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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.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury

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

JUL 1. 2022 and ending JUN 30. A For the 2022 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change METHODIST CHILDREN'S HOME Name change MCH FAMILY OUTREACH **-***9750 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 254-750-1205 1111 HERRING termin-ated 191,076,642. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended WACO, TX 76708 H(a) Is this a group return Applica-F Name and address of principal officer: JULIE MITCHELL Yes X No for subordinates? pending SAME AS C ABOVE **H(b)** Are all subordinates included? ∐Yes └── No Tax-exempt status: X 501(c)(3) 4947(a)(1) or If "No," attach a list. See instructions 」501(c) ((insert no.) WWW.MCH.ORG H(c) Group exemption number J Website: K Form of organization: X Corporation Trust Association Other L Year of formation: 1898 M State of legal domicile: TX Part I Summary Briefly describe the organization's mission or most significant activities: METHODIST CHILDREN'S HOME EOUIPS Activities & Governance CHILDREN, YOUTH AND FAMILIES TO FLOURISH BY OFFERING HOPE THROUGH if the organization discontinued its operations or disposed of more than 25% of its net assets. 19 Number of voting members of the governing body (Part VI, line 1a) <u>19</u> Number of independent voting members of the governing body (Part VI, line 1b) 4 <u> 368</u> 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) <u> 159</u> 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year** Current Year 10,986,936. 9,833,799. Contributions and grants (Part VIII, line 1h) Revenue 1,124,951. 1,234,494. Program service revenue (Part VIII, line 2g) 16,279,143. 35,863,820. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 15,402,117. 9,115,322. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 63,377,824. 36,462,758. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 264,102. 473,190. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 20,072,013. 21,085,675. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 8,260,557. 8,347,571. 28,596,672. 29,906,436. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 34,781,152 6,556,322. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year End of Year** 588,223,721. 645,699,589. Total assets (Part X, line 16) 5,295,942. 3,831,347 21 Total liabilities (Part X, line 26) 584,392,374. 640,403,647. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign JULIE MITCHELL, VICE PRESIDENT FOR FINANCE Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature JENNIFER MANNING P00589194 Paid self-employed Firm's EIN **-***0599 PATTILLO, BROWN & HILL, Preparer Firm's name Firm's address P. O. BOX 20725 Use Only WACO, TX 76702-0725 Phone no. (254) 772-4901 May the IRS discuss this return with the preparer shown above? See instructions X Yes

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	METHODIST CHILDREN'S HOME EQUIPS CHILDREN, YOUTH AND FAMILIES TO
	FLOURISH BY OFFERING HOPE THROUGH CHRISTIAN-CENTERED RELATIONSHIPS,
	SERVICES, AND SUPPORT.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$12,720,528. including grants of \$ 856.) (Revenue \$ 669,456.)
	RESIDENTIAL GROUP CARE YOUTH (GENERALLY) AGES 11-18 ARE PROVIDED WITH
	CARE THAT ENABLES THEM TO EXPERIENCE LIFE TO THE FULLEST. BY BUILDING
	RELATIONSHIPS WITH CARING AND PROFESSIONAL STAFF MEMBERS, RESIDENTS
	GROW PHYSICALLY, SPIRITUALLY, INTELLECTUALLY AND EMOTIONALLY. THE WACO
	CAMPUS SERVES CHILDREN FROM ALL ACROSS TEXAS AND NEW MEXICO AND SITS ON
	130 ACRES IN A PARK-LIKE SETTING FEATURING HOMES, ADMINISTRATIVE
	OFFICES, A CHARTER SCHOOL AND GYM AND PROVIDES A CARING,
	EDUCATION-FOCUSED COMMUNITY DESIGNED SPECIFICALLY TO MEET THE NEEDS OF
	CHILDREN IN CARE. EIGHT TO 10 YOUTH LIVE IN A HOME AND EXPERIENCE A
	FAMILY-LIKE ENVIRONMENT SERVED BY HOME PARENTS AND OTHER PROFESSIONAL
	STAFF WHO BUILD POSITIVE RELATIONSHIPS WITH YOUTH AS THEY OFFER LOVE,
	COMPASSION AND SUPPORT. THE BOYS RANCH PROVIDES CARE FOR YOUTH IN
4b	(Code:) (Expenses \$8,791,248. including grants of \$34,030.) (Revenue \$\$
	FAMILY OUTREACH PROGRAMS MCH FAMILY OUTREACH OFFERS HOPE TO THOUSANDS
	OF CHILDREN AND THEIR FAMILIES EACH YEAR IN 13 LOCATIONS THROUGHOUT
	TEXAS AND NEW MEXICO THROUGH FAMILY SUPPORT, FOSTER CARE AND
	FOSTER-TO-ADOPT (IN SOME LOCATIONS) AND OTHER FAMILY SERVICES. SERVICES
	ARE DESIGNED TO HELP MEET THE NEEDS OF FAMILIES WITH ONE ORE MORE
	CHILDREN BETWEEN THE AGES OF 0 TO 17. WHETHER IT IS ILLNESS, CONFLICT,
	SCHOOL DIFFICULTIES OR PARENTING CHALLENGES, FAMILIES FACING DIFFICULT
	SITUATIONS CAN TURN TO THE PROFESSIONAL, CARING STAFF AT MCH FAMILY
	OUTREACH AND COMMUNITY BASED SERVICES.
	THE WAY THAT IN COURT OF THE PROPERTY OF THE P
	EACH MCH FAMILY OUTREACH OFFICE PROVIDES RESOURCE INFORMATION,
	PARENTING SUPPORT AND EDUCATION, CASE MANAGEMENT SERVICES AND ADVOCACY
4c	(Code:) (Expenses \$ 2,072,366. including grants of \$ 238,303.) (Revenue \$ 4,780.) TRANSITION SERVICES - YOUNG ADULT AGES 18-25 ARE ASSISTED WITH
	PREPARATION FOR COLLEGE, VOCATIONAL SCHOOL, OR EMPLOYMENT IN ORDER TO
	MAKE A SUCCESSFUL TRANSITION INTO INDEPENDENT LIVING. STAFF WORK WITH
	YOUTH DURING THEIR JUNIOR AND SENIOR YEARS OF HIGH SCHOOL TO PREPARE
	FOR THIS PROGRAM. SCHOLARSHIPS ARE AWARDED ANNUALLY TO MCH GRADUATES
	AND ALUMNI TO PURSUE EDUCATION AT FOUR-YEAR COLLEGES, COMMUNITY
	COLLEGES, AND TRADE SCHOOLS.
	COLLEGED, AND INADE SCHOOLD.
4d	Other program services (Describe on Schedule O.)
Tu	(Expenses \$ 102,622 • including grants of \$ 1 •) (Revenue \$)
4e	Total program service expenses 23,686,764.
	Total program comics expenses = 1, 111, 111

Form 990 (2022) METHODIST 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	Х	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ů		
	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		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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	Х	
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	х	
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	X	
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		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			_ v
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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			\ ₃₇
40	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,"	40		X
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	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	
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Form 990 (2022) METHODIST CHILDREN Part IV Checklist of Required Schedules (continued)

