Form 990-T	Exempt Organization Business Income Tax Ref		OMB No. 1545-0047
	For calendar year 2022 or other tax year beginning $ JUL1,2022$, and ending $$	2023	2022
Department of the Treasury	Go to www.irs.gov/Form990T for instructions and the latest information.		
Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) .	pen to Public Inspection for 01(c)(3) Organizations Only
A Check box if address changed.	Name of organization (Check box if name changed and see instructions.)	D Employ	er identification number
B Exempt under section	Print NEW MEXICO CHRISTIAN CHILDRENS HOME	85	-6018576
X 501(c)(3) 408(e) 220(e)	Number, street, and room or suite no. If a P.O. box, see instructions. 1356 NM 236	EGroup e (see ins	exemption number tructions)
408A 530(a) 529(a) 529A	City or town, state or province, country, and ZIP or foreign postal code PORTALES, NM 88130		Check box if
	C Book value of all assets at end of year		an amended return.
G Check organization		State co	ollege/university
H Check if filing only to			
l Check if a 501(c)(3)	organization filing a consolidated return with a 501(c)(2) titleholding corporation		
	attached Schedules A (Form 990-T)	1	
	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group	?	Yes X No
	ame and identifying number of the parent corporation.		
L The books are in car	re of NMCCH Telephone number	575-3	56-5372
Part I Total Uni	elated Business Taxable Income		
1 Total of unrelated	business taxable income computed from all unrelated trades or businesses (see		_
instructions)		1	0.
2 Reserved		2	
3 Add lines 1 and 2		3	
4 Charitable contrib	utions (see instructions for limitation rules)		0.
5 Total unrelated but	siness taxable income before net operating losses. Subtract line 4 from line 3		
	operating loss. See instructions		
7 Total of unrelated	business taxable income before specific deduction and section 199A deduction.		
Subtract line 6 fro		7	
8 Specific deduction	n (generally \$1,000, but see instructions for exceptions)		1,000.
	39A deduction. See instructions	_	
10 Total deductions	Add lines 8 and 9		1,000.
11 Unrelated busine	ss taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
enter zero	· · · · · · · · · · · · · · · · · · ·	11	0.
Part II Tax Com			
1 Organizations tax	table as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
	trust rates. See instructions for tax computation. Income tax on the amount on		
Part I, line 11 from	: Tax rate schedule or Schedule D (Form 1041)	2	
3 Proxy tax. See ins		_	
=	s. See instructions		
5 Alternative minimu	ım tax (trusts only)		
6 Tax on noncomp	iant facility income. See instructions		
•	through 6 to line 1 or 2 whichever applies	7	0.

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Form **990-T** (2022)

