efile	GRAPHIC pri	nt - DO	NOT PROCESS	As Filed Dat	:a -		DLN:	93393319024582		
	990-T	E	Exempt Orga	nization E	Business :	Income Tax Retu	ırn	OMB No. 1545-0047		
Form	990-1			l proxy tax ι				2021		
		For	calendar year 2021 or	•			2022	2021		
Danartn	nent of the Treasury		-			and the latest information		Open to Public		
	Revenue Service	►Do				ublic if your organization is a		Inspection for 501(c)(3) Organizations Only		
A 🗆	Check box if address changed.		D Employer identification number 85-6018576							
✓ 5	Exempt under section or Type Number, street, and room or suite no. If a P.O. box, see instructions. 1356 NM 236							E Group exemption number (see instructions)		
	108(e) 220(e) 108A 530(a) 1029(a) 529A		City or town, state of PORTALES, NM 881		IP or foreign po	stal code		Check box if an amended return.		
	529(a) 529A		k value of all assets a							
	eck organization t		✓ 501(c) corporation	501(c) trus	st 🗌 401(a) t	rust 🔲 Other trust				
	eck if filing only to	_				hown on Form 2439				
						holding corporation		▶ □		
			d Schedules A (Form				1			
				•		rent-subsidiary controlled gr	oup?	. ► 🗌 Yes 🗹 No		
			identifying number o	f the parent corp	oration >					
L The	e books are in car		IMCCH 356 NM 236			Tele	ohone numb	er ► (575) 356-5372		
		_	ORTALES, NM 88130	9411						
Par	t I Total Un	relate	d Business Taxab	le Income						
	Total of unrelated instructions)		ss taxable income con	nputed from all ui	nrelated trades	or businesses (see	1	0		
	Reserved .						2			
	Add lines 1 and 2						3	0		
			see instructions for lir				4			
		•	axable income before	•			5			
			ng loss. See instructio	, -			6			
_			ss taxable income befo		tion and section	n 199A deduction.				
	Subtract line 6 fro			,			7			
8	Specific deduction	n (genera	ally \$1,000, but see in	nstructions for ex	ceptions) .		8	1,000		
9	Trusts. Section 1	.99A ded	luction. See instructio	ns			9			
10	Total deduction	s. Add lii	nes 8 and 9				10	1,000		
11	Unrelated busin	ess tax	able income. Subtra	ct line 10 from lir	ne 7. If line 10 i	s greater than line 7, enter				
							11	0		
Part	Tax Com	nputati	on							
	-		as corporations. Mul			•	1	0		
			rates. See instructior Tax rate schedule or			ax on the amount on	2			
3	Proxy tax. See in	nstructio	ns				▶ 3			
4	Other tax amount	ts. See ir	nstructions .				4			
5	Alternative minim	num tax i	(trusts only)				5			
	•		acility income. See i				6			
							7	0		
For Pa	perwork Reduction	Act Noti	ice, see instructions.	Cat	. No. 11291J			Form 990-T (2021)		