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, column X, line 2 of Y (***) "complete Schedule", Part I and all III				Yes	No
23 Did the organization answer "Vest to Raf WI, Section A, line 3, 4, or 5, about compensation of the organization current and former officers, directors, trustees, key employees, and highest compensation employees? If "Yes," complete Schedule V. Part IV. 24 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 24th through 24d and complete Schedule V. If "No," ye to line 25a. 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26c Did the organization aministra in an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26d Did the organization and as an "on behalf of" issues for bonds outstanding at any time during the year to defease any tax-exempt bonds? 26d Did the organization and as an "on behalf of" issues for bonds outstanding at any time during the year to defease any tax-exempt bonds? 26d Did the organization and the transpact of the second	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule U 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," anover lines 24b through 24d and complete Schedule K. If "No.", or to line 25a 5 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 6 Did the organization invest an escrow account of the than a refunding escrow at any time during the year to defease any tax-exempt bonds? 6 Did the organization invest an an "on behalf of" issuer for bonds outstanding at any time during the year? 7 Did the organization aware that it engaged in an excess benefit transaction with a disqualfed person during the year? If "Yes," complete Schedule I, Part I 7 Did the organization aware that it engaged in an excess benefit transaction with a disqualfed person during the year? If "Yes," complete Schedule I, Part I 8 Did the organization aware that it engaged in an excess benefit transaction with a disqualfed person during the year in the organization provide any amount on Part X, line 5 or 22, for receivables from or payables of any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 8as 8 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables of any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 8as 8 Did the organization aparty to a business transaction with one of the foliowing parties (see the Schedule I, Part II) 8 Did the organization aparty to a business transaction with one of the foliowing parties (see the Schedule I, Part II) 9 Did the organization receive thereof or family member of any of these persons? If "Yes," complete Schedule I, Part II II 9 Did the organi			22	X	
Schedule / Schedule 24	23				
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 N. If "No," got of line 25a				v	
as at day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "Mo," for the Ima 25a b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization ministal an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25d 25d 25d 25d 25d 25d 25d 25d 25d 2	04 -	Schedule J	23	Δ.	
Schedule K. If "No." go to lime 25s	24 a				
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain are access was count other than a refunding secrow at any time during the year to defease any taxe-exempt bonds? d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 24d 25S Section 501(28), 501(40), and 501(4)(29) organizations. Out the organization engage in an excess benefit transaction with a disqualified person with a group organization with a disqualified person with a disqualified person in a prie year and that the transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25S X b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prie year and that the transaction has not been reported on any of the organization's prior forms 990 or 990-272 if 'Yes,' complete Schedule L, Part I 25D X 25D 2			24a		x
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	b		—		
d Did the organization act as an "one behalf of" issuer for bonds outstanding at any time during the year? 525a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I					
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 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-E2? If "Yes," complete Schedule L, Part I 25b X 26b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any eurent or former officer, director, trustee, key employee, creator or founder, substantial contribution, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26b 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 contribution, or 35% controlled entity (including an employee thereof) or family member of any or these persons? If "Yes," complete Schedule L, Part III 27b X 28b Was the organization a party to a business transaction with one of the following narties (see the Schedule L, Part IV 28b Was the organization or any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X 28b X 27b X 28b X 2		any tax-exempt bonds?	24c		
b is the organization with a disqualified person during the year? If "Yes," complete Schedule I, Part I	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior (yean, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if 'Yes', complete Schedule L, Part II of the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or \$8% controlled entity or family member of any of these persons? If 'Yes', complete Schedule L, Part II 26 II of 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 constitutes member, or to a 55% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes', complete Schedule L, Part III 27 II instructions for applicable flinig thresholds, conditions, and exceptions? a A current or former officer, director, trustee, key employee, creator or fortunes of substantial contributor? II 'Yes', complete Schedule L, Part IV 28 II instructions for applicable flining thresholds, conditions, and exceptions? a A current or former officer, director, trustee, key employee, creator or fortunes of substantial contributor? II 'Yes', complete Schedule L, Part IV 28 II II instructions of any instruction on the instruction instructions of any instructions of any instruction instructions of any instruction instructions of any i	2 5a				
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b			25a		X
Schedule L, Part I 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any eurent 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 disrefer, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or former or substantial contributor? If "Yes," complete Schedule L, Part IV 28b X b A family member of any individual described in line 28a? If "Yes, complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organization selection to interest and the	b				
Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any eurent or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of family member of any of these persons? If "Ves," complete Schedule L, Part III 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 contribution ember, or to a 35% controlled entity (including an employee) ethereof or family member of any of these persons? If "Ves," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or forurent of substantial contributor? If "Yes," complete Schedule L, Part IV 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X can be a substantial contributor? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than 325,000 in non-ceel contributions? If "Yes," complete Schedule N, Part I 31 X 30 Did the organization receive contributions of an historical theasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part II 31 X 31 Did the organization sell, exchange, dispose of fipr transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 X 32 Did the organization will only a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Did the organization related to any Nax exempt or taxable entity? If "Yes," complete Schedule R, Part V, line 2 35 Did the organization organizations. Did the organization make any		School de la Doyt I	OEL		l _x
or former officer, director, trustee, key employee, creator or founder, substantial contributor, or \$5% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule I, Part II' 27 Did the organization provide a grant or other assistance to any current or former officer, surster, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee arember, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule I, Part III' 28 Was the organization aparty to a business transaction with one of the following parties (see the Schedule I, Part IV, instructions for applicable filling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or formers or substantial contributor? If 'Yes,' complete Schedule I, Part IV ' b A family member of any individual described in line 28a? If 'Yes,' complete Schedule I, Part IV ' 28b X 29 Did the organization receive more than \$25,000 in non-ceal entributions? If 'Yes,' complete Schedule I, Part IV ' 29 Did the organization receive ontributions of an historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule I, Part IV and the organization in equidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule II, Part II ' 30 Did the organization in equidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule II, Part II ' 31 Did the organization receive more than 25% of its net assets? If 'Yes,' complete Schedule II, Part II, III, or IV, and Part IV, IIIn I ' 31 Did the organization osal, or in a specific schedule II, Part II, III, or IV, and Part IV, IIIn I ' 32 Did the organization osal, or in a specific schedule II, Part II, III, or IV, and Part IV, IIIn I ' 33 Did the organization osal controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedul	26		230		1
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 7 Did the organization provide a grant or other assistance to any current or former officer, siredar, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection controlled entity (including an employee thereof) or family member of any of these persons? In "Yes," complete Schedule L, Part III 8 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): a A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part IV 28a X b A family member of any individual described in line 28a? If "Yes, complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organization's described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X 9 Did the organization receive more than \$25,000 in non-cash applications? If "Yes," complete Schedule M 29 Did the organization receive more than \$25,000 in non-cash applications? If "Yes," complete Schedule M 30 Did the organization iquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part II 31 Did the organization sell, exchange, dispose of for transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II 31 Did the organization and solity of the separate from the organization under Regulations sections 301.7701-2 and 301.77(1-3) If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 32 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V III 34 Did the organization conduc	20				
Did the organization provide a grant or other assistance to any current or former officer, sirecter, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection contributements or, to a \$596 controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," cosc complete Schedule L, Part III. 27			26		Х
entity (including an employee thereof) or family member of any of these persons? In Yes, "complete Schedule L, Part III." 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): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a	27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
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b Effect the Harrison of Forms w 24 monded of line 14. Effect of infloct applicable					
		Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
(gambling) winnings to prize winners? 1c X	U		1c	Х	

022) METHODIST CHILDREN'S HOME Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2 a	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	_	v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	Х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1		Х
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		- 22
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	"		
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			_
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			٠,,
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
8		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
р 13	If "Yes," enter the amount of tax exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			7.7
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	- ''		