Part	III Tax and Payments		r age z
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		-
b	Other and the (see instantions)	-	
c	General business credit. Attach Form 3800 (see instructions) 1b 1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
e	Total credits. Add lines 1a through 1d	1e	
2	Subtract line 1e from Part II, line 7	2	0.
3	Other amounts due. Check if from: Form 4255 Form 8611 Form 8697 Form 8866		
•	Other (attach statement)	3	
4	Total tax. Add lines 2 and 3 (see instructions).		-
-	section 1294. Enter tax amount here	4	0.
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	0.
6a	Payments: A 2021 overpayment credited to 2022 6a 18,298.		
b	2022 estimated tax payments. Check if section 643(g) election applies 6b		
С	Tax deposited with Form 8868 6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d		
е	Backup withholding (see instructions) 6e		
f	Credit for small employer health insurance premiums (attach Form 8941) 6f		
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total 6g		
7	Total payments. Add lines 6a through 6g	7 1	8,298.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10 1	8,298.
11	Enter the amount of line 10 you want: Credited to 2023 estimated tax 18,298. Refunded	11	0.
Part	Statements Regarding Certain Activities and Other Information (see instructions)		
1	At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a		
	foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year\$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryovers	ırryover	
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Particle 1.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce	Э	
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions	<u>;. </u>	
	Business Activity Code Available post-2017 NOL		
	531310 \$	38,080.	
	\$		
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"		
David	explain in Part V V Supplemental Information		
Part	**		
Provide	the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.		
			-
-	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle	adde and helief it is tru	10
Sign	correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	rage and belief, it is the	,
Here		May the IRS discuss thi	
		he preparer shown belonstructions)? X Y	
			es No
_	1	if PTIN	
Paid	Self- employed	P00444	1540
Prepa		75-078	
Use C	Only Firm's name WEAVER AND TIDWELL, LLP Firm's EIN 2821 W. 7TH ST., STE. 700	/5-0/8	00710
		317-332-7	905
000744	· · · · · · · · · · · · · · · · · · ·		905 90-T (2022)
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SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form990T for Do not enter SSN numbers on this form as it r				3).	Open to Public Inspection for 501(c)(3) Organizations Only	
A N	lame of the organization	CO CHRISTIAN CHILDRENS H	OME		B Employe		cation number 76	
<u>c</u> ι	Jnrelated business a	activity code (see instructions) 53131	.0		D Sequence	ce:	1 of 1	_
F	escribe the unrelat	ed trade or business INVESTMENTS						
		Trade or Business Income		(A) Income	(B) Expens	es	(C) Net	_
			П				. ,	_
	Gross receipts or s Less returns and allo		10					
b			1c 2					_
2		d (Part III, line 8)	3					_
3		ract line 2 from line 1c	•					_
4 a		come (attach Schedule D (Form 1041 or Form	4-					
	1120)). See instruc		4a					-
	• , , ,	rm 4797) (attach Form 4797). See instructions)	4b					-
c	Capital loss deduc		4c					_
5	` '	a partnership or an S corporation (attach	_					
_			5					_
6		IV)	6					—
7		anced income (Part V)	7					_
8		royalties, and rents from a controlled						
		VI)	8					_
9		e of section 501(c)(7), (9), or (17)						
		t VII)	9					_
10		activity income (Part VIII)	10					_
11		e (Part IX)	11					_
12		instructions; attach statement) STMT 1	12	-7,007 -7,007	•		-7,007. -7,007.	<u>.</u>
<u>13</u>	Total. Combine lin	ies 3 through 12	13	-7,007	•		-7,007	<u>.</u>
Pai	directly co	ns Not Taken Elsewhere See instruction nected with the unrelated business in	come			uction	s must be	
1		officers, directors, and trustees (Part X)				1		_
2		s				2		_
3	Repairs and maint	enance				3		_
4	Bad debts					4		_
5	Interest (attach sta	atement). See instructions				5		_
6	Taxes and licenses	S				6		_
7	Depreciation (attac	ch Form 4562). See instructions		7				
8	Less depreciation	claimed in Part III and elsewhere on return		8a		8b		_
9	Depletion					9		_
10						10		_
11	Employee benefit į	programs				11		_
12	Excess exempt ex	penses (Part VIII)				12		
13		costs (Part IX)				13		_
14	Other deductions					14		
15	Total deductions.	Add lines 1 through 14				15	0 .	
16	Unrelated busines	s income before net operating loss deduction. S						_
	column (C)					16	-7,007	

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Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2022

-7,007.

17

Deduction for net operating loss. See instructions

Pac	ıe	4

Part	III Cost of Goods Sold Enter meth	od of inventory valuation	on		Page Z
1	Inventory at beginning of year	,		1	
2	Purchases				
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year			_	
8	Cost of goods sold. Subtract line 7 from line 6. Enter he	ere and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property p				Yes No
Part	, , ,	•	<u>-</u>		
1	Description of property (property street address, city, sta	ate, ZIP code). Check i	f a dual-use. See instru	uctions.	
	A				
	B				
	<u> </u>				
	D			•	
•	Post was bad as a second	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				
D	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
		<u> </u>	•	<u> </u>	
3	Total rents received or accrued. Add line 2c columns A t	through D. Enter here a	and on Part I. line 6. co	olumn (A)	0.
	Deductions directly connected with the income			, ,	
4	in lines 2(a) and 2(b) (attach statement)				
	_				
5	Total deductions. Add line 4 columns A through D. Ent	er here and on Part I, li	ne 6, column (B)		0.
<u>Part</u>	(50	,			
1	Description of debt-financed property (street address, ci	ty, state, ZIP code). Ch	eck if a dual-use. See	instructions.	
	A				
	B				
	<u> </u>				
	D			•	
0	Gross income from or allocable to debt-financed	Α	В	С	<u> </u>
2					
3	property Deductions directly connected with or allocable				
3	to debt-financed property				
•	Straight line depreciation (attach statement)				
a b	Other deductions (attach statement)				
C	Total deductions (add lines 3a and 3b,				
C	columns A through D)				
4	Amount of average acquisition debt on or allocable				
7	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
3	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6	70	70	70	70
8	Total gross income (add line 7, columns A through D).	Enter here and on Part	I, line 7, column (A)	l -	0.
_	g. 222 man (add mo , , solumno , t in odgir D).		., , 55.6.1111 (1)	·····	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A thro	ugh D. Enter here and	on Part I, line 7, colun	nn (B)	0.
11	Total dividends-received deductions included in line 1				0.

