For Paperwork Reduction Act Notice, see the separate instructions.

Department of the

DLN: 93493319102452 OMB No. 1545-0047

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.

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

Open to Public Inspection

Interna	l Reve	enue Servic	е				
A F	or th	e 2021	calendar year, or tax year beginning 07-01-2021 , and ending 06-30-	2022			
	dress	applicable: change nange	C Name of organization NEW MEXICO CHRISTIAN CHILDRENS HOME		D Employe 85-6018		ication number
☐ Ini	tial re	-	Doing business as		E.T		_
		d return on pendin	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1356 NM 236		E Telephone (575) 35		
			City or town, state or province, country, and ZIP or foreign postal code PORTALES, NM 88130		G Gross rec	eipts \$ 5,	165,764
			F Name and address of principal officer:	H(a) Is this	a group ret	urn for	
			AARON GOODMAN 1356 NM 236		linates?		□Yes 🗹 No
			100000	H(b) Are all include		es	☐ Yes ☐No
I Ta	x-exe	mpt status	: ☑ 501(c)(3) ☐ 501(c)() ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	If "No,	" attach a li	st. See i	nstructions.
J W	ebsi	te:► W	WW.NMCCH.ORG	H(c) Group	exemption i	number	•
K Forr	n of o	rganization	n: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶	. Year of format	l II	M State NM	of legal domicile:
Pa	art I		nmary				
Governance	'	TO BÉ PE IMPROVE	escribe the organization's mission or most significant activities: OPLE WHO LOVE GOD AND LOVE OUR NEIGHBORS, WORKING IN PARTNERSI: THE LIVES OF DISADVANTAGED INDIVIDUALS, FOLLOWING THE BIBLICAL C IG OTHERS TO DO THE SAME.	HIP WITH FAN	MILY, CHURO S TO "GO A	CH AND ND DO L	COMMUNITY TO .IKEWISE" WHILE
Ġ S	2	Check th	his box $lacktriangle$ if the organization discontinued its operations or disposed of mo	re than 25%	of its net as	sets.	
න්	3	Number	of voting members of the governing body (Part VI, line 1a) $\cdot\cdot\cdot\cdot\cdot$			3	11
ties	l		of independent voting members of the governing body (Part VI, line 1b) .			4	11
Activities &	l		mber of individuals employed in calendar year 2021 (Part V, line 2a)		•	5	45
A	l		mber of volunteers (estimate if necessary)		•	6	1
	l		related business revenue from Part VIII, column (C), line 12			7a	-35,162
	D	Net unre	elated business taxable income from Form 990-T, Part I, line 11	1	r Year	7b	Current Year
		Contribu	itions and grants (Port VIII, line 1h)	Pric	4,718,8	16	
Ravenue	l		itions and grants (Part VIII, line 1h)		4,718,8	_	4,371,082 2,918
ěΛĕ	l	_	ent income (Part VIII, column (A), lines 3, 4, and 7d)		444,5	_	614,418
æ	l		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		141,4		70,416
	l		venue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,309,0		5,058,834
	-		and similar amounts paid (Part IX, column (A), lines 1–3)		72,9	02	259,956
	14	Benefits	paid to or for members (Part IX, column (A), line 4)			0	0
S.	15	Salaries	, other compensation, employee benefits (Part IX, column (A), lines 5–10)		1,584,9	78	1,748,164
Expenses	16a	Professi	onal fundraising fees (Part IX, column (A), line 11e)			0	0
e d	b	Total fund	draising expenses (Part IX, column (D), line 25) ▶418,239				
Ð	17	Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,064,5	05	2,112,963
	18	Total ex	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,722,3	85	4,121,083
	19	Revenue	e less expenses. Subtract line 18 from line 12		1,586,6	54	937,751
Net Assets or Fund Balances				Beginning o	of Current Ye	ar	End of Year
alar	20	Total as	sets (Part X, line 16)		35,914,5	68	33,859,932
t As	l		bilities (Part X, line 26)		472,4	_	460,848
ξŝ	l		ets or fund balances. Subtract line 21 from line 20		35,442,1		33,399,084
Pa	rt II	Sigr	nature Block				
		alties of	perjury, I declare that I have examined this return, including accompanying so				
кпоw any k			ef, it is true, correct, and complete. Declaration of preparer (other than office) is based or	i ali informa	tion of v	vnich preparer nas
		18					
		***** Signa	** ture of officer	2022 Date	2-11-07		
Sign Here		'					
	-		N GOODMAN AUTHORIZED SIGNER or print name and title				
			Print/Type preparer's name Preparer's signature Dat	e l		TIN	
Paid	ď				ck ∐ if ∣pı employed ∣	00444540)
Pre		er	Firm's name WEAVER AND TIDWELL LLP		's EIN ► 75-0	786316	
Use		F	Firm's address ▶ 2821 W 7TH ST STE 700	Phor	ne no. (817) 3	32-7905	
			FORT WORTH, TX 76107	Filor	110. (017) 3	52 / 503	
	ho IE	S discus	s this return with the preparer shown above? (see instructions)				

