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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 black lung benefit trust or private foundation)

OMB No 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

<u>A I</u>	or the	2009 calendar year, or tax year beginning and end	ıng						
В	Check if applicable	Please Use IRS		D Employer identific	cation number				
	Addres change								
	□Name □change	type Doing Business As		43-0	697046				
	Initial return		m/surte	E Telephone number					
Γ	Termin				739-6811				
X	Amend			G Gross receipts \$	4,301,329.				
Ē	Applica			H(a) Is this a group re					
_	Lion pendin	F Name and address of principal officer RUSSELL L MARTIN	· -	for affiliates?	Yes X No				
		• •							
		11300 ST. CHARLES ROCK ROAD		H(b) Are all affiliates inc					
		mpt status: X 501(c) (3) ◀ (insert no)			list. (see instructions)				
		e: ► MBCH.ORG		H(c) Group exemption					
		organization: X Corporation	L_Year	of formation: 1886 N	State of legal domicile: MO				
ت		Briefly describe the organization's mission or most significant activities. THE ORG	CANT	ZATTON EYTC	חפ היי				
8		PROVIDE SUPPORT TO VARIOUS AFFILIATED AGENC							
Г	-								
Ę	i .	Check this box In the organization discontinued its operations or disposed	or more	1 1					
á		Number of voting members of the governing body (Part VI, line 1a)		3	27				
8		Number of independent voting members of the governing body (Part VI, line 1b)		4	27				
es	5	Total number of employees (Part V, line 2a)		5	16				
Activities & Governance	6	Total number of volunteers (estimate if necessary)		6	0				
₹	7a -	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	0.				
_	ь	Net unrelated business taxable income from Form 990-T, line 34		. 7b	0.				
				Prior Year	Current Year				
•	8 (Contributions and grants (Part VIII, line 1h)		3,547,712.	2,924,454.				
Ž		Program service revenue (Part VIII, line 2g)							
Revenue	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	706,248.	989,133.					
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		280,800.	327,200.				
		Fotal revenue - add lines 8 through 11 (mgstrequal Part VIII) column.(A), line 12)		4,534,760.	4,240,787.				
				4,334,700.	4,240,101.				
	i	Grants and similar amounts paid (Part IX, column (A), Vines 4/3)	-						
	I	Benefits paid to or for members (Part IX, column (A), line 4)	704 200	074 540					
Expenses	15	Salaries, other compensation, employee begints (Carpin 160) lines 5-10)		794,388.	874,542.				
Ë	16a	Professional fundraising fees (Part IX, column (A), line 11e)		503,374.	<u>570,545.</u>				
<u>\$</u>	b b	Total fundraising expenses (Part IX, column (D), line 25) 570,545	<u>•</u>						
ш	17 (Other expenses (Part IX, column (A), lines 1.1a 11d, 11f 24f)		803,572.	712,434.				
	18	Fotal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		2,101,334.	<u>2,157,521.</u>				
	19	Revenue less expenses. Subtract line 18 from line 12 .		2,433,426.	2,083,266.				
o S	20 21 22 art II		Be	ginning of Current Year	End of Year				
- <u>85</u> 2	20	Total assets (Part X, line 16)		3,760,637.	4,224,868.				
	21	Total liabilities (Part X, line 26)		270,631.	494,029.				
SE S	22	Net assets or fund balances. Subtract line 21 from line 20		3,490,006.	3,730,839.				
P.	art II	Signature Block							
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and start and complete Declaration of which preparer (other than officer) is based on all information of which preparer has any kn	tements, a	and to the best of my knowleds	ge and belief, it is true, correct,				
\geq		and complete Declaration of reparer (other than officer) is based on all information of which preparer has any kn	nowledge	,					
えん	,	/ // reats		11/03	2010				
$C_{2}^{\prime\prime}$	<u>"</u>	Signature of officer		Date					
5	٦	RUSSELL L MARTIN, EX. VP AND TREASURER							
Ź		Type or print pame and title							
₹		Doto	Chi	eck if Prepare	er's identifying number				
NONSCENNIA CONS	d	richatel s	set	(see ins	structions)				
	parer's	Signature 11/02/	T O ew						
	Only	yours if BOERILER BATES ASSOCIATES FC		EIN ►					
	,	self-employed), address, and address, and							
_		JEFFERSON CITY, MO 65109		Phone no. ► (<u>573) 893-4991</u>				
Ma	v the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No				

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. 932001 02-04-10

	990 (2009) MISSOURI BAPTIST CHILDREN'S HOME 43-0697	046	Р	age 3
Par	t 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?	_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? If "Yes," complete Schedule C, Part II	4	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	_6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI.			
•	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.			
	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			
	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
-	Schedule D, Parts XI, XII, and XIII.	12		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	make the control of t	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			

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X

X

16

17_

18

19

17

19

complete Schedule G, Part III

located outside the United States? If "Yes," complete Schedule F, Part III

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

Part IV Checklist of Required Schedules (continued)

		ľ	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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			ľ
	Schedule K If "No", go to line 25 .	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			İ
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	1		
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes, " complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			l
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	1		
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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 in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	_X_	<u> </u>
		Form	990 ((2009)

rai	Statements Regarding Other IRS Filings and Tax Compliance			
•	l l F		Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			ĺ
	U.S. Information Returns Enter -0- if not applicable 1a 4	ļ		ĺ
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	i		1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		<u> </u>
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 2 16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		<u> X</u>
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and	1		-
	Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_X_
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X_
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		<u> </u>
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	İ		
	provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
-	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
_	at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		-
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter.			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
		12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			l .

Form **990** (2009)

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 in Schedule O. See instructions.