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 19			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
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	Х	
9	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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JULIE MITCHELL - 254-750-1205 1111 HERRING WACO TX 76708			

Form 990 (2022)

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

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

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

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

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

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

(A)	(B)	l g		(((D)	(E)	(F)
Name and title	Average	Positio (do not check mor		sition			Reportable	Reportable	Estimated	
	hours per	box,	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	\vdash	cer an	a a a	irecto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations (W-2/1099-MISC/	compensation
	hours for related	e or d	stee			Highest compensated employee		organization (W-2/1099-MISC/	1099-NEC)	from the organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 (120)	and related
	below	idual	Institutional trustee	er	Key employee	est co loyee	Jer	.01		organizations
	line)	Indiv	Instit	Officer	Keye	High emp	Former	10		
(1) LON (TREY) OAKLEY	40.00								_	
PRESIDENT/CEO				Х				246,727.	0.	56,323.
(2) TRACI WAGNER	40.00								_	
VP FOR PROGRAMS			L,	Х		V		225,048.	0.	46,454.
(3) BRYAN MIZE	40.00		1			D				
VP FOR STRATEGIC INITIATIV				X				201,524.	0.	47,582.
(4) JULIE MITCHELL	40.00				Ť			404 550		
VP FOR FINANCE/CEO	40.00	4		X				194,550.	0.	52,781.
(5) LYLE MASON	40.00	4		,,				170 100	0	40 100
VP FOR DEVELOPMENT	40 00			Х				179,188.	0.	40,123.
(6) BROOKE DAVILLA	40.00			,,				107 000	0	40 720
VP FOR PROGRAMS	40.00			Х				127,223.	0.	42,730.
(7) TIM FEDRO	40.00					x		126,952.	0.	31,701.
PROPERTY ADMINISTRATOR (8) ELISE PINNEY	40.00					^		120,932.	0.	31,701.
DIRECTOR OF PSYCHOLOGICAL	40.00					x		126,943.	0.	27,866.
(9) MICHAEL BAXLEY	40.00							120,545.	0.	27,0001
DIRECTOR OF TECHNOLOGY	10.00					x		111,674.	0.	29,974.
(10) MAGDALENA CALHOUN	40.00									
ACCOUNTING ADMINISTRATOR						Х		101,680.	0.	38,632.
(11) MRS LORI WILHITE	1.00									-
DIRECTOR		Х						0.	0.	0.
(12) KELLY ATKINSON	1.00									
DIRECTOR		X						0.	0.	0.
(13) AMY YAGER CHAPMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(14) DR JEFFERY CLARK	1.00									
DIRECTOR		Х						0.	0.	0.
(15) MR TOMMY DODSON	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(16) MR JOHN FARRELL	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(17) DR DENNIS GILL	1.00	,								•
DIRECTOR		Х						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable Reportable compensation				
	(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)	other compensation from the organization and related organizations
(18) DR CLIFTON HOWARD	1.00								_	
DIRECTOR		Х						0.	0.	0.
(19) MR LES LESKOVEN DIRECTOR	1.00	x						0.	0.	0.
(20) MR STEVE WILSON	1.00									
DIRECTOR		Х						0.	0.	0.
(21) PAUL LUCAS	1.00									^
DIRECTOR	1 00	Х						0,	0.	0.
(22) MR DANIEL MOORE DIRECTOR	1.00	Х						0.	0.	0.
(23) DR LE'ANN SOLOMONSON DIRECTOR	1.00	х						0.	0.	0.
(24) MR MARK WARD DIRECTOR	1.00	х						30 0.	0.	0.
(25) MR TOM WILKINSON DIRECTOR	1.00	х					1	0.	0.	0.
(26) DR CAROLIN SINKFIELD	1.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal)		1,641,509.	0.	414,166.
c Total from continuation sheets to Part V								0. 1,641,509.	0.	0. 414,166.
d Total (add lines 1b and 1c)								•	U •	414,100.

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

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

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 X

Section B. Independent Contractors

1 Complete this table for your live 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
JOHN W ERWIN GENERAL CONTRACTOR, INC.	CONCERNICETON	2 662 157
313 S 31ST STREET, WACO, TX 76701	CONSTRUCTION	3,663,157.
HONEY'S ROOFING LLC		
3712 W INDUSTRIAL BLVD, WACO, TX 76711	ROOFING	992,415.
INTEG		
700 W LOOP 340, WACO, TX 76710	PRINTING	244,272.
ARC ABATEMENT		
225 S 12TH STREET, WACO, TX 76701	ASBESTOS ABATEMENT	197,665.
LLOYD NABORS DEMOLITION		
1330 DOWDY FERRY RD, HUTCHINS, TX 75141	BUILDING DEMOLITION	179,600.
2 Total number of independent contractors (including but not limited to those liste		
\$100,000 of compensation from the organization		

\$100,000 of compensation from the organization 5
SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VII Section A. Officers, Directors, T	rustoes Kov E											
	Part VII Section A. Officers, Directors, Trustees, Key E							t Compensated Employees (continued)				
(A) Name and title	(B) Average hours			Posi	C) ition	ı		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation	(F) Estimated amount of		
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
27) MRS MEREDITH CHACON DIRECTOR	1.00	Х						0.	0.	0		
28) MRS PRISCILLA PATTERSON DIRECTOR	1.00	Х						0.	0.	0		
29) REV PAUL BAUERNFEIND	1.00	х						0.	0.	0		
30) MS SHERRYL PRATT	1.00	Х						0.	0.	0		
31) REV KANTRICE ROBINSON	1.00	Х						0.	0.	0		
								30				
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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 9,833,799 1f 105,976 g Noncash contributions included in lines 1a-1f 1g |\$ h Total. Add lines 1a-1f 9,833,799 **Business Code** 2 a TEXAS STATE REIMBURSEMENT 623990 Program Service Revenue 1,116,295 1,116,295 b PARENT REIMBURSEMENT 623990 118,199 118,199 С f All other program service revenue g Total. Add lines 2a-2f 1,234,494 Investment income (including dividends, interest, and 24,405,937 24,405,937. other similar amounts) Income from investment of tax-exempt bond proceeds 062,009 9,062,009. 5 Royalties (i) Real (ii) Personal 52,231 6 a Gross rents **b** Less: rental expenses ... 6b 52,231. c Rental income or (loss) 52,231 52,231. d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities assets other than inventory 7a 146,437,583 b Less: cost or other basis Other Revenue 7b 154,610,31 3,565 and sales expenses 45,942 c Gain or (loss) -8,172,736-8,126,794. -8,126,794. 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV. line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a SCRAP SALES 900099 655 655. b CONCESSION STAND SALES 900099 427 427. С d All other revenue 1,082 e Total. Add lines 11a-11d

Total revenue. See instructions

36,462,758.