Cat. No. 11282Y

Form **990** (2021)

Form	990 (2021)					Page 2
Pa	rt III Statem	ent of Program Servic	e Accomplis	hments		
	Check if	Schedule O contains a respo	nse or note to	any line in this Part III .		🗆
1	Briefly describe	the organization's mission:				
THE	E PEOPLE WHO LO LIVES OF DISADV O THE SAME.	OVE GOD AND LOVE OUR NE ANTAGED INDIVIDUALS, FO	EIGHBORS, WOI	RKING IN PARTNERSHIF BIBLICAL CALL OF JESU	NITH FAMILY, CHURCH AND COMI IS TO "GO AND DO LIKEWISE" WHI	MUNITY TO IMPROVE LE INSPIRING OTHERS
2	Did the organiza	ation undertake any significa	nt program ser	vices during the year wh	nich were not listed on	
	the prior Form 9	990 or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describ	e these new services on Sch	edule O.			
3	Did the organiza	ation cease conducting, or m	ake significant	changes in how it condu	icts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describ	e these changes on Schedul	e O.			
4	Section 501(c)(3		ns are required	to report the amount o	largest program services, as measu f grants and allocations to others, t	
4a	(Code:) (Expenses \$	2,642,449	including grants of \$	259,956) (Revenue \$	108,183)
	See Additional Dat	ca .				
4b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program (Expenses \$	services (Describe in Schedu incl	ıle O.) uding grants of	\$) (Revenue \$)
4e	_Total program	service expenses ►	2,642,4	49		

Part IV Checklist of Required Schedules

13

14a

14b

15

16

17

18

19

20a

20b

21

Nο

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

No

Form **990** (2021)

	Checkist of Required Schedules		3.6	
			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 3	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🥞	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III 2	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
	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		No
	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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
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		No

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV .

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

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

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

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

Did the organization report more than \$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

15

17

18

19

Form	990 (2021)			Page 4
Pai	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did 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 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .

1a

1b

0

1c

Yes

Form **990** (2021)

	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			Page 5
2a	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	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	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 10a			
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:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.]		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
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			
	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

orm	990 (2021)			Page 6
Pai	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	o" resp	onse to	-
Se	ction 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 11]		
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 11			
2		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	_
			Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?	10a		No
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	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
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		No
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
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		
	ction C. Disclosure			
L7	List the states with which a copy of this Form 990 is required to be filed▶ NM			
L8	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
L9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: NMCCH 1356 NM 236 PORTALES, NM 881309411 (575) 356-5372			

П

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or 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

SUBJECTOR X	Check this box if neither the organization no	r any related or	ganizat	ion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee.	
1.00		Average hours per week (list any hours for related organizations below dotted	than o	ne bo oth a direct	o no ox, u n of or/t	t cha Inles ficer rust	ss pers and a ee)	son	Reportable compensation from the organization (W-2/1099- MISC/1099-	Reportable compensation from related organizations (W-2/1099- MISC/1099-	Estimated amount of other compensation from the organization and related
13 Not Prescriber 10			ustee	Trustee		96	pensated				
X	(1) ROY ALEXANDER DIRECTOR		х						0	0	0
1,00	(2) BUDDY BLUE DIRECTOR		х		Х				0	0	0
1,9 File Personal	(3) KERRY FENDER DIRECTOR		х						0	0	0
DIRECTOR X	(4) MIKE HANKINS DIRECTOR		Х						0	0	0
X	(5) SCOTTY HOLLOMAN DIRECTOR		Х						0	0	0
X X X X X X X X X X	(6) HAL HOWELL DIRECTOR		х						0	0	0
(a) BRAD WOUSLET	(7) JACK MERRICK SECRETARY		Х		Х				0	0	0
X	(8) BRAD WOOSLEY DIRECTOR		х						0	0	0
X	(9) KEITH RALL DIRECTOR		l						0	0	0
X X 0 0 0 0 0 0 0 0	(10) DAVID REVES DIRECTOR		l						0	0	0
12 12 12 12 12 12 12 12	(11) BOB TERHUNE PRESIDENT		х		х				0	0	0
13 MRE WISCHRAEIPER	(12) EDDIE WILSON DIRECTOR		х						0	0	0
X	(13) MIKE WISCHKAEMPER DIRECTOR		Х						0	0	0
	(14) AARON GOODMAN EXECUTIVE DIRECTOR		х						60,086	0	0