<u>Sec</u>	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a	27		•	
b	Enter the number of voting members that are independent	1b	27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other				
	officer, director, trustee, or key employee?			2		_X_
3	Did the organization delegate control over management duties customanly performed by or under the	e direct supervisi	on			
	of officers, directors or trustees, or key employees to a management company or other person?			3		_X_
4	Did the organization make any significant changes to its organizational documents since the prior Fo	rm 990 was filed	?	4		_X_
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts?		5		_X_
6	Does the organization have members or stockholders?			_ 6		_X_
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embers of the				
	governing body?			7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	rsons?		7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year				
	by the following:					
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			_8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)			,	
			1		Yes	No
	Does the organization have local chapters, branches, or affiliates?			10a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapters, affiliate	s,			
	and branches to ensure their operations are consistent with those of the organization?			_10b	Х	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	iling the form?		_11	Х	
11A						
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that con	uld give rise				
	to conflicts?			12b		<u>X</u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," describe				
40	In Schedule O how this is done	•		12c	37	<u>X</u>
13	Does the organization have a written whistleblower policy?	•		13	X	
14	Does the organization have a written document retention and destruction policy?			14		_X_
15	Did the process for determining compensation of the following persons include a review and approve	• •	t			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v	
a	The organization's CEO, Executive Director, or top management official			15a	X	
D	Other officers or key employees of the organization			15b	Х	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger taxable entity during the year?	nent with a		40-	х	
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	luate te participa	tion	16a	_^_	
b	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org		lion			
	exempt status with respect to such arrangements?	ariization s		16b	x	
Sec	tion C. Disclosure			ַנטט	- 42	
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(501(c)(3)s only)	available	for		
	public inspection. Indicate how you make these available. Check all that apply.	(CO I (C)(C)S OI IIY)	avanabi6			
	X Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	onflict of interest	nolicy ar	ıd fina	ncıal	
	statements available to the public.	or interest	policy, al	u ilia	iciai	
20	State the name, physical address, and telephone number of the person who possesses the books a	nd records of the	organizat	ion. 🕨	•	
	RUSSELL L MARTIN - 314-739-6811		J. 900 11201			
	11300 ST CHARLES ROCK ROAD BRIDGETON, MO 63044-2	793				

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

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. Use Schedule J-2 if additional space is needed.
- 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. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees, highest compensated employees; and former such persons.

Check this box if the organization did not co	ompensate an	y cu	ırrer	nt off	ficer	, dire	ecto	r, or trustee				
(A)	(B)		(C)					(D)	(E)	(F)		
Name and Title	Average			Pos				Reportable	Reportable	Estimated		
	hours	(c	hecl	k all	that	app	ly)	compensation	compensation	amount of		
	per	喜				İ		from	from related	other		
	week	E				25		the	organizations	compensation		
		<u>\$</u>	Ste			뛇		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the		
	,	'Individual trustee or director	Institutional trustee	İ	Key employee	[종_		(W-2/1099-W15C)		organization and related		
		활	를	ļ Ņ	ᄩ	See	쿌			organizations		
		Ē	턀	O O	\$	Highest compensated employee	ᅙ			organizations		
RAYMOND R KENISON												
PRESIDENT	20.00		<u> </u>	X				63,888.	63,888.	93,724.		
RUSSELL MARTIN												
EX. VP AND TREASURER	20.00	ļ	<u> </u>	X				54,569.	54,568.	28,706.		
MR. URSON CHARLES LOGUE	4		ĺ						_			
CHAIRMAN	1.50	-		X		 		0.	0.	0.		
MRS. JOANNE M ROYER RECORDING SECRETARY	1.50			x				0.	0	•		
MR. W. CARL JORDAN	1.50			^		-		0.	0.	0.		
VICE-CHAIRMAN	1.50			x		Ī		0.	0.	0.		
THERE ARE 24 ADD'L DIREC	1.50					<u> </u>		0.	0.	<u> </u>		
SEE ATTACHED	1.50				İ			0.	0.	0.		
				İ						<u> </u>		
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		<u> </u>								<u> </u>		
	,									-		
· · · · · · · · · · · · · · · · · · ·										_		

0697046	Page 8
7)	

	Name and title	(B)			(C Posi	-			(D) Reportable	(E) Reportable			F) nated	
	name and title	Average hours	(c				app	ly)	compensation	compensation	.		unt of	
		per week	Individual trustee or director	Institutional trustee	Отповг	Кеу етріоуев	Highest compensated employee	Боттет	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS(C) (ompe fron organ and r	her nsation the ization elated zation	n i
		<u> </u>									<u> </u>			
		-									-	-	-	
			i											
	Total							•.••	118,457.	118,45	6 1	22	13	<u></u>
2	Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed al	oove	e) wh	o r				. 2 2	, 43	0
3	Did the organization list any former office	•		, ke	y em	plo	yee,	or I	highest compensated er	nployee on				VO V
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the sand related organizations greater than \$1	sum of reportab	le co						•	the organization	4		K	<u>X</u>
5	Did any person listed on line 1a receive of the organization? If "Yes," complete Sche	=			rom	any	unr	elat	ted organization for serv	ices rendered to	5			X
1	tion B. Independent Contractors Complete this table for your five highest of the organization.	ompensated in	depe	ende	nt c	ontr	acto	rs t	that received more than	\$100,000 of comp	ensatio	n froi	m	
VD/	(A) Name and busines		T 173 (7 7		772			(B) Description of s	ervices	Com	(C) pensa	ation	
	CH FOUNDATION, 11300 S AD, BRIDGETON, MO 6304		LEX	- r	-				FUND RAISING	EXPENSE	4	29	,36	0.
					_									
	Total number of independent contractors	(including but a	not li	mite	d to	the	ما م	ter	1 above) who recoved ~	ore then				
	\$100,000 in compensation from the organ	_	.UL III	·······································			1		above, who received if	IOI G LITALIT	For	QC	0 (20	