1,234,494

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			ompiete Column (A).	
_	Check if Schedule O contains a respon		7=1	(C) 1	
	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	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	102,548.	102,548.		
2	Grants and other assistance to domestic	200 640	250 640		
	individuals. See Part IV, line 22	370,642.	370,642.		
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,	1 440 020	407 270	704 266	220 202
	trustees, and key employees	1,440,839.	407,270.	794,366.	239,203.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and			())	
	persons described in section 4958(c)(3)(B)	14 447 200	10 076 240	1 571 200	E00 660
7	Other salaries and wages	14,44/,300.	12,276,342.	1,571,290.	599,668.
8	Pension plan accruals and contributions (include	880,693.	685,297.	150,614.	11 700
_	section 401(k) and 403(b) employer contributions)	3,137,439.	2,178,716.	882,488.	44,782. 76,235.
9	Other employee benefits	1,179,404.	964,842.	156,505.	58,057.
10	Payroll taxes	1,113,404.	304,044.	130,303.	30,037.
11	Fees for services (nonemployees):		1		
	Management	35,597.		35,597.	
	Legal	32,540.		32,540.	
	Accounting	32,340.	9	32,340.	
	Lobbying Professional fundraising convices See Part IV, line 17				
	Professional fundraising services. See Part IV, line 17 Investment management fees				
f	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A), amount, list line 11g expenses on Sch 0.)	319,181.	297,789.	21,392.	
12	Advertising and promotion	269,513.	41,378.	228,135.	
13	Office expenses	813,081.	397,374.	107,607.	308,100.
14	Information technology	500,142.	381,229.	78,066.	40,847.
15	Royalties	7000,2110	00=,==0	70,000	
16	Occupancy	1,807,075.	1,522,625.	255,921.	28,529.
17	Travel	572,348.	491,660.	53,803.	26,885.
18	Payments of travel or entertainment expenses	0,12,020		33,7333	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	129,611.	81,579.	44,830.	3,202.
20	Interest	,	,	,	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,585,177.	1,412,392.	126,814.	45,971.
23	Insurance	383,400.	330,477.	39,340.	13,583.
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 O.)				
а	FOOD/CLOTHING/MEDICAL/D	631,619.	631,619.		
b	BOARDING/FOSTER CARE/DA	630,779.	630,779.		
С	STUDENT/SCHOOL/RELIGIOU	398,606.	398,606.		
d	MISCELLANEOUS	120,076.	36,154.	23,621.	60,301.
е	All other expenses	118,826.	47,446.	71,380.	
25	Total functional expenses. Add lines 1 through 24e	29,906,436.	23,686,764.	4,674,309.	1,545,363.
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)				
	0 10 10 00				Earm 990 (2022)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 22,415,502. 12,367,726. Cash - non-interest-bearing 1 15,804,530. 9,859,304. 2 Savings and temporary cash investments Pledges and grants receivable, net 3 12,774. 87,058. 4 Accounts receivable, net 4 **5** Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 8 Inventories for sale or use 123,974. 64,010. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 52,905,348. basis. Complete Part VI of Schedule D 10a 32,132,166. 12,275,783. b Less: accumulated depreciation 10b 40,629,565. 10c 363,087,855. 406,078,686. 11 11 Investments - publicly traded securities 102,739,639. 115,989,135. Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets **51**,832,997. Other assets. See Part IV, line 11 60,698,389. 15 15 588,223,721. 645,699,589. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 2,894,828. 3,194,560. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, -iabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 936,519. 2,101,382. of Schedule D 3,831,347. 5,295,942. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here **Net Assets or Fund Balances** and complete lines 27, 28, 32, and 33. 562,020,048. 616,356,725. Net assets without donor restrictions 27 27 Net assets with donor restrictions 22,372,326. 24,046,922. 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30

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640,403,647.

645,699,589.

31

32

584,392,374.

588,223,721.

31

32

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	36	<u>,46</u>	2,7	<u>58.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	29	<u>,90</u>	6,4	36.
3	Revenue less expenses. Subtract line 2 from line 1	3			6,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	584			
5	Net unrealized gains (losses) on investments	5	52	<u>,82</u>	2,7	87.
6	Donated services and use of facilities	6				
7	Investment expenses	7	-3	, 36	7,8	36.
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	640	,40	3,6	47.
Pa	rt XII Financial Statements and Reporting	. 1	\			
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
)		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Cother	_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.				
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 reviewe	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separar	e basis	3,			
	consolidated basis, or both:					
	X Separate basis 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	e audit	,		1	
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990 ((2022)
	.*.()					
	Ruloilo					
	•					

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

METHODIST CHILDREN'S HOME

Employer identification number **-**9750

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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.)

Se	ction A. Public Support		·	,			
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	,	, ,	. ,	` ,	` ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	10,370,637.	8,557,163.	7,080,091.	10,986,936.	9,833,799.	46,828,626.
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	10,370,637.	8,557,163.	7,080,091.	10,986,936.	9,833,799.	46,828,626.
5	The portion of total contributions					~~	
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.				7		46,828,626.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	10,370,637.	8,557,163.	7,080,091.	10,986,936.	9,833,799.	46,828,626.
8	Gross income from interest,			5			
	dividends, payments received on						
	securities loans, rents, royalties,			<i>)</i>			
	and income from similar sources	26,240,606.	21,571,128.	21,699,393.	32,648,749.	33,520,177.	135,680,053.
9							
	activities, whether or not the	•	.60				
	business is regularly carried on						
10	Other income. Do not include gain		,				
	or loss from the sale of capital	150 627	7 750	E 062	2 700	1 000	160 000
	assets (Explain in Part VI.)	150,637.	7,759.	5,962.	2,799.	1,002.	168,239.
	Total support. Add lines 7 through 10					6	182,676,918. ,506,531.
12	•						,300,331.
13	First 5 years. If the Form 990 is for th		rst, second, third, f	ourth, or fifth tax y	ear as a section t	001(c)(3)	
<u> </u>	organization, check this box and storection C. Computation of Publ		roontago				<u></u>
				actume (f)		14	25.63 %
	Public support percentage for 2022 (15	28.09 %
	Public support percentage from 2021 a 33 1/3% support test - 2022. If the o						
100	stop here. The organization qualifies						
ŀ	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17-	10% -facts-and-circumstances tes						
176	and if the organization meets the fact	-					
	meets the facts-and-circumstances to			=		_	v
ı	10% -facts-and-circumstances tes	-			-	I7a and line 15 is	
•	more, and if the organization meets the	ū				•	10/0 01
	organization meets the facts-and-circ				-		
18	Private foundation. If the organization		-				

Schedule A (Form 990) 2022

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513					•	
4							
7	· ·						
	ization's benefit and either paid to					()	
_	or expended on its behalf						
5	The value of services or facilities					Ť	
	furnished by a governmental unit to				()		
_	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and			- 4	(1)		
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year			6			
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	•	6				
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses	* ()					
	acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business	7					
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst second third	fourth or fifth tax	vear as a section !	501(c)(3) organizat	ion
•					•		.5.1,
Se	ction C. Computation of Pub						
	Public support percentage for 2022 (column (f))		15	%
	Public support percentage from 202					16	//
	ction D. Computation of Inve						70
	Investment income percentage for 20					17	%
	Investment income percentage from					18	
	a 33 1/3% support tests - 2022. If the			on line 14 and line			
136							
	more than 33 1/3%, check this box a						
K	33 1/3% support tests - 2021. If the						
22	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on ala not check a	DOX ON THE 14, 19	a, or 190, check th	iis dox and see ins	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	Sa		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	6		
	-		
	7		
	8		
	9a		
	Ju		
	9b		
	9c		
	90		
	10a		
	10b		
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Pa	rt 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		
	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	110		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
0		•		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
360	tion C. Type II Supporting Organizations			·
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	5		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 yea(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 in	structio	ns).	
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.	3a		
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.