Part VII

Page 8

	(A) Name and title	(B) Average hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee) Report competition (a) 2							D) rtable nsation n the ization 1099-	(E) Reportable compensation from related organizations (W-2/1099-	5	Estima amount o compens from to organizati	ated f other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099-NEC) MISC/1099-		MISC/1099-NE		relat relat organiza	ed
								-						
	Sub-Total	 art VII, Section	 A.				>							
d	Total (add lines 1b and 1c)	<u> </u>		<u></u>			▶		ı	60,086		0		0
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rec	eived mor	e than \$10	00,000			
													Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .	·		ee, k	ey e	mplo •	oyee,	or hi •	ighest com	pensated	employee on	3		No
4	For any individual listed on line 1a, is										the	-		
	organization and related organization individual	s greater than \$	150,00	0? <i>If</i> •	"Yes	," c	omplet •	te Sc • •	chedule J f	or such		4		No
5	Did any person listed on line 1a recei											Ė		
_	services rendered to the organization		ete Sch	eauie	э л го	r su	icn pei	rson	· · ·			5		No
1	ection B. Independent Contract Complete this table for your five high		d indep	ender	nt co	ntra	actors	that	received r	more than	\$100,000 of cor	mpen	sation	
	from the organization. Report compe	nsation for the o	alendar	year	end	ing	with o	r wit	thin the or	ganization	's tax year. (B)	Ī	(C)
	Name a	and business addre	ess							Descr	iption of services		Compen	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Part	VII	Statement	of F	Revenue						
		Check if Scheo	dule	O contains a	respoi	nse or note to any	line in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Grants mounts	1a Federated campaigns . 1a b Membership dues . 1b c Fundraising events . 1c							revenue	l	512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	e	Related organization Government grants (or All other contributions and similar amounts in the contributions and similar amounts in the contributions are contributions.	contri s, gift	ibutions) 1	ld Le	4,371,082				
Contribution of the	g h	above g Noncash contributions included in lines 1a - 1f:\$ h Total. Add lines 1a-1f				370,926	4 274 002			
	28	SPECIAL EVENT INCO	ME			Business Code 623990	4,371,082 2,918		2,918	
e Revenu	Ŀ									
Program Service Revenue	c									
Prog		All other program								
	3	Total. Add lines 2 Investment income similar amounts) . Income from invest	(inc	luding divide	nds, ir	>	1	8		614,418
		Royalties	6a	(i) Real		(ii) Personal	-			
	b c	Less: rental expenses Rental income or (loss)	6b 6c		93,835		-			
		Net rental income				· · · ▶ (ii) Other	93,83	93,835		
		from sales of assets other than inventory Less: cost or	7a							
		other basis and sales expenses Gain or (loss)	7b 7c							
enne		d Net gain or (loss) Gross income from fu (not including \$ contributions reported See Part IV, line 18	ndra d on	ising events of line 1c).		· · · •				
Other Revenue		Less: direct expen	ses		8a 8b ng eve	ents Þ	<u> </u>			
	ı	Gross income from See Part IV, line 19 Less: direct expen	ses		9a 9b					
		a Net income or (los aGross sales of inve returns and allowa	entor	ry, less	10a	47,869				
	b Less: cost of goods sold 10b c Net income or (loss) from sales of invent Miscellaneous Revenue				\Box	106,930 ory Business Code	-59,06:	1 -59,061		
	11aMISCELLANEOUS b UNITED STATES NATURAL					900099	·			
	•	DAY ESTATES LTD)		-	531310	-37,760	0	-38,073	313
	•	d All other revenue Total. Add lines 1	1a-1	l1d		•	35,642	2		
	12	2 Total revenue. S	ee ir	structions .	•	• • • •	5,058,834	108,183	-35,162	614,731 Form 990 (2021)