	1 990 (ST CHIL	DREN'S HOM	<u>E</u>	<u>43-0697</u>	0 4 6 Page 9
Pa	rt VIII	Statement of Revenue					
	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इस	1 a	Federated campaigns 1a					
ĒŽ	b	Membership dues 1b					
3,E	С	Fundraising events 1c 1	2,089.				
ar a	d	Related organizations 1d					
δ,E	е	Government grants (contributions) 1e					
rior		All other contributions, gifts, grants, and	-				
돌			12365.				
93	а	Noncash contributions included in lines 1a-1f \$					
Contributions, gifts, grants and other similar amounts	_	Total. Add lines 1a-1f		2,924,454.			
			Business Code				<u> </u>
9	2 a						
울_	b		-1-1		= -, -		
8 5	C						
E 9	d					 -	
Program Service Revenue	e						
F.	f	All other program service revenue					
į		Total. Add lines 2a-2f					-
	3	Investment income (including dividends, interes	t, and				
		other similar amounts)	•	980,923.	980,923.		
	4	Income from investment of tax-exempt bond pro	oceeds		,		
	5	Royalties	•				
		(i) Real	(ii) Personal				
	6 a	Gross Rents 13,300.					
	b	Less: rental expenses 8,546.					
	С	Rental income or (loss) 4,754.	•				
		Net rental income or (loss)	•	4,754.	4,754.		
	7 a	Gross amount from sales of (i) Securities	(ii) Other	•			
		assets other than inventory 1,980.	22,801.				
	ь	Less: cost or other basis	-				
		and sales expenses 2,005.	14,566.				
	С		8,235.				
	d	Net gain or (loss)		8,210.	8,210.		
Other Revenue	8 a	Gross income from fundraising events (not including \$ 12,089. of contributions reported on line 1c). See			_		
E		Part IV, line 18 a 1	28,267.				
₽	b	Less: direct expenses b	35,425.				
٥	С	Net income or (loss) from fundraising events		92,842.	92,842.		
	9 a	Gross income from gaming activities See			-		
ĺ		Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities	>				
ł	10 a	Gross sales of inventory, less returns					
		and allowances . a					
ł	b	Less: cost of goods sold . b					
ļ	С	Net income or (loss) from sales of inventory	<u> </u>				
ļ			Business Code				
		VEHICLE LEASE REVENUE	624100	206,692.			
		CONTRACTUAL SERVICES	624100	12,000.	12,000.		
	С	MISCELLANEOUS	624100	10,912.	10,912.		
	d	All other revenue					
	е	Total. Add lines 11a-11d	>	229,604.			
02000	12	Total revenue. See instructions.		4,240,787.	1,316,333.	0.	0.
93200 02-04	-10						Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
4 5	Compensation of current officers, directors,	153,422.	152 422	-	
6	trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	155,422.	153,422.		
7	Other salaries and wages	493,751.	493,751.		**
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	403,731.	433,731.		
9	Other employee benefits	227 222			
10	Payroll taxes	227,369.	227,369.		
11	Fees for services (non-employees)				
а		711	1711		
b	Legal	711.	711.		
С	Accounting	22,999.	22,999.		
d		550 545			550 545
е	Professional fundraising services. See Part IV, line 17	570,545.			570,545
f	Investment management fees				
g					
12	Advertising and promotion	<u> </u>	F2 02F		
13	Office expenses	52,935.	52,935.		
14	Information technology			· · · · · · · · · · · · · · · · · · ·	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	11 101		11 101	
19	Conferences, conventions, and meetings	11,191.		11,191.	
20	Interest				
21	Payments to affiliates	127,631.		127,631.	
22	Depreciation, depletion, and amortization	36,964.		36,964.	
23 24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	30,304.		30,304.	
а	GRANT AND TAX CREDIT EX	200,908.	200,908.		
b	OTHER PROMOTIONAL EXPEN	95,451.	95,451.		
c	MISCELLANEOUS	38,499.		38,499.	
c	BOARD EXPENSE	30,273.	30,273.		
e	SMALL EQUIP PUR	24,189.	24,189.		
f	All other expenses	70,683.	61,255.	9,428.	
25	Total functional expenses. Add lines 1 through 24f	2,157,521.	1,363,263.	223,713.	570,545
26	Joint costs. Check here if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

932010 02-04-10

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	1,559,278.	1	673,721.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	15,394.	3	54,093.
	4	Accounts receivable, net	77,208.	4	17,476.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L	İ	5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
23	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	65,009.	8	65,000.
ď	9	Prepaid expenses and deferred charges	121,081.		65,000. 116,117.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,113,4	158.		
	ь	Less: accumulated depreciation 10b 587, 9	525,906.	10c	525,510.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	1,396,761.		2,772,951.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,760,637.	16	4,224,868.
	17	Accounts payable and accrued expenses .	163,649.		379,950.
	18	Grants payable .		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
စ္ဆာ	21	Escrow or custodial account liability. Complete Part IV of Schedule D	1	21	,
Liabilities	22	Payables to current and former officers, directors, trustees, key employees	s,		
ā		highest compensated employees, and disqualified persons Complete Par	t II		
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	-
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	106,982.	25	114,079.
	26	Total liabilities. Add lines 17 through 25	270,631.	26	494,029.
		Organizations that follow SFAS 117, check here X and complete	ete		
စ္မ		lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	2,702,264.	27	2,592,578.
3918	28	Temporanly restricted net assets	787,742.	28	1,138,261.
Ā	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117, check here and	1		
5		complete lines 30 through 34.			
ets S	30	Capital stock or trust principal, or current funds		30	
1 3S	31	Paid in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	33	Total net assets or fund balances	3,490,006.	33	3,730,839.
	34	Total liabilities and net assets/fund balances	3,760,637.		4,224,868.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2009)

X

За

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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. ➤ See separate instructions.