art V Type III Non-Functionally Integrated 5	i09(a)(3) Supporting Or	rga	nizations	
Check here if the organization satisfied the Integral	Part Test as a qualifying trust	t on	Nov. 20, 1970 (explain in Pa	art VI). See instructions.
All other Type III non-functionally integrated suppor	ting organizations must comp	plete	e Sections A through E.	
tion A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1	1		
Recoveries of prior-year distributions	2	2		
Other gross income (see instructions)	3	3		
Add lines 1 through 3.	4	4		
Depreciation and depletion	5	5		
Portion of operating expenses paid or incurred for produc	ction or			
collection of gross income or for management, conservat	tion, or			
maintenance of property held for production of income (s	see instructions) 6	6		
		7		
	e 4) 8	3	1	
tion B - Minimum Asset Amount	, -		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets	(see			•
instructions for short tax year or assets held for part of ye	ear):			
Average monthly value of securities	1a	а		
Average monthly cash balances	1b	<u> </u>		
Fair market value of other non-exempt-use assets	1c	<u>, </u>		
Total (add lines 1a, 1b, and 1c)	1d	1	7.	
Discount claimed for blockage or other factors		4		
(explain in detail in Part VI):		N		
Acquisition indebtedness applicable to non-exempt-use a	assets	2		
Subtract line 2 from line 1d.	3	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).		4		
Net value of non-exempt-use assets (subtract line 4 from	line 3) 5	5		
Multiply line 5 by 0.035.	6	3		
· · · · · · · · · · · · · · · · · · ·	7	7		
	8	3		
tion C - Distributable Amount				Current Year
Adjusted net income for prior year (from Section A, line 8	, column A) 1	1		
Enter 0.85 of line 1.	2	2		
Minimum asset amount for prior year (from Section B, line	e 8, column A) 3	3		
Enter greater of line 2 or line 3.		4		
Income tax imposed in prior year	5	5		
Distributable Amount. Subtract line 5 from line 4, unless	s subject to			
emergency temporary reduction (see instructions).	•	3		
Check here if the current year is the organization's	first as a non-functionally inte	gra	ted Type III supporting orgai	nization (see
:t	Check here if the organization satisfied the Integral All other Type III non-functionally integrated supportion A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion Portion of operating expenses paid or incurred for product collection of gross income or for management, conservat maintenance of property held for production of income (so Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line ion B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets instructions for short tax year or assets held for part of years and years are monthly value of securities Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use a subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (a see instructions). Net value of non-exempt-use assets (subtract line 4 from Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) ion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8 Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 1 line) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless emergency temporary reduction (see instructions).	Check here if the organization satisfied the Integral Part Test as a qualifying trus All other Type III non-functionally integrated supporting organizations must comion A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ion B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances 11 Average monthly cash balances 11 Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. Distributable Amount. Subtrack line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	Check here if the organization satisfied the Integral Part Test as a qualifying trust or All other Type III non-functionally integrated supporting organizations must complet ion A - Adjusted Net Income Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 ion B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities 1a Average monthly value of securities 1b Fair market value of other non-exempt-use assets 1c Fair market value of other non-exempt-use assets 1c Income takin in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) Ion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3 Distributable Amount Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Para All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Ion A - Adjusted Net Income (A) Prior Year Net short-term capital gain 1 1 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 Add lines 1 through 3. Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 Ion B - Minimum Asset Amount (A) Prior Year Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities 1 a Average monthly cash balances 1 b Fair market value of other non-exempt-use assets 1 c Total (add lines 1a, 1b, and 1c) 1 d Discount claimed for blockage or other factors (explain in detall in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater anoth), see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by 0.035. Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) Income tax imposed in prior year. Income tax imposed in prior year.

Schedule A (Form 990) 2022

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 9 Distributable amount for 2022 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Distributable **Underdistributions** Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2022 Pre-2022 Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 **b** From 2018 **c** From 2019 **d** From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020

Schedule A (Form 990) 2022

d Excess from 2021e Excess from 2022

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

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST: METHODIST CHILDREN'S HOME RECEIVES ITS INVESTMENT INCOME FROM AN ENDOWMENT MADE UP OF CONTRIBUTIONS, DONATIONS, GIFTS, AND BEQUESTS FROM MANY INDIVIDUALS THROUGHOUT THE EXISTENCE OF MCH. MCH RECEIVES MINERAL INTEREST INCOME FROM MINERAL RIGHTS RETAINED FROM PROPERTIES DONATED THROUGHOUT MCH'S HISTORY. THE MCH BOARD OF DIRECTORS GOVERNS AND MANAGES FOR THE BEST INTERESTS OF MCH. MCH HAS A RELATIONSHIP WITH THE FOLLOWING CONFERENCES OF THE UNITED METHODIST CHURCH TEXAS CONFERENCE, NORTH TEXAS CONFERENCE, NORTHWEST TEXAS CONFERENCE, CENTRAL TEXAS CONFERENCE, RIO TEXAS CONFERENCE, AND NEW MEXICO CONFERENCE. THE CONFERENCES HAVE NO FINANCIAL RESPONSIBILITY TO MCH EXCEPT TO AUTHORIZE AND SUPPORT A SPECIAL OFFERING IN LOCAL CHURCHES FOR THE SUPPORT OF MCH. THE CONFERENCES SUPPORT MCH BY APPROVING INDIVIDUALS TO SERVE ON THE MCH BOARD OF DIRECTORS, HOWEVER THE MCH BOARD OF DIRECTORS GOVERNS AND MANAGES FOR THE BEST INTERESTS OF MCH. THE CONFERENCES DO NOT EXERCISE OWNERSHIP OR CONTROL OVER MCH. MCH DOES PRESENT AN ANNUAL REPORT AT THE ANNUAL CONFERENCE OF THE PATRONIZING UNITED METHODIST CHURCHES THAT IS PUBLISHED IN THE CONFERENCE JOURNAL, PROVIDES UPDATES AT CONFERENCE AND DISTRICT MEETINGS, PREPARES NEWS PUBLISHES THE SUNSHINE MAGAZINE, AND ENCOURAGES TOURS OF MCH LOCAL CHURCH GROUPS AND APPEARANCES OF MCH STAFF AND FACILITIES BY RESIDENTS IN LOCAL CHURCHES.

Schedule B

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

-*9750

METHODIST CHILDREN'S HOME Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______\$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

METHODIST CHILDREN'S HOME

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 280,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 211,406.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$125,194.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, and conjugate En 17	\$86,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 75,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

METHODIST CHILDREN'S HOME

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 66,543.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 55,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	<u> </u>	\$ <u>54,642.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	1010	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ 52,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

METHODIST CHILDREN'S HOME

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$ 50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	<u> </u>	\$ 50,000 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	1010	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

METHODIST CHILDREN'S HOME

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 47,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$ 47,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	<u> </u>	\$ <u>40,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	1010	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$30,325.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

METHODIST CHILDREN'S HOME

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	<u> </u>	\$ <u>25,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	1010	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$ <u>25,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

METHODIST CHILDREN'S HOME

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$ 23,956.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	<u> </u>	\$ <u>22,129.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	1010	\$ 21,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$ <u>20,500</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

METHODIST CHILDREN'S HOME

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	<u> </u>	\$ <u>20,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	1010	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
42		\$18,360.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

METHODIST CHILDREN'S HOME

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 18,249.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$ 16,713.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	<u> </u>	\$ 15,972.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	1010	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

METHODIST CHILDREN'S HOME

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$ 15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51	- COS	\$ <u>15,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	1010	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$ <u>12,150.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$ <u>12,000.</u>	Person X Payroll

METHODIST CHILDREN'S HOME

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$11,695.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>56</u>		\$ 11,336.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57	<u> </u>	\$10,647.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58	Nume, address, gard 211 4 4	\$ 10,266.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$ 10,209.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