	990-T (202	,					Page 2
Part	Tax	c and Payments					
1a	Foreign tax	credit (corporations attach Form 1118	; trusts attach Form 111	6) 1a			
b	Other cred	ts (see instructions)		. 1b			
С	General bu	siness credit. Attach Form 3800 (see in	structions)	. 1c			
d	Credit for p	rior year minimum tax (attach Form 88	301 or 8827)	. 1d			
е	Total cred	its. Add lines 1a through 1d				1e	
2	Subtract lin	ne 1e from Part II, line 7				2	0
3	Other amo	unts due. Check if from: 🗌 Form 4255	☐ Form 8611 ☐ For	m 8697 🔲	Form 8866		
		Other (atta				3	
4		Add lines 2 and 3 (see instructions).	Check if includes tax p	reviously defe	erred under		
		94. Enter the tax amount here				4	0
5		: 965 tax liability paid from Form 965-A				5	0
6a	Payments:	A 2020 overpayment credited to 2021		. 6a	2,670		
b	2021 estim	ated tax payments. Check if section 64	3(g) election applies $ ightharpoonup$ L	_ 6b	18,298		
c	Tax deposi	ted with Form 8868		. 6c			
d	Foreign org	anizations: Tax paid or withheld at sou	rce (see instructions)	. 6d			
е	Backup wit	hholding (see instructions)		. 6e			
f	Credit for s	mall employer health insurance premiu	ms (attach Form 8941)	. 6f			
g	Other cred	ts, adjustments, and payments: \Box Fo	orm 2439				
_		.36 Other		▶ 6g			
7	Total navi	nents. Add lines 6a through 6g				7	20,968
8		tax penalty (see instructions). Check if				8	20,500
		. , , ,			▶⊔		
9		f line 7 is smaller than the total of lines				9	
10		ent. If line 7 is larger than the total of		•		10	20,968
11		mount of line 10 you want: Credited to			20,968 Refunded►	11	0
Par	Sta	tements Regarding Certain Act	ivities and Other In	formation	(see instructions)		
2 3 4 5	Report of F During the If "Yes," se Enter the a Enter avail on Schedul Post-2017	count (bank, securities, or other) in a foreign Bank and Financial Accounts. If tax year, did the organization receive a e instructions for other forms the organ mount of tax-exempt interest received able pre-2018 NOL carryovers here. > e A (Form 990-T). Don't reduce the NO NOL carryovers. Enter available Busines w by any NOL claimed on any Schedule	"Yes," enter the name of distribution from, or wanization may have to file. or accrued during the ta L carryover shown here less Activity Code and post	s it the grants x year Do not including any deduct -2017 NOL ca	ountry here or of, or transferor to, so the second secon	a foreign trust? L carryover shown line 4.	No No
		Business activity code		·	post-2017 NOL carryov	/or	
		business activity code	\$	Available	post-2017 NOL carryo	/ei	
			\$				
			\$				
			\$				
	Did the ord	anization change its method of account					No
	_	s," has the organization described the o	- '		or Form 11282 If "No."	" evolain in Part V	
Par		oplemental Information	andinge on Form 550, 550	, 550 11,	0110111111111101	ехрішін ін гине у	
	•	•					
Provid	te the expla	nation required by Part IV, line 6b. Also	o, provide any other addt	ional informat	tion. See instructions.		
	I						
		enalties of perjury, I declare that I have exan is true, correct, and complete. Declaration of					
Sig	1 .	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,	.,		- , ,	5
_	k		l 🗼			May the IRS discuss the	ais roturn
He	re 🕨 🗚	ARON GOODMAN	2022-11-07 AUTHO	RIZED SIGNE	≣R	with the preparer show	
	Si Si	gnature of officer	Date Title			(see instructions)?	Yes 🗌 No
		·		Tr	Date L	IPTIN	<u> </u>
		Print/Type preparer's name JAMES R FLATT	Preparer's signature		Check L if self-employed	P00444540	
Paic		Final and A MEANER and A MEANER					
Prep	parer	Firm's name WEAVER AND TIDWELL LI	LP		Firm's EIN ►	/5-0/86316	
Use	Only	Firm's address ► 2821 W 7TH ST STE 700			Phone no /9	17) 332-7905	
	-				Thome no. (b	, 552 / 565	
		FORT WORTH, TX 76107					
						Form 9	90-T (2021)

Name: NEW MEXICO CHRISTIAN CHILDRENS HOME

DLN: 93393319024582

EIN: 85-6018576

Farnings And Profits Other Adjustment Statement

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Eurinigs And Fronts other Adjustment otherment							
Form Number or IRC Section Number	Other income description	Other income amount					
	DAY ESTATES LTD	-38,073					
	UNITED STATES NATURAL GAS FUND	-7					

Total Other Income Amount: -38,080

efile GRAPHIC print - DO NOT PROCESS									93393319024582	
SC	HEDULE A	Unrela	ated Bus	siness	Taxa	ble In		OMB No. 1545-0047		
(Form 990-T) From an Unrelated Trade or Business										2021
Department of the Treasury Internal Revenue Service Solution Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).										Open to Public Inspection for 501(c)(3) Organizations Only
	Name of the organiza MEXICO CHRISTIAN							n ployer identif 18576	ication	number
c (Jnrelated business ac	ctivity code (see instructions) ▶ 531310	D Sequ	ence:	'	1	of		1
E [Describe the unrelate	ed trade or business ▶ INVE	STMENTS		_					
Pa	rt I Unrelated	Trade or Business Inc	ome		(A) Income		(B) Expens	ses	(C) Net
1a	Gross receipts or sa	ales								
b	Less returns and allow	vances	c Baland	ce ▶ 1 c						
2	Cost of goods sold	(Part III, line 8)		. 2						
3	Gross profit. Subtra	act line 2 from line 1c		. 3						
4a		come (attach Sch D (Form 10 ctions)		. 4a						
b	Net gain (loss) (For	rm 4797) (attach Form 4797) (see instruction	ons) 4b						
C	Capital loss deducti	ion for trusts		4c						
5	, ,	a partnership or an S corpo								
6	Rent income (Part 1	IV)		. 6			0		0	
7	Unrelated debt-fina	nced income (Part V)		. 7			0		0	
8		royalties, and rents from a VI)		. 8			0		0	
9	Investment income organizations (Part	of section 501(c)(7), (9), o VII)	r (17)	. 9			0		0	
10	Exploited exempt a	ctivity income (Part VIII) .		. 10						
11	Advertising income	(Part IX)					0		0	
12	Other income (see	instructions; attach stateme	nt)	. 12	% J	-38	,080			-38,080
13	Total. Combine line	es 3 through 12		. 13		-38	,080		0	-38,080
Pai	connected	ns Not Taken Elsewher with the unrelated busin	ess income						ions m	ust be directly
1	•	fficers, directors, and trustee	es (Part X) .					$\cdot \ \cdot \ \cdot \ \cdot$	1	0
2	Salaries and wages								2	
3	Repairs and mainte	enance							3	
4									4	
5		tement) (see instructions)							5	
6									6	
7		h Form 4562) (see instruction	-			. 7			ا ما	
8 9		laimed in Part III and elsewl				. 8a			8b 9	
10		ferred compensation plans .							10	
11		rerred compensation plans.							11	
12		enses (Part VIII)							12	
13		costs (Part IX)							13	0
14	Other deductions (a	, ,							14	
15	,	Add lines 1 through 14							15	0
								40 (0)	1	

Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) 16 16

17 18

Sche	lule A (Form 990-T) 2021				Page 2
Par	Cost of Goods Sold Enter m	ethod of inventory value	ation >		
1	Inventory at beginning of year			1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)		4	
5	Other costs (attach statement)			5	
6	Total. Add lines 1 through 5			6	
7	Inventory at end of year			7	
8	Cost of goods sold. Subtract line 7 from line 6				
9	Do the rules of section 263A (with respect to pr	operty produced or acquire	d for resale) apply to th	ne organization?	☐ Yes ☐ No
Par	IV Rent Income (From Real Proper	ty and Personal Prope	erty Leased with R	leal Property)	
1	Description of property (property street address	, city, state, ZIP code). Che	eck if a dual-use (see ii	nstructions)	
	A 🗆				
	в 🔲				
	c ∐				
	D 🗆				
		Α	В	С	D
2	Rent received or accrued				
а	From personal property (if the percentage of rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property				
	exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property.				
Ū	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c colu	imns A through D. Enter he	ro and on Part I line 6	column (A)	0
•	Total rents received or accided. Add line 20 cold		re and on Fart 1, line o	, column (A)	
4	Deductions directly connected with the income				
	in lines 2(a) and 2(b) (attach statement) .				
5	Total deductions. Add line 4 columns A through	h D. Enter here and on Par	t I, line 6, column (B)		0
Pai	t V Unrelated Debt-Financed Incom	e (see instructions)			
	Description of debt-financed property (street ad	,	Chock if a dual-use (coo instructions)	
-	A	diess, city, state, zir code	. Check if a dual-use (see msa actions)	
	в				
	c □				
	D □				
		Α	В	С	
2	Gross income from or allocable to debt-		_	•	
_	financed property				
3	Deductions directly connected with or allocable to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b, columns				
	A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach				
	statement)				
5	Average adjusted basis of or allocable to debt-				
-	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A thr	ough D). Enter here and or	Part I, line 7, column	(A) ▶ _	0
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, colum	ns A through D. Enter here	and on Part I, line 7, o	column (B) ► _	0
	Total dividends-received deductions include	d in line 10			0
11	Total dividends received deductions melade				

	le A (Form 990-T) 2021									Page 3
Part	VI Interest, Annuit	ies, Roya	ities, and Re	ents fror	n Control					
			Exempt Controlled Organizati							
1. Name of controlled organization			2. Employer identification number			4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
			Non	exempt C	ontrolled Or	ganization	S			
	7. Taxable income	inco	et unrelated ome (loss) nstructions)	9. Total of spe payments m				cluded in the organization's	11. Deductions directly connected with income in column 10	
(1)										
(2)										
(3)										
(4)										
Totals Part \							line 8,	and on Part I, column (A) 0 ee instructions		er here and on Part I, line 8, column (B)
	1. Description of income		2. Amount of					. Set-asides ach statement)		5. Total deductions and set-asides add columns 3 and 4)
(1)					`		<u> </u>			,
(2)										
(3)										
(4)										
	Add amounts in co Enter here and or line 9, column			n Part I,					dd amounts in column 5. Enter here and on Part I, line 9, column (B)	
Totals	TITE Evaluated Evans		hi. Turania 1	Othor Th	an Advan	tining To		. inaturations)		
Part \	•	-	ty Income, (omer in	iali Auver	using Ir	icome (see	: 1115t1 uctions)		
	escription of exploited acti									
С	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)									
	let income (loss) from unre nes 5 through 7		or business. S						4	
5 0	Gross income from activity t	that is not u	nrelated busin	ess income	e				5	
	xpenses attributable to inc								6	
	xcess exempt expenses. S									
h	ere and on Part II, line 12		<u></u>						7	
								Sche	dule	A (Form 990-T) 2021

	dule A (Form 990-T) 2021				Page 4
	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting A	two or more periodical	s on a consolidated basi	S.	
	B □				
	c □				
	D□				
Enter	r amounts for each periodical listed above in the o	corresponding column.			
	·	A	В	С	D
2	Gross advertising income				
а	Add columns A through D. Enter here and on Pa	art I, line 11, column (A)		0
3	Direct Advertising costs by periodical				
а	Add columns A through D. Enter here and on Pa	art I, line 11, column (B)		0
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .				
а	Add line 8, columns A through D. Enter the grea	ater of the columns tota	l or zero here and on Pa	art II, line 13 ▶	0
Pa	rt X Compensation of Officers, Direc	tors, and Trustees	(see instructions)		
	1. Name	:	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)					
(2)					
(3) (4)					
	I. Enter here and on Part II, line 1				0
	rt XI Supplemental Information (see i				
		,			
				Schedul	e A (Form 990-T) 2021