Open to Public Inspection

Name of	the organizati	ion						E	mployer i	dentificati	on nu	mber
		MISSOUR	I BAPTIST CH	ILLDRE	N'S H	OME			43	<u>8-0697</u>	046	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t.) See ins	tructions				
The organ			because it is: (For lines is, or association of chur	_		-	•).				
2 🔲	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🖳			tal service organization									
4 📖	A medical res	search organization of	operated in conjunction	with a hos	pital desci	nbed in se	ction 170	(b)(1)(A)(i	iii). Enter th	ne hospital	's nam	ıe,
	city, and stat		· · · · · · · · · · · · · · · · · · ·						_			
5 📖			benefit of a college or u	niversity o	wned or op	perated by	a governi	mental un	nt describe	ed in		
e 🗀		(b)(1)(A)(iv). (Comple		t daaarba	al	470/LV	437.43					
6			ent or governmental uni eives a substantial part					v from th	o gonoral n	ممماء ماطيي	، اممط	
'		(b)(1)(A)(vi). (Comple		oi its supp	on nom a	governme	intai uniit C	יוו וויסוו ונו	e general p	ublic desc	nbea i	n
8 🗀			ection 170(b)(1)(A)(vi).	(Complete	Part II \							
9 X			eives: (1) more than 33			rom contri	hitione m	namharch	in foot an	d aross ro	cointe	from
			nctions - subject to certa							-		
			axable income (less sect							-		
		509(a)(2). (Complete		,	by 110111 bu	0.11000000	aoquirou b	y the erg	ariizatiori a	itoi ourio c	0, 107	J .
10			perated exclusively to te	st for publ	ıc safetv. S	See sectio	n 509(a)(4	4).				
11 🔲			perated exclusively for the					-	rv out the r	ourposes o	of one	or
	_	-	ations described in secti		-					•		
			organization and compl				•					
	a Type	l b	Type II d	с 🔲 Тур	e III - Fund	tionally inf	tegrated	٠	d 🔲	Type III - 0	Other	
е 🔲	By checking	this box, I certify tha	it the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified p	ersons oth	ner tha	.n
	foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 50	9(a)(1) or s	ection 509)(a)(2).	
f	If the organiz	ation received a writ	ten determination from	the IRS tha	at it ıs a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganızatıon, check th	nis box							•		
g	Since Augus	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing pei	rsons?			
			rectly controls, either al	lone or tog	ether with	persons o	lescribed	ın (ii) and	(iii) below,		Yes	No
	•	• •	upported organization?							11g(i)	igsquare	
			n described in (i) above?		_					11g(ii)		
			person described in (i)							11g(iii)		L
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) is the c	organization	(v) Did voi	u notify the	(vi) l	s the	(vii) An	oount o	
• •	anization	(11) E.114	organization (described on lines 1-9	in col. (i) la	sted in your	organizat	ion in col.	organızát (i) organı	ion in col. l		port	'
· ·			above or IRC section	governing	document?	(i) of you	r support?	Ü.S	5.7		,	
			(see instructions))	Yes	No	Yes	No	Yes	No			
		_										
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Total												
Total	Privacy Act	d Bananyaris Barin	ction Act Notice, see the	ho Inchii	tions for	L	I	Cabadii	<u> </u>	. 000 01		
	Tivacy ACL an	in Lahei Molk UGOO	Cuon act Nouce, see t	ne msaac	uons tor			ocnedu	le A (Form	ı yy u or ya	ᄱᄯᄼ	ZUU3

932021 02-08-10

Form 990 or 990-EZ.

Pa	Support Schedule for (Complete only if you checke				0(b)(1)(A)(iv) an	ıd 170(b)(1)(A)(ı	/i)
Se	ction A. Public Support		·				
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and	(4) 5555	(2) 2333	(0) = 00.	(0) 2000	(0) = 000	(i) rotar
·	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-			-		- -	
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities			_			
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				 		
5	The portion of total contributions				- 		
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included		İ				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4			-			
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						• •
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carned on						
10	Other income Do not include gain						-
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)		• •	12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth	tax year as a section	on 501(c)(3)	
_	organization, check this box and stop		<u>.</u>				
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2009 (ine 6, column (f) d	ivided by line 11,	column (f))	•	14	9
15	Public support percentage from 2008	Schedule A, Part	II, line 14			15	9
16a	33 1/3% support test - 2009. If the o	rganızation dıd no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n			▶□
t	33 1/3% support test - 2008. If the o	rganization did no	t check a box on	ine 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	ıs box
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation .			▶□
17a	10% -facts-and-circumstances tes	t - 2009. If the org	anization did not o	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	ices" test, check t	his box and stop	here. Explain in Pa	art IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		
t	10% -facts-and-circumstances tes	t - 2008.If the org	anization did not o	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, o	heck this box and	i stop here. Explai	n in Part IV how the	•
	organization meets the "facts-and-circ	cumstances" test	The organization	qualifies as a pub	licly supported org	anization	▶□
18	Private foundation. If the organization	n did not check a	hox on line 13, 16	Sa 16h 17a or 17	h check this how	and see instruction	

Schedule A (Form 990 or 990-EZ) 2009

Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 18.61 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 17.79 % 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization $\triangleright X$ b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

Section 5	01(c)(4), (5), or (6) organiza	tions: Complete Part III			
Name of orga				E	mployer identification number
	MISSOUR	I BAPTIST CHILD	REN'S HOME		43-0697046
Part I-A	Complete if the org	anization is exempt un	der section 501(c) or is a section 52	7 organization.
1 Provide	a description of the organiz	ation's direct and indirect polit	ical campaign activities	in Part IV.	
2 Political	expenditures			<i>'</i>	> \$
3 Voluntee	er hours				
					•
Part I-B		janization is exempt un			
	•	incurred by the organization ur			> \$
2 Enter th	e amount of any excise tax	incurred by organization mana	gers under section 495	5 i	S
3 If the or	ganization incurred a section	n 4955 tax, did it file Form 472	0 for this year?		Yes No
4a Was a c	orrection made?				☐ Yes ☐ No
	describe in Part IV.		dan a a stian 504/a	\	041-1/0
Part I-C		janization is exempt un		•	
	•	d by the filing organization for s	•		> \$
2 Enter th	e amount of the filing organ	ization's funds contributed to o	other organizations for	_	
•	function activities .				> \$
	•	s. Add lines 1 and 2 Enter here	and on Form 1120-PO	L, .	
line 17b	•				* \$
	filing organization file Form				Yes No
		nployer identification number (I			
		the amount paid from the filing			or a political action committee
		i, provide information in Part IV	=	eparate segregateu turio	or a political action committee
(1 710). 11	•			(D A	
	(a) Name	. (b) Address	(c) EIN	(d) Amount paid fro filing organization	1 ' '
				funds. If none, enter	- I
					delivered to a separate
					political organization. If none, enter -0
					ii none, onter o
	·				
		, and the second			
			-		
			1		
-					
]	1

