH | | | |
| (3) MBCH FOUNDATION | M | 644,371. | CASH | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (9) | | | | | | |
| 332163 09-28-23 | | | Schedule R (Form 990) 2023 | R (Form | 6066 | 2023 |

Page 4

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

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

| (k) Percentage ownership | | | | | Schedule R (Form 990) 2023 |
|--|---|--|--|--|----------------------------|
| (j) neral or F naging | 2 | | | | -orm |
| Gene D mans part | | | | | B R (F |
| (h) | | | | | Schedule |
| (h) Disproportionate allocations? | | | | | |
| (g) Share of end-of-year assets | | | | | |
| (f) Share of total income | | | | | |
| (e) Are all partners sec. 501(c)(3) (er orgs.? | | | | | |
| (d) Predominant income (related, unrelated, excluded from tax undersections 512-514) | | | | | |
| (c) Legal domicile (state or foreign country) | | | | | |
| (b) Primary activity | | | | | |
| (a) Name, address, and EIN of entity | | | | | |

Form **8868**

(Rev. January 2024)

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

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.

| Electro | onic filing (e-file). You can electronically file Form 8868 to | request up | to a 6-month extension of time to fi | le any of | f the forms | | | | |
|-------------------------------------|--|-----------------|---|-------------|-------------------|-----------------|--|--|--|
| listed b | elow except for Form 8870, Information Return for Transfe | rs Associa | ted With Certain Personal Benefit Co | ontracts. | An extension | ı | | | |
| request | t for Form 8870 must be sent to the IRS in a paper format (| see instru | ctions). For more details on the elect | ronic filir | ng of Form | | | | |
| 8868, v | isit www.irs.gov/e-file-providers/e-file-for-charities-and-non-p | orofits. | | | | | | | |
| Caution | n: If you are going to make an electronic funds withdrawal (| direct deb | it) with this Form 8868, see Form 84 | 53-TE ar | nd Form 8879 | -TE for payment | | | |
| instruct | tions. | | | | | | | | |
| All corp | orations required to file an income tax return other than Fo | orm 990-T | (including 1120-C filers), partnerships | s, REMIC | Os, and trusts | ; | | | |
| must u | se Form 7004 to request an extension of time to file income | e tax returi | ns. | | | | | | |
| Part I - | Identification | | | | | | | | |
| Type o | Name of exempt organization, employer, or other filer | , see instru | uctions. | Taxpay | er identification | on number (TIN) | | | |
| Print | | | | | | | | | |
| File by the | MISSOURI BAPTIST CHILDREN'S | HOME | | | 43-06 | 97046 | | | |
| due date f | Number, street, and room or suite no. If a P.O. box, see instructions. | | | | | | | | |
| filing your return. Se | |) | | | | | | | |
| instruction | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | | | | | | | | |
| | BRIDGETON, MO 63044-2793 | | | | | | | | |
| Enter th | ne Return Code for the return that this application is for (file | e a separat | e application for each return) | | | 01 | | | |
| Applica | ation Is For | Return | Application Is For | Re | | | | | |
| | | Code | | | | Code | | | |
| Form 9 | Form 990 or Form 990-EZ 01 Form 4720 (other than individual) | | | | | | | | |
| Form 4720 (individual) 03 Form 5227 | | | | | | 10 | | | |
| Form 9 | 90-PF | 04 | Form 6069 | | | 11 | | | |
| Form 9 | 90-T (sec. 401(a) or 408(a) trust) | 05 | Form 8870 | | | 12 | | | |
| Form 9 | 90-T (trust other than above) | 06 | Form 5330 (individual) | | | | | | |
| Form 9 | 90-T (corporation) | 07 | Form 5330 (other than individual) | | | 14 | | | |
| Form 1 | 041-A | 08 | | | | | | | |
| After | you enter your Return Code, complete either Part II or Part | t III. Part III | l, including signature, is applicable o | nly for a | n extension o | ıf | | | |
| time to | file Form 5330. | | | | | | | | |
| If this | application is for an extension of time to file Form 5330, ye | ou must ei | nter the following information. | | | | | | |
| F | Plan Name | | | | | | | | |
| F | Plan Number | | | | | | | | |
| F | Plan 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 | 63044-2 | 2793 | | | |
| | phone No. 314-739-6811 | | Fax No. | | | | | | |
| | e organization does not have an office or place of business | | | | | | | | |
| • If thi | is is for a Group Return, enter the organization's four-digit C | _ | | | | | | | |
| 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 | ${	ext{SR}}$ ${	ext{15}}$, 20 ${	ext{24}}$, to file | the exe | mpt organiza | tion return for | | | |
| tl | ne organization named above. The extension is for the orga | anization's | return for: | | | | | | |
| 2 | | | | | | | | | |
| L | tax year beginning , 20 , and ending , 20 | | | | | | | | |
| | | | | | | | | | |
| 2 If | the tax year entered in line 1 is for less than 12 months, ch | neck reasc | on: Initial return I | Final retu | urn | | | | |
| | 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 | | | _ | | | |
| <u>e</u> | stimated tax payments made. Include any prior year overpa | ayment all | owed as a credit. | 3b | \$ | 0. | | | |
| с В | Salance due. Subtract line 3b from line 3a. Include your pa | yment with | n this form, if required, by | | | _ | | | |
| | sing FFTPS (Flectronic Federal Tax Payment System), See | instructio | ns | 30 | s \$ | 0. | | | |