METHODIST CHILDREN'S HOME

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$ 10,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63	<u> </u>	\$ <u>10,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	1010	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

METHODIST CHILDREN'S HOME

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69	<u> </u>	\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70	1010	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72		\$\$	Person X Payroll

METHODIST CHILDREN'S HOME

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74		\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
75	<u> </u>	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
76	1010	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
78		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

METHODIST CHILDREN'S HOME

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81		\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82	1010	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84		\$\$	Person X Payroll

METHODIST CHILDREN'S HOME

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		\$ 9,775.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87	- COS	\$ <u>9,583.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88		\$8,287.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89		\$8,213.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90		\$8,000.	Person X Payroll

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$8,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		\$ 7,699.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$ <u>7,678.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94	1010	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		\$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96		\$ 7,496.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98		\$ 7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99	- COS	\$ <u>6,950.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100	1010	\$6,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
101		\$6,482.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
102		\$6,412.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103		\$ 6,273.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104		\$ 6,143.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105		\$ <u>6,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
106		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
107		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
108		\$5,833.	Person X Payroll

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$5,680.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110		\$ 5,645.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111		\$ <u>5,640.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112	1010	\$\$,5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113		\$ 5,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114		\$5,452.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		\$5,133.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116		\$ 5,133.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117		\$5,133.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
118		\$5,133.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
119		\$5,133.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120		\$5,133.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123	- COS	\$ <u>5,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
124	1010	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
125		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
126		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
128		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129	<u> </u>	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
130	1010	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
131		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
132		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
133		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
134		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
135		\$ <u>5,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
136	1010	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
137		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
138		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139		\$5,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140		\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
141		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
142	1010	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
143		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
144		\$5,000.	Person X Payroll

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
146		\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
147		\$ <u>5,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
148		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
149		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
150		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
152		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
153	<u> </u>	\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
154	1010	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
155		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
156		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
158		\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
159	<u> </u>	\$ <u>5,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
160	1010	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
161		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
162		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
164		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
165		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
166		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
167		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
168		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169		\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
170		\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
171		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
172		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
173		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
174		\$5,000.	Person X Payroll

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
176		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
177		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
178	1010	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
179		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
180		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
182		\$ 5,000.	Person X Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
183		\$5,000•	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
184	1010	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
185		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
186		\$5,000.	Person X Payroll

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	10110	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

METHODIST CHILDREN'S HOME

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ 60,	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization **Employer identification number** **-***9750 METHODIST CHILDREN'S HOME Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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 Open to Public

Inspection

Name of the organization

anization					Employer identification number
MET	HODIST	CHILDREN'S	S HOME		**-***9750
anizations Ma	aintaining l	Donor Advised	Funds or	Other Similar Funds or A	ccounts. Complete if the

roganization answered "Yes" on Form 990, Part IV, line 6. (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 contributions to (during year) 4 Aggregate value at end of year 5 Dot the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is properly, subject to the organization's exclusive legal control? 9 Dot the organization informal 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 donors on writing that grant funds can be used only for charitable purposes and not for the benefit of the organization answered. "Yes" on Form 990, ParetV. Nev. 1 Purpose(9) of conservation Essements. Complete if the organization answered. "Yes" on Form 990, ParetV. Nev. 1 Purpose(9) of conservation Essements. Complete if the organization answered. "Yes" on Form 990, ParetV. Nev. 1 Purpose(9) of conservation Essements. Complete if the organization answered. "Yes" on Form 990, ParetV. Nev. 1 Purpose(9) of conservation of land for public use (for example, recreation or education). Preservation of a instorically important land area. Protection of hatural habitat. Protection of hatural habitat. 1 Proservation of land for public use (for example, recreation or education). Preservation of a conservation assements. 2 Complete lines 2 at through 26 if the organization held a qualified conservation in the first of the fax year. 3 Total number of conservation easements included in (c) acquired after July 297300s and not on a historic structure included, julie). 4 Number of conservation easements included in (c) acquired after July 297300s and not on a historic structure included in the National Register. 3 Number of states where properly subject to conservation easements included in (c) acquired after July 297300s and not on a historic structure included in the	Pai			s or Accounts. Complete if the
1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of and of year 4 Aggregate value of and of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is properly, subject to the organization's exclusive legal contro? 8 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 imperimisable private benefit? 8 Part II Conservation Easements. Complete if the organization check all that apply. 9 Preservation of land for public use (for example, recreation or education) 1 Purposeke) of conservation easements held by the organization (check all that apply). 1 Preservation of part or public use (for example, recreation or education) 2 Preservation of part or public use (for example, recreation or education) 3 Preservation of part or public use (for example, recreation or education) 4 Preservation of part or public use (for example, recreation or education) 5 Preservation of part or public use (for example, recreation or education) 6 Preservation of part or public use (for example, recreation or education) 7 Preservation of a nestorical bit and are all that a qualified conservation easements or a conservation easements. 8 Did that acreage restricted by conservation easements. 9 Total number of conservation easements and a certified historic structure included in the case of the form of conservation easements and a certified historic structure included in the grant of conservation easements and and acreage easements in certified historic structure included in the case of the conservation easements and a certified historic structure included in the case of the conservation easements and a certified historic structure included in the creamization device and the conservation easements in certified historic stru		organization answered "Yes" on Form 990, Part IV, li		
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Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)?	6			
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? In Part XIII, 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" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	0	Stair and volunteer nours devoted to monitoring, hispecting	, rianding of violations, and emorcing cor	iservation easements during the year
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? In Part XIII, 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" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	7	Amount of expenses incurred in monitoring inspecting han	adling of violations, and enforcing conserv	ation assements during the year
and section 170(h)(4)(B)(ii)?	'	Amount of expenses incurred in monitoring, inspecting, than	iding of violations, and emorcing conserv	ation easements during the year
and section 170(h)(4)(B)(ii)?	8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 170	7(b)(4)(B)(i)
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, it 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" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on Form 990, Part XIII, line 1 (ii) Assets included in Form 990, Part X 2 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1	Ū			
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If the organization elected, as permitted under FASB ASC 958, 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 XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, 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) Revenue included on 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ [Institution of the statement and balance sheet works of art, historical statements that describes these items.				
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provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ (ii) Assets included in Form 990, Part X \$ 2 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$			· · · · · ·	
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the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$	2			
a Revenue included on Form 990, Part VIII, line 1				
	а			\$
	b			·