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

Schedule C (Form 990 or 990-EZ) 2009

932041 02-04-10

Schedule C (Form 990 or 990-EZ) 2009	MISSOURI BA	APTIST CHIL	DREN'S HOME	43-0	697046 Page 2
Part II-A Complete if the org		ipt under sectioi	n 501(c)(3) and file	ed Form 5768	
(election under sec					
A Check X if the filing organizat					
Limit	on checked box A and s on Lobbying Expenditures" means amoun	ditures		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion (gi	rass roots lobbying)	-		
b Total lobbying expenditures to influ					
c Total lobbying expenditures (add lii					
d Other exempt purpose expenditure	es				
e Total exempt purpose expenditures	s (add lines 1c and 1d)			···	
f Lobbying nontaxable amount. Ente	r the amount from the	following table in both	n columns		
If the amount on line 1e, column (a) o	r (b) is: The lobb	ying nontaxable amo	ount is:		
Not over \$500,000	20% of the	ne amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,000	plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,000	plus 10% of the exc	ess over \$1,000,000		· -
Over \$1,500,000 but not over \$17,	000,000 \$225,000	plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0				
g Grassroots nontaxable amount (en			-		
h Subtract line 1g from line 1a. If zero			-		
i Subtract line 1f from line 1c. If zero	•	4: -11.41	[
j If there is an amount other than zer		ne 11, did the organiza	ation file Form 4/20	г	Yes No
reporting section 4911 tax for this		aging Period Under	Section 501/h)		Yes No
	ations that made a se lumns below. See the	ction 501(h) election	do not have to comp		
	Lobbying Expend	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures	7,500.	7,500.	27,500.	10,000.	52,500.
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

(election under section 501(h)).

	(a)	(b	
	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1))?		X		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities? If "Yes," describe in Part IV	-	X		
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				.
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5) or se	ction	
501(c)(6).		(0), 0. 00		
<u> </u>			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		•
Part III-B Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or se	ction	
501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 1 and 2 ar				
"Yes."				
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli	tical			
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		_2b		
c Total		_2c_		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	•	3_		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e		1		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information		5		
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5,	and Part II.R	line 1. Alec	complete	thic part
for any additional information.	and Fart IPD,	ille II. ASC	, complete	uiis part
PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:				
THE TENTE TO THE TOTAL T		•		
STAFF HAVE CONTACT WITH LEGISLATORS ON BOTH THE STAT	E AND N	NATION.	AL	
LEVEL TO DISCUSS PERTINENT ISSUES REGARDING MISSOURI	BAPTIS	T CHI	LDREN'	S
HOME. THESE CONTACTS OCCUR ON A SEMI-REGULAR BASIS	DURING	LEGIS	LATIVE	l

Schedule C (Form 990 or 990-EZ) 2009

SESSIONS, BUT INFREQUENTLY BETWEEN SESSIONS.

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Employer identification number Name of the organization MISSOURI BAPTIST CHILDREN'S HOME 43-0697046 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2009

		I BAPTIST						-069704		je 2
Par										
З.	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that	at are a s	ignificant use o	of its collection	n items	
	(check all that apply):									
а	Public exhibition	c	ı ∐ı	Loan or exc	change progra	ams				
b	Scholarly research	e	, 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's continuous	ollections and explai	n how th	ney further t	the organizati	on's exe	mpt purpose II	n Part XIV.		
5	During the year, did the organization solicit of	or receive donations	of art, his	stoncal trea	asures, or oth	er sımılaı	r assets			
	to be sold to raise funds rather than to be m	aintained as part_of	the organ	nızation's c	ollection?			Yes		No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if org	anization a	nswered "Ye	s" to For	m 990, Part IV	, line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.	_							
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other as	sets not	ıncluded			
	on Form 990, Part X?		•					Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowina t	table.						
-	,,,							Amoun		
С	Beginning balance						1c	74710471	<u> </u>	—
	Additions during the year						1d		-	—
u	Distributions during the year		••••	••••		•	1			—
•							1e			
1	Ending balance	own OOO Doot V line	. 010	•		•	1f	Yes		NI-
	Did the organization include an amount on F		211			·		∟ Yes	ш	No
Par	t V Endowment Funds. Complete			"Von" to Ec	orm 000 Dort	IV line 1	10			
Гаі	Lindowitient i diids. Complete	-								
		(a) Current year	(b) P	rior year	(c) Two yea	rs dack	(d) Three years	Dack (e) Four	years ba	3CK
1a	Beginning of year balance				1					
b	Contributions									
С	Net investment earnings, gains, and losses				-					
d	Grants or scholarships				-					
е	Other expenditures for facilities		1							
	and programs									
f	Administrative expenses									
g	End of year balance							ļ		
2	Provide the estimated percentage of the year	r end balance held a	as							
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	%								
3a ·	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	ered for t	he organizatioi	n		
	by:								Yes I	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations	•						3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Sched	dule R?				3b		
4	Describe in Part XIV the intended uses of the									
	t VI Investments - Land, Building). Part X. line	10				_
	Description of investment	(a) Cost or o			t or other		ccumulated	(d) Boo	k value	
	bescription of investment	basis (investi			(other)		preciation	(4) 500	\ value	
	Land	540.0 (,		20,000.		production	2	0 00	<u> </u>
_	Land				57,789.		43,181		0,00	
b	Buildings			10	01,103.		#3,101	· 14	4,60	<u>o .</u>
C	Leasehold improvements	-		1 7	14 420		126 010	-	7 [1	
d	Equipment				14,428.		126,910.		$\frac{7,51}{2,20}$	
	Other				31,241.	<u> </u>	417,857		3,38	
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	t X, colun	nn (B), line	10(c))			52	5,51	U.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 MISSOURI BA	PTIST CHILDRE	N'S HOME	43-0697046 Page 3
Part VII Investments - Other Securities. See	Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value		fethod of valuation and-of-year market value
Financial derivatives .			
Closely-held equity interests			
Other			
INVESTMENTS IN SECURITIES	2,772,951.	END-OF-YEAR	MARKET VALUE
		-	
		· · · · · · · · · · · · · · · · · · ·	
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)	2,772,951.		
Part VIII Investments - Program Related. Se			
(a) Description of investment type	(b) Book value		end-of-year market value
			