orr	m 990 (2021)				Page 10
Р	art IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must c	amplete all columns	All other erganization	ne must complete col	ımn (A)
		'		· · · · · · · · · · · · · · · · · · ·	ımn (A). □
D ₀	Check if Schedule O contains a response or note to an not include amounts reported on lines 6b,		(B)	(C)	· · · □
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		скрепосо	general expenses	скрепосо
2	Grants and other assistance to domestic individuals. See Part IV, line 22	259,956	259,956		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,314,716	742,937	384,199	187,580
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits	330,756	175,360	97,842	57,554
10	Payroll taxes	102,692	59,837	28,439	14,416
11	Fees for services (non-employees):				_
ä	a Management				
ı	Legal	32,074	8,630	23,162	282
	Accounting	51,852	14,190	37,224	438
	d Lobbying				
	Professional fundraising services. See Part IV, line 17				
1	Investment management fees	69,490	7,352	62,138	
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	31,301	8,714	22,334	253
12	Advertising and promotion	15,644		923	14,721
13	Office expenses				
14	Information technology	50,846	12,937	36,875	1,034
15	Royalties				
16	Occupancy	276,992	248,081	27,844	1,067
17	Travel	24,107	9,116	1,132	13,859
	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	591,145	467,954	112,984	10,207
23	Insurance	158,808	129,899	23,398	5,511
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	·		·	
	a REPAIRS & MAINTENANCE	229,917	182,724	38,811	8,382
	b SUPPLIES & FUEL	122,514	73,667	26,357	22,490
	c SPECIAL EVENTS EXPENSE	101,720	16,475	83,209	2,036
	d ACTIVITIES	88,503	82,489	3,098	2,916
	e All other expenses	268,050	142,131	50,426	75,493
25	Total functional expenses. Add lines 1 through 24e	4,121,083	2,642,449	1,060,395	418,239
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2021)

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33

Liabilities 22

Fund Balances

ō 29

Assets 30 75.696

80.061

3,839

11,461,087

20,218,359

33,859,932

460,848

460.848

29,818,711

3,580,373

33,399,084

33,859,932

Form 990 (2021)

163.301

End of year

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10c

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112.237

124.002

11,756,026

20,266,880

35,914,568

472,422

472.422

31,470,081

3,972,065

35,442,146

35,914,568

315,114

4,838

Check if Schedule C	contains a respo	onse or note to a	ny line in this Part IX .

1	Cash-non-interest-bearing	3,335,471	1	1,857,58
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
_	landa and athan unanivahla fuama any avanant aufamana affican dinastra			

17.961,900

6,500,813

10a

10b

Beginning of year

Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net Assets Inventories for sale or use Prepaid expenses and deferred charges . . .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Tax-exempt bond liabilities

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Deferred revenue

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Investments—other securities. See Part IV, line 11 .

Investments—program-related. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 33) . .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets . . .

Grants payable .

☐ Both consolidated and separate basis

Yes

No

Form 990 (2021)

2c

3a

3h

consolidated basis, or both:

Separate basis

Audit Act and OMB Circular A-133?

Consolidated basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

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

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

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

Additional Data

Software ID: Software Version:

EIN: 85-6018576

Name: NEW MEXICO CHRISTIAN CHILDRENS HOME

Form 990 (2021)

Form 990, Part III, Line 4a:

THE ORGANIZATION PROVIDES HEALTH, EDUCATION AND WELFARE TO APPROXIMATELY 150 CHILDREN AND SINGLE PARENTS.