Pai	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or C	Other Similar As	sets(contin	ued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that ma	ake significant use o	f its	
	collection items (check all that apply):						
а	Public exhibition	d	Loan or excl	hange program			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	llections and explair	n how they further th	ne organization's	exempt purpose in	Part XIII.	
5	During the year, did the organization solicit or	r receive donations o	of art, historical trea	sures, or other s	imilar assets		
	to be sold to raise funds rather than to be ma	aintained as part of the	he organization's co	ollection?		Yes	No_
Pai	rt IV Escrow and Custodial Arrang	gements. Comple	te if the organizatio	n answered "Yes	s" on Form 990, Part	: IV, line 9, or	
	reported an amount on Form 990, Par	t X, line 21.					
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contribution	s or other assets	s not included		
	on Form 990, Part X?					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a						
						Amount	
С	Beginning balance				1c		
d	Additions during the year				1d		
	5				1e		
f	Ending balance						
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	ustodial account	liability?	Yes	L No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.						
Pai	rt V Endowment Funds. Complete if	the organization ans	swered "Yes" on Fo				
		(a) Current year	(b) Prior year	(c) Two years ba			
1a	Beginning of year balance	552,177,252.	607,170,179				866,100.
b	Contributions	5,400,681.	6,578,974.	2,898,3			664,238.
С	Net investment earnings, gains, and losses	65,875,156.	-37,758,967.	121,222,1	92. 16,930,3	86. 54,	706,286.
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs	21,645,881.	23,783,674.	25,236,7	25. 27,952,5	35. 28,	052,735.
f	Administrative expenses		29,260.		24,8	17. 3,	442,526.
g	End of year balance	601,807,208.	552,177,252.		79. 508,286,3	50. 513,	741,363.
2	Provide the estimated percentage of the curr		e (line 1g, column (a	ı)) held as:			
а	Board designated or quasi-endowment	96.0000	_%				
b	Permanent endowment 1.8000	%					
С	Term endowment 2.2000 9	6					
	The percentages on lines 2a, 2b, and 2c show	*					
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administered	for the	_	
	organization by:						Yes No
	(i) Unrelated organizations					3a(i)	X
	(ii) Related organizations						X
b	If "Yes" on line 3a(ii), are the related organization					3b	
4	4 Describe in Part XIII the intended uses of the organization's endowment funds.						
Pai	rt VI Land, Buildings, and Equipm						
	Complete if the organization answered	d "Yes" on Form 990			art X, line 10.		
	Description of property	(a) Cost or ot	' '		c) Accumulated	(d) Book	value
		basis (investm		(other)	depreciation	4 005	
1a	Land			7,232.	0 071 670		7,232.
	Buildings		44,01	6,054.	8,071,679.	35,944	.,3/5.
	Leasehold improvements			0 740	1 (02 104		
	Equipment				1,693,104.		,638.
	Other				2,511,000.		1,320.
Tota	al. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 40,629,565.						

Part VII	Investments -	Other:	Securities.

Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part X line 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) ALTERNATIVE INVESTMENTS	115,989,135.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	115,989,135.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

(5) (6) (7) (8) (9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) MINERAL RIGHTS	32,942,690.
(2) THIRD PARTY TRUSTS	25,642,547.
(3) REAL ESTATE	448,548.
(4) ACCRUED INVESTMENT INCOME	500,506.
(5) RIGHT OF USE ASSET	1,164,098.
(6)	
<u>(7)</u>	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	60,698,389.
Deat V Albert Cal 490	

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1) Federal inco	me taxes Technique	
(2) GIFT A	NNUITIES PAYABLE	778,228.
(3) HOPE B.	ANK TIME ACCRUAL	159,056.
(4) RIGHT	OF USE LIABILITY	1,164,098.
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) m	ust equal Form 990, Part X, col. (B) line 25.)	2,101,382.

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

Pa	rt XI Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Revenue per l	Retur	n.
	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	85,917,709
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	52,822,787	,	
b	Donated services and use of facilities	2b			
С					
d	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	52,822,787
3	Subtract line 2e from line 1			3	33,094,922
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,367,836	,	
b					
С	Add lines 4a and 4b			4c	3,367,836
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	36,462,758
	rt XII Reconciliation of Expenses per Audited Financial Stateme				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	29,906,436
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				, ,
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c		1	
q	Other (Describe in Part XIII.)		24	1	
	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	29,906,436
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	4b		-	
	Add lines 4e and 4h			4c	l o
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	29,906,436
	rt XIII Supplemental Information.			1 3	25,500,450
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	\/ lines	th and Oh: Dort V. line	4: Dord	t V. line Or Dort VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			4, Pan	i A, iirie Z, Pari Ai,
ines	2d and 4b, and Part All, lines 2d and 4b. Also complete this part to provide any addit	lonai ii	normation.		
DΔ1	RT V, LINE 4:				
	CI V, BIND 4.				
FMI	DOWMENT FUNDS ARE HELD FOR THE CONTINUED SU	חססו	סת חבר שת את	יחד זי	TTTFC OF
17147	JOWNENT FONDS ARE HELD TOK THE CONTINUED SO	,,,,,,	KI OF THE AC	, <u>, , , , , , , , , , , , , , , , , , </u>	TITED OF
ти	E ORGANIZATION.				
	OKGANIZATION:				
					
וגם	RT X, LINE 2.				
L W	AT A, DINE A.				
MCI	H IS A NONPROFIT CORPORATION, AS DESCRIBED	TM	SECTION 501	(0)/	3) 0ፑ ጥ坦ፑ
1101	1 10 A MONITORIT CONTORATION, AS DESCRIBED	T T.I	PHCITOM JUL	<u> </u>	5 / OF 111E

INTERNAL REVENUE CODE, AND IS EXEMPT FROM FEDERAL INCOME TAXES, THOUGH IT WOULD BE SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE. MCH HAS CONCLUDED THAT NO TAX BENEFITS OR LIABILITIES ARE REQUIRED TO BE RECOGNIZED IN ACCORDANCE WITH GAAP. THE LAST THREE TAX YEARS REMAIN OPEN TO EXAMINATION BY TAXING AUTHORITIES.

Part XIII Supplemental Information (continued)
MCH HAS ADOPTED FASB ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAX.
THAT STANDARD PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT
METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX
RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL
STATEMENTS. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION,
INTEREST AND PENALTIES, ACCOUNTING AND INTERIM PERIODS, DISCLOSURE, AND
TRANSITION.
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•. C1
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SCHEDULE I (Form 990)

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.

| 2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

Name of the organization Employer identification number **-***9750 METHODIST CHILDREN'S HOME Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (c) IRC section (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) THE COVE 524 W WACO DR SUITE B DISCOUNTED **-***4862 RENT 20,000 HOMELESS YOUTH ASSISTANCE WACO, TX 76701 SERENTTY LIFE CELEBRATIONS 2925 N 18TH ST **-***3442 WACO, TX 76708 FUNERAL ASSISTANCE 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Enter total number of other organizations listed in the line 1 table

(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
EDUCATIONAL SCHOLARSHIPS TO FORMER MCH STUDENTS/CLIENTS	28	237,777.	0.		
STODENIS/CHIENIS	20	231,111			
				~0X.	
				O	
			9		
		. (3		
		~C)			
Part IV Supplemental Information. Provide the information	n required in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	
PART I, LINE 2:					
THE SCHOLARSHIP SUBCOMMITTEE MAN	KES RECOMME	NDATIONS E	BASED ON TH	E CRITERIA	
FOR SCHOLARSHIPS. SUBSEQUENTLY,	THE SCHOLA	RSHIP COMM	MITTEE APPR	OVES THE	
RECOMMENDATIONS.	0,				
PART II, LINE 1, COLUMN (H)					
NAME OF ORGANIZATION OR GOVERNM	ENT:				
UNITED METHODIST SERVICE CENTER	AND FOOD P.	ANTRY			
(H) PURPOSE OF GRANT OR ASSISTAN	ICE. MO DDO	VIDE EIMDO	T EOD CHIDDI	VINC MUE	