			· · · · · · · · · · · · · · · · · · ·
	-		<u>-</u>
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line			
(a)	Description		(b) Book value
			
•	 -		
Total. (Column (b) must equal Form 990, Part X, col (B) line			
Part X Other Liabilities. See Form 990, Part X,	line 25.		
1. (a) Description of liability		(b) Amount	
Federal income taxes ACCRUED RETIREMENT COSTS		98,798.	
ACCRUED PAYROLL TAXES		6,850.	
VACATION PAYABLE		8,431.	
Total. (Column (b) must equal Form 990, Part X, col (B) line	251	114,079.	
2. FIN 48 Footnote. In Part XIV, provide the text of the foo			reports the organization's liability for

uncertain tax positions under FIN 48

$\overline{}$	dule D (Form 990) 2009 MISSOURI BAPTIST CHILDREN'	S HC	ME			0697046	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	o Audi	ted Finan	cial Sta	tement	5	
1 '	Total revenue (Form 990, Part VIII, column (A), line 12)		·	1			<u></u>
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			
3	Excess or (deficit) for the year. Subtract line 2 from line 1		•	3			
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5		_	
6	Investment expenses			6			
7	Prior period adjustments			7			_
8	Other (Describe in Part XIV.)			8			
9	Total adjustments (net). Add lines 4 through 8			9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	nd 9		10			
Par	t XII Reconciliation of Revenue per Audited Financial Statem	ents V	/ith Reve	nue per	Return		
1	Total revenue, gains, and other support per audited financial statements				1	4,299	,494.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
a	Net unrealized gains on investments	2a					
b	Donated services and use of facilities	2b					
c	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d					
e	Add lines 2a through 2d .				2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			••			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b			_		
C	A 111 A and 41				4c		
_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5		
Pa	rt XIII Reconciliation of Expenses per Audited Financial Staten	nents	With Expe	enses p		rn	
1	Total expenses and losses per audited financial statements				1	2,132	.363.
	Amounts included on line 1 but not on Form 990, Part IX, line 25		•				/ 5 5 5 1
2		2a	1				
a	Donated services and use of facilities .	2b					
b	Prior year adjustments	2c					
C	Other losses .	2d					
d	Other (Describe in Part XIV)	<u></u>			- _		
e	Add lines 2a through 2d				2e 3		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.4-	Ì				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			-		
b	Other (Describe in Part XIV)	4b			\dashv , \mid		
С	Add lines 4a and 4b	•			4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		•	• •	5		
	rt XIV Supplemental Information				4		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part						4; Part
X, lin	e 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also con	nplete th	is part to pro	ovide any	additional	information	
	<u> </u>						
	•						
	·			_			
_							
							

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 ► Attach to Form 990 or Form 990-EZ.

Open To Public Inspection

Name of the organization

Employer identification number

MISSOU	RI BAPTIST CHILDRE	N'S H	OM	E	43-0697	046
	S. Complete if the organization ans				ine 17. Form 990-E2	flers are not
, , ,	e Solicing Solicing X Special	tation of no tation of go al fundrais ial (includin profession	on-go overr ling of ng of	overnment grants nment grants events fficers, directors, true undraising services?	stees orYes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Di fundrais have cust or contro contribution	tody of of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
	PROFESSIONAL	Yes I	No			
MBCH FOUNDATION	FUNDRAISING			2,746,123.	549,225.	2,196,898.
Total .)		2,746,123.		
3 List all states in which the organization	ation is registered or licensed to solic	it tunds or	nas	been notified it is ex	empt from registrat	on or licensing.
LHA For Privacy Act and Paperwork	Reduction Act Notice, see the Inst	ructions f	or F	orm 990 or 990-EZ.	Schedule G (For	m 990 or 990-EZ) 2009

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, ine 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col (a) through FESTIVALS col (c)) (event type) (event type) (total number) 91,635 <u>91,635.</u> Gross receipts 12,089 12,089. Less: Charitable contributions 79,546 79,546. Gross income (line 1 minus line 2) Cash prizes Noncash pnzes Direct Expenses Rent/facility costs 6 Food and beverages Entertainment 35,425. 35,425 Other direct expenses 35,425 10 Direct expense summary. Add lines 4 through 9 in column (d) 44,12111 Net income summary. Combine line 3, column (d), and line 10 Part III | Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, Ine 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7 Yes No Enter the state(s) in which the organization operates gaming activities: a is the organization licensed to operate gaming activities in each of these states? 9a b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? 11 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Schedule G (Form 990 or 990-EZ) 2009 MISSOURI BAPTIST CHILDREN'S HOME 43-	069704	6 P	age 3
		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility 13a	%		
b An outside facility	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶			
Address >			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party			
Name ▶			
Address >			
16 Gaming manager information:			
Name			
Garning manager compensation ▶ \$			
Description of services provided			
	_		
☐ Director/officer ☐ Employee ☐ Independent contractor			<u> </u>
17 Mandatory distributions:			
a is the organization required under state law to make charitable distributions from the gaming proceeds to			
retain the state gaming license?	17a	ļ	<u> </u>
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year.			