1 Page **3**

Part	VI Interest, Annu	uities, Ro	oyalties, and Re	ents fror	n Control	led Or	ganizations	s (see in	struction	ns)	Page 3		
		-					Exempt Contro						
	Name of controlled organization		organization identification inc		incon			al of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		the za-	connected with	
(1)													
(2)													
(3)													
(4)													
	· + · · · ·				Controlled O						1 11 11 11		
7	. Taxable Income	ir	Net unrelated acome (loss) e instructions)		otal of specif lyments mad		that is inc	of column s cluded in th organization income	е	cc	eductions directly onnected with me in column 10		
(1)													
(2)													
(3)											_		
(4)													
							Add colum Enter here line 8, c			Enter h	olumns 6 and 11. nere and on Part I, e 8, column (B)		
Totals									0.		0.		
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgai	nization (s	ee instruct	ions)				
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connected (attach states	ected (att	1. Set-as ach stat		5. Total deductions and set-asides (add cols 3 and 4)		
(1)													
(2)													
(3)													
(4)					Add amou	ınte in					Add amounts in		
Totals					column 2 here and o line 9, colu	. Enter n Part I,					column 5. Enter here and on Part I, line 9, column (B)		
Part	VIII Exploited E	xempt A	ctivity Income	, Other 1	Than Adve		g Income	see instruc	tions)				
1	Description of exploite			-									
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)	L	2			
3	Expenses directly con	nected wit	h production of unr	elated busi	iness income	e. Enter l	here and on Pa	art I,					
	line 10, column (B)								L	3			
4	Net income (loss) from												
									····	4			
5	Gross income from ac									5			
6	Expenses attributable									6			
7	Excess exempt expen			6, but do no	ot enter mor	e than th	ne amount on I	ine		_			
	4. Enter here and on F	Part II, line	12							7			

Schedule A (Form 990-T) 2022

Part	IX	Advertising Income				
1	Nan	ne(s) of periodical(s). Check box if reporting tw	o or more periodicals on a	a consolidated basis		
	A [
	в					
	c [
	D [
Enter a	amour	nts for each periodical listed above in the corre	esponding column.			
		•	Α Α	В	С	D
2	Gros	ss advertising income				
		l columns A through D. Enter here and on Part			•	0.
а		Ç	, , , , , , , , , , , , , , , , , , , ,			
3	Dire	ct advertising costs by periodical				
а		columns A through D. Enter here and on Part				0.
4	Adv	ertising gain (loss). Subtract line 3 from line				
	2. F	or any column in line 4 showing a gain,				
	com	plete lines 5 through 8. For any column in				
	line	4 showing a loss or zero, do not complete				
	lines	s 5 through 7, and enter zero on line 8				
5	Rea	dership costs				
6		ulation income				
7		ess readership costs. If line 6 is less than				
	line	5, subtract line 6 from line 5. If line 5 is less				
	than	n line 6, enter zero				
8		ess readership costs allowed as a				
	ded	uction. For each column showing a gain on				
	line	4, enter the lesser of line 4 or line 7				
а	Add	l line 8, columns A through D. Enter the greate	er of the line 8a, columns t	otal or zero here and	d on	
		II, line 13				0.
Part Part	<u>X</u>	Compensation of Officers, Direct	tors, and Trustees	(see instructions)		
					3. Percentage	4. Compensation
		1. Name	2. Title		of time devoted	attributable to
					to business	unrelated business
(1)					%	
(2)					%	
(3)					%	
(4)					%	
						•
Total	. Ente	r here and on Part II, line 1				0.
Part	ΧI	Supplemental Information (see ins	structions)			

FORM 990-T	(A)		ОТН	ER INCOME		STATEMENT 1
DESCRIPTION	1					AMOUNT
DAY ESTATES	- S LTD					-7,007.
TOTAL TO SO	CHEDULI	E A, PART I,	LINE 1	2		-7,007.
990-T SCH A	<u> </u>	POST-201	L7 NET	OPERATING	LOSS DEDUCTION	STATEMENT 2
TAX YEAR	LOSS	SUSTAINED	PREV	OSS IOUSLY PLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/22		38,080.		0.	38,080.	38,080.
NOL CARRYO	JER AV	AILABLE THIS	YEAR		38,080.	38,080.