Schedule (Form 990) METHODIST CHILDREN'S HOME	**-***9750 Page 2
Part IV Supplemental Information	
FOOD PANTRY WITH NONPERISHABLE ITEMS AS WELL AS FRESH PRODU	CE AND
FULL-SIZED PERSONAL HYGIENE PRODUCTS.	
NAME OF ORGANIZATION OR GOVERNMENT: ST. PAUL'S CHILDREN'S F	OUNDATION
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDS FOR ME	DICAL AND
DENTAL SERVICES FOR CHILDREN AS WELL AS CHILDREN'S COUNSELI	NG SERVICES.
NAME OF ORGANIZATION OR GOVERNMENT: THE BRAZOS VALLEY FOOD	BANK
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDS FOR ME	ALS TO
FMAILIES IN NEED AS WELL AS FUNDING TOGETHER WE GROW, A CAS	E MANAGEMENT
PROGRAM INCLUDING GOAL SETTING, SUPPORTIVE SERVICES AND JOB	TRAINING.
NAME OF ORGANIZATION OR GOVERNMENT: MENTOR WACO	
(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDS FOR YO	UTH PROGRAMS,
INCLUDING TUTORING AND LIFE SKILLS DEVELOPMENT AS WELL AS P	ROVIDING
SUPPORT FOR MAINTAINING A PROGRAM VEHICLE.	
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SCHEDULE J (Form 990)

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Part I

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

METHODIST CHILDREN'S HOME

Employer identification number **-***9750

Questions Regarding Compensation No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors Х 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. Written employment contract X Compensation committee X Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee X Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: X a Receive a severance payment or change-of-control payment? X **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b X c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? Х 5a $\overline{\mathbf{x}}$ **b** Any related organization? 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 Х a The organization? 6a X **b** Any related organization? 6b 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 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 Х If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2022

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	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	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	5		reported as deferred on prior Form 990
(1) LON (TREY) OAKLEY	(i)	226,218.	19,652.	857.	41,629.	14,694.	303,050.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TRACI WAGNER	(i)	215,337.	8,875.	836.	27,971.	18,483.	271,502.	0.
VP FOR PROGRAMS	(ii)	0.	0.	0.	9.	0.	0.	0.
(3) BRYAN MIZE	(i)	191,528.	8,544.	1,452.	34,016.	13,566.	249,106.	0.
VP FOR STRATEGIC INITIATIV	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JULIE MITCHELL	(i)	184,637.	9,056.	857.	34,860.	17,921.		0.
VP FOR FINANCE/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LYLE MASON	(i)	169,428.	8,903.	857.	22,113.	18,010.	219,311.	0.
VP FOR DEVELOPMENT	(ii)	0.	0.	0,	0.	0.	0.	0.
(6) BROOKE DAVILLA	(i)	119,181.	7,338.	704.	23,087.	19,643.	169,953.	0.
VP FOR PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TIM FEDRO	(i)	118,302.	7,333.	1,317.	20,868.	10,833.	158,653.	0.
PROPERTY ADMINISTRATOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ELISE PINNEY	(i)	118,302.	6,792.	1,849.	17,656.	10,210.	154,809.	0.
DIRECTOR OF PSYCHOLOGICAL	(ii)	0.	8.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii))					
	(i)							
	(ii)							
	(i)							
	(ii)							
	(1)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
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

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.

Open to Public Inspection

METHODIST CHILDREN'S HOME

Employer identification number **-***9750

Pai	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributed items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of deter noncash contributio	-	ts
1	Art - Works of art		items contributed	Tomin 550, i art viii, line 19			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications	X		175.	FMV		
5	Clothing and household goods	X		93,534.			
6	Cars and other vehicles			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
7	Boats and planes						
8	Intellectual property				\		
9	Securities - Publicly traded	X	1	10.326	FMV AT VALUA	TTON	DAT
10	Securities - Closely held stock		_	10/020	1110 1111 111110111	11011	
11	Securities - Closely field stock Securities - Partnership, LLC, or						
•••							
12	0 "" 14" "						
				, (C)			
13	Qualified conservation contribution -						
44	Historic structures						
14	Qualified conservation contribution - Other			· V'			
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles	X	8	3,035.			
19	Food inventory		0	3,033.			
20	Drugs and medical supplies	•	9				
21	Taxidermy						
22	Historical artifacts		•				
23	Scientific specimens						
24	Archeological artifacts	. V		7 074	T-13-67-7		
25	Other (ENTERTAINMENT T)	X	4	7,874.	FMV		
26	Other (
27	Other (
28	Other ()						
29	Number of Forms 8283 received by the organ						
	for which the organization completed Form 82	283, Part V, [Donee Acknowledg	gement 29			
					_	Yes	No
30a	During the year, did the organization receive b	y contribution	on any property rep	ported in Part I, lines 1 throu	igh 28, that it		
	must hold for at least 3 years from the date of		•	•			
	exempt purposes for the entire holding period	?			3	0a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contrib	utions? 3	31 X	
32a	Does the organization hire or use third parties	or related or	rganizations to soli	icit, process, or sell noncash	1		
	contributions?				3	2a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	ecked,		
	describe in Part II.						
I HA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 90	0	Schedule M (F	orm 000	1 2022

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

Name of the organization

METHODIST CHILDREN'S HOME

Employer identification number **-***9750

OMB No. 1545-0047

Open to Public

Inspection

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CHRISTIAN-CENTERED RELATIONSHIPS, SERVICES, AND SUPPORT. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: SIMILAR WAYS ON A 500-ACRE RURAL RANCH SETTING NORTHEAST OF WACO WITH HOMES, ADMINISTRATIVE OFFICES, AND RECREATIONAL/AGRICULTURAL FACILITIES. RECREATION AND SPORTS PROGRAMS ENABLE YOUTH TO PARTICIPATE IN GROUP ACTIVITIES. RESIDENTS MAY PARTICIPATE IN FUTURE FARMERS OF AMERICA (FFA) AND SPORTS ACTIVITIES AS WELL AS OTHER PROGRAMS TO DEVELOP DISCIPLINE, A STRONG WORK ETHIC AND SELF-CONFIDENCE. PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990, PART III, LINE 4B THROUGH PRESERVATION SERVICES, FAMILY SOLUTIONS AND THE GAP PROGRAM, WHICH SERVES GRANDPARENTS AND OTHER RELATIVES CARING FOR CHILDREN IN THE ABSENCE OF PARENTS FORM 990, PART III LINE 4D, OTHER PROGRAM SERVICES: EMERGENCY SERVICES EXPENSES \$ 102,622. INCLUDING GRANTS OF \$ 1. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED FIRST BY THE OFFICERS, THEN BY THE AUDIT COMMITTEE, AND THEN FINALLY BY THE BOARD OF DIRECTORS BEFORE SIGNING AND

FILING.

Name of the organization **Employer identification number** **-***9750 METHODIST CHILDREN'S HOME FORM 990, PART VI, SECTION B, LINE 12C: CONFLICTS OF INTEREST ARE REVIEWED ANNUALLY AT EXECUTIVE MEETINGS. ANY CONFLICTS OF INTEREST ARE ADDRESSED ACCORDINGLY. FORM 990, PART VI, SECTION B, LINE 15: CEO - COMPARABILITY DATA SUCH AS SALARY AND BENEFIT SURVEYS ARE DISTRIBUTED TO THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SETS THE SALARY FOR THE CEO. OFFICERS - COMPARABILITY DATA SUCH AS SALARY AND BENEFIT SURVEYS ARE DISTRIBUTED TO THE BUDGET AND HUMAN RESOURCES COMMITTEE. THIS COMMITTEE APPROVES THE SALARIES OF THE OFFICERS SET BY THE CEO. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. AUDITED FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST. FORM 990, PART XII, LINE THE ORGANIZATION HAS NOT CHANGED ITS OVERSIGHT PROCESS FROM THE PRIOR YEAR.