Schedule G (Form 990 or 990-EZ) 2009

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" to Form 990, Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

► Attach to Form 990. ► See separate instructions.

MISSOURI BAPTIST CHILDREN'S HOME

Employer identification number 43-0697046

Pa	ert 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 in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., 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	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		x
	· · · · · · · · · · · · · · · · · · ·			
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in 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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u> </u>
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in 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_
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	a		1

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

Schedule J (Form 990) 2009

MISSOURI BAPTIST CHILDREN'S HOME

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

:		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	ε	63,888.		-		35,612.	99,500.	
RAYMOND R KENISON	∷⊟	63				58,112.	122,000.	
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Schedule J (Form 990) 2009

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Name of t	he organization	a a o i m t	D 3 D 5	n	~ 11								mployer			umber
Part I	Excess Benefit	SSOURI Transacti									ne only)		13-06	9/04	<u> </u>	
raiti	Complete if the orga												V line 40)h		
1				100 011	0,	1	,,	,					*, uno 10		(c) Cor	rected?
•	(a) Name of dis	squalified per	son						(b) [Description	of transa	ection			Yes	No
															<u> </u>	
						\bot										
						+										
						+-										
2 Enter	the amount of tax imp	oosed on the	organiza	ation ma	anage	ers or	disqu	alıfie	d persons	s during the	vear un	der			1	
	on 4958												▶ \$			
3 Enter	the amount of tax, if a	any, on line 2,	above,	reimbur	sed b	by the	e orga	nızat	ion				▶ \$			
Part II	Loans to and/o															
	Complete if the orga													proved	1 ()) 4	J14
	ame of interested son and purpose	(b) Loan the orga				ginal amou	princip int	oai	(d) Bala	ince due) In ault?	by bo	ard or		ritten ment?
•		To	Fro								Yes	No	Yes	No	Yes	No
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T-4-1							_	\$			<u> </u>	1				<u> </u>
Total Part III	Grants or Assis	stance Be	nefitin	na Inte	rest	ted I					<u> </u>		1		1	
	Complete if the org			_												
((a) Name of interested									ted person	and		(c) An	nount ar	nd type o	f
	· ·				the organization							assistance				
		 														
																
	<u> </u>															
Part IV	Business Trans	sactions Ir	ıvolvi	ng Inte	eres	ted	Pers	ons	· ·							
	Complete if the org	anization ans	wered *	'Yes" on	Forn	n 990), Part	IV, lı	ne 28a, 2	8b, or 28c.						
((a) Name of interested	person							erested	(c) Amo		(d)	Descrip		(e) Sha	aring of zation's
				per	son a	ana tr	ne orga	anıza	ition	transa	iction		transact	ion	rever	nues?
D A VMO	ND KENISON			CEDIT	E C	λ C	A NT	01	- ਦਾ ਜਾਹਾ		^				Yes	No_
	ND KENISON LL MARTIN								FICE).			+	X
KODOE.	on marrial			O TET CA	עני	AU	TAM	<u> </u>		_		•				_
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LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

MISS	OURI BAPTIST CHILI	DREN'S HOME	43-0697046
FORM 990, PART I, L	NE 1, DESCRIPTION	OF ORGANIZATION MIS	SION:
ABILITY TO CARRY OUT	THEIR MISSIONS.	- .	
			
FORM 990, PART VI, S	-	: MBC ELECTS MBCH BO	ARD MEMBERS.
FORM 990, PART VI, S	•		VIEWED BY THE
FULL BOARD AT THE AI	RIL BOARD MEETING.	•	
FORM 990, PART VI, S	ECTION B, LINE 15	: THE ADMINISTRATIVE	COMMITTEE
REVIEWS AND MAKES RE	COMMENDATIONS REGA	ARDING COMPENSATION	PACKAGES.
FORM 990, PART VI, S	ECTION C, LINE 19	: ALL GOVERNING DOCU	MENTS, CONFLICT
OF INTEREST POLICY,	AND FINANCIAL STAT	TEMENTS ARE AVAILABL	E FOR REVIEW UPON
REQUEST AT THE HOME	OFFICE. FINANCIA	AL DATA IS PRINTED I	N THE AGENCY'S
ANNUAL REPORT, WHICH	IS ALSO MAILED TO	APPROXIMATELY 120,	000 SUPPORTERS AND
FRIENDS OF THE AGENO	Y. THE AUDIT REPO	ORT FOR THE PARENT A	GENCY IS ALSO
PRINTED IN THE ANNUA	L REPORT OF THE MI	ISSOURI BAPTIST CONV	ENTION.
FORM 990, PART XI, I	TNE 2A		
A CHANGE IN AUDITOR		THE 2009 ETNANCIAL S	Ψ Δ ΨΈΜΕΝΨς
THE NEW AUDITORS WII			
AND ISSUE THE REPORT			
1115 15501 1111 1131 0111	04112 0021 20101		
THERE HAVE BEEN NO	HANGES TO THE PROC	CESS IN THE CURRENT	YEAR.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

ORIGINAL RETURN CHANGED FOR ADDITIONAL VACATION PAY AND	REPORTING
OF OFFICED DAY	
OF OFFICER PAY.	
ORIGINAL RETURN DID NOT REPORT THE UNRELATED ORGANIZATION	ON K-1 AND THE
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTEREST	PED PERSONS:
(A) NAME OF PERSON: RAYMOND KENISON	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZAT	CION:
SERVES AS AN OFFICER WITH AN AFFILIATED AGENCY.	
(A) NAME OF PERSON: RUSSELL MARTIN	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZAT	PION:
SERVES AS AN OFFICER WITH AN AFFILIATED AGENCY.	
•	
<u> </u>	.
	- .

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

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

2009 Open to Public Inspection

OMB No 1545-0047

Employer identification number

43-0697046

➤ See separate instructions. MISSOURI BAPTIST CHILDREN'S HOME ▶ Attach to Form 990.

Name of the organization

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

Part

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations (Complete if organizations during the tax year)	ations (Complete if the organization an	the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt	t IV, line 34 because	it had one or more r	elated tax-exempt
(a)	(q)	(0)	(p)	(e)	(J)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity
MBCH CHILDREN AND FAMILY MINISTRIES - 43-1948009, 11300 ST, CHARLES ROCK ROAD	PROVIDES PROGRAMS AND SERVICES FOR CHILDREN				
24	YOUTH, AND FAMILIES	MISSOURI		501 (C) 3	
MBCH FOUNDATION - 43-1892785	PROVIDES INVESTMENT AND				
11300 ST, CHARLES ROCK ROAD RRIDGETON MO 63044-2793	FUNDRAISING SERVICES FOR	MTGCOTTBT		501 (2) 3	
1 74	OWNS THE CAMPUSES THAT			1	
11300 ST, CHARLES ROCK ROAD	HOUSE THE SERVICES AND				
BRIDGETON, MO 63044-2793	PROGRAMS FOR MBCH CHILDREN	MISSOURI		501 (C) 3	
MBCH PROFESSIONAL DEVELOPMENT INSTITUTE -	PROMOTES EDUCATIONAL				
43-1805400, 11300 ST, CHARLES ROCK ROAD,	ACTIVITIES RELATED TO				
BRIDGETON, MO 63044-2793	PROVIDING CARE FOR CHILDREN	MISSOURI		501 (C) 3	
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ice, see the Instructions for Form 990	ó			Schedule R (Form 990) 2009

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43-0697046 Page 2

Schedule R (Form 990) 2009 MISSOURI BAPTIST CHILDREN'S HOME

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

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Yes

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Schedule R (Form 990) 2009 MISSOURI BAPTIST CHILDREN'S HOME

Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36) Part V

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

- 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?
- Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
 - Gift, grant, or capital contribution to other organization(s)
- Gift, grant, or capital contribution from other organization(s)
 - d Loans or loan guarantees to or for other organization(s)
- Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- Cities transfer of cash or property from other organization(s)
 Other transfer of cash or property from other organization(s)

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(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) MBCH FOUNDATION (UNALLOCATED RECEIPTS)	ĸ	432,307.
(2) MBCH CHILDREN AND FAMILY MINISTRIES (UNALLOCATED PAYMENTS)	a	2,286,090.
(3) MBCH FOUNDATION (UNALLOCATED PAYMENTS)	۵	8,070.
(4) MBCH PROPERTY (UNALLOCATED PAYMENTS)	٥	51,013.
(5) MBCH PROFESSIONAL DEVELOPMENT INSTITUTE (ACCOUNTING FEE)	Ц	12,000.
(6) MBCH CHILDREN AND FAMILY MINISTRIES (AUTO LEASE)	Ф	153,992.

Schedule R (Form 990) 2009 MISSOURI BAPTIST CHILDREN'S HOME

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

that was not a related organization. See instructions regarding exclusion to certain investment parties in par							
(a)	(Q)	(၁	9	(e)	ε		E
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
			Yes No		Yes No		1 -
MISSOURI ALLIANCE FOR CHILDREN AND FAMILIES, LLC - 43-1773643, P O BOX 104265, JEFFERSON CITY, MO 65110	CHILD CARE ORGANIZATION	MISSOURI	×	11.	×	0	×
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		:					

Schedule R (Form 990) 2009

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Schedule R-1 (Form 990) 2009 MISSOURI BAPTIST CHILDREN'S HOME

Part V | Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(7) MBCH FOUNDATION (AUTO LEASE)	Д	52,700.
(8) MBCH FOUNDATION (CAMPAIGN 2000)	Ъ	0.
(9) MBCH PROPERTY (GENERAL INSURANCE)	Ъ	2,004.
(10) MBCH CHILDREN AND FAMILY MINISTRIES (GEN INSURANCE)	Д	210,786.
(11) MBCH FOUNDATION (GENERAL INSURANCE)	Дų	15,691.
(12) MBCH PROFESSIONAL DEVELOPMENT INSTITUTE (GEN INSURANCE)	Д	423.
(13) MBCH CHILDREN AND FAMILY MINISTRIES (WORKERS COMP INSUR)	ď	89,124.
(14) MBCH FOUNDATION (WORKERS COMP INSUR)	Q.	2,320.
(15) MBCH PROFESSIONAL DEVELOPMENT INSTITUTE (WORKERS COMP INSUR)	Q,	3,528.
(16) MBCH CHILDREN AND FAMILY MINISTRIES (OFFICE SUPPLIES)	Д	19,769.
(17) MBCH FOUNDATION (OFFICE SUPPLIES)	Д	3,126.
(18) MBCH PROFESSIONAL DEVELOPMENT INSTITUTE (OFFICE SUPPLIES)	Сч	1,943.
(19) MBCH CHILDREN AND FAMILY MINISTRIES (KITTY FUND)	Д	1,250.
(20) MBCH FOUNDATION (KITTY FUND)	Ц	75.
(21) MBCH CHILDREN AND FAMILY MINISTRIES (EMP HEALTH INSUR)	Сц	1,596.
(22) MBCH FOUNDATION (KITTY FUND)	Дı	2,280.
(23) MBCH CHILDREN AND FAMILY MINISTRIES (EMPLOYEE TRAININGO	0	1,365.
(24) MBCH PROFESSIONAL DEVELOPMENT INSTITUTE (SCHOLARSHIPS)	0	1,274.
	Schedul	Schedule R-1 (Form 990) 2009

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Schedule R-1 (Form 990) 2009 MISSOURI BAPTIST CHILDREN'S HOME

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)		
, (a) . Name of other organization ,	(b) Transaction type (a-r)	(c) . Amount involved
(7) MBCH FOUNDATION (FUNDRAISING FEE)	IJ	549,225.
(8) MBCH FOUNDATION (GREER TRUST)	٥	0
(9) MBCH PROPERTY (OFFICE SUPPLIES)	ርፈ	15.
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