етне	e GRA	APHIC prin	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493319102452
SCH	IFD	ULE A	Dublic (harity State:	e and Dul	olic Supp		OMB No. 1545-0047
	m 990			Charity Statu				2021
		,		4947(a)(1) nonexe	mpt charitable	trust.	a section	ZUZI
-		the Treasury ue Service	▶ Go to www.irs.	► Attach to Form ! gov/Form990 for in			ermation.	Open to Public
								Inspection
		ne organiza CHRISTIAN CH	tion HILDRENS HOME				Employer identific	ation number
							85-6018576	
Par			for Public Charity Statu a private foundation because				see instructions.	
1			onvention of churches, or ass	•	•		(Δ)(i).	
2			scribed in section 170(b)(1				(,(-,-	
3					,	, ,	:::>	
		·	or a cooperative hospital serv	_			-	
4	Ш	name, city,	esearch organization operate and state:	a in conjunction with	a nospital descri	bed in section :	170(B)(1)(A)(III). E	nter the nospital's
5	П	An organiza	ation operated for the benefit	of a college or univer	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6	_		(iv). (Complete Part II.)		9 11	470(1)(4)(4)		
6	Ш	•	tate, or local government or	-				
7			ation that normally receives a $\mathbf{0(b)(1)(A)(vi)}$. (Complete		s support from a	governmental u	nit or from the genera	al public described in
8		A communi	ty trust described in section	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization de ant college of agriculture. Se					ege or university or a
10	✓	An organiza	ation that normally receives:	(1) more than 331/3%	6 of its support f	rom contribution	s, membership fees,	
		from activit investment	ies related to its exempt fund income and unrelated busine	ctions—subject to cert ess taxable income (le	tain exceptions, a ess section 511 t	and (2) no more ax) from busines	than 33 1/3% of its s ses acquired by the c	upport from gross Irganization after June
		30, 1975. S	see section 509(a)(2). (Co	mplete Part III.)				. gaa
11		An organiza	ation organized and operated	exclusively to test for	r public safety. S	see section 509	(a)(4).	
12		more public	ation organized and operated ly supported organizations d a through 12d that describes	escribed in section 5	09(a)(1) or sec	ction 509(a)(2). See <mark>section 509(</mark> a	
a		Type I. A s	supporting organization opera	ated, supervised, or co	ontrolled by its s	upported organiz	zation(s), typically by	
		complete	n(s) the power to regularly a Part IV, Sections A and B.				,,	
b		manageme	supporting organization supents of the supporting organiza plete Part IV, Sections A a	tion vested in the san				
c		Type III f	unctionally integrated. A s	upporting organizatio				ted with, its
d			organization(s) (see instruction on-functionally integrated	•	•			vization(s) that is not
•	Ш	functionally	integrated. The organization	generally must satis	fy a distribution	requirement and		
e			 You must complete Part box if the organization received 	-	•		no I Typo II Typo II	I functionally
C	Ш	integrated,	or Type III non-functionally	integrated supporting	organization.	KS tilat it is a Ty	pe i, Type ii, Type ii	Trunctionally
f	Enter	the number	of supported organizations				<u> </u>	
g			ing information about the su	· · · · · · ·	· '			1 (2)
	(1) N	lame of supp organizatior		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			l					
Total			tion Act Notice, see the In					

Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (or fiscal year beginning in) ▶ 7 Amounts from line 4. . Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources. . . Net income from unrelated business activities, whether or not the business is regularly carried on. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . **11 Total support.** Add lines 7 through

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check

(f) Total

Section C. Computation of Public Support Percentage

11, column (f)) 14

Public support percentage for 2021 (line 6, column (f) divided by	/ line	
Public support percentage for 2020 Schedule A. Part II. line 14.		

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15

14

Part II, line 14

16a 33 1/3% support test-2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

h 10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

h 33 1/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

Schedule A (Form 990) 2021

17a 10%-facts-and-circumstances test-2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14

(Complete only if you on the organization fails to						er Part II. If
Section A. Public Support	o quality under	the tests listed	below, please c	ompiete Part II.	.)	
Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.").	6,362,633	5,282,779	3,993,466	4,718,846	4,371,273	24,728,997
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	155,852	142,488	99,600	85,675	217,833	701,448

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

Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6,518,485 5,425,267 4,093,066 4,804,521 4,589,106

Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. c Add lines 7a and 7b. . Public support. (Subtract line 7c from line 6.) Section B. Total Support

25,430,445 Calendar year (c) 2019 (a) 2017 (b) 2018 (d) 2020 (e) 2021 (f) Total (or fiscal year beginning in) ▶ 9 6,518,485 5,425,267 4,093,066 4,804,521 4,589,106 Amounts from line 6. . . Gross income from interest, dividends, payments received on 489,320 419,077 459,999 444,516 614,418 securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. 489,320 419,077 459,999 444,516 614,418 Add lines 10a and 10b. С Net income from unrelated business

0 Ω 25,430,445 25,430,445 2,427,330 2,427,330 activities not included on line 10b. -3,920 65,705 50,311 100,839 -37,569 175,366 whether or not the business is

regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c, 5,910,049 4,603,376 5,349,876 7,003,885 5,165,955 11, and 12.). First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. Section C. Computation of Public Support Percentage Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)) 15 90.720 % Public support percentage from 2020 Schedule A, Part III, line 15 16 90.140 % Section D. Computation of Investment Income Percentage Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f)) 17 8.660 %

10a 11 12 28,033,141 14

15

Investment income percentage from 2020 Schedule A, Part III, line 17 18

20

16 17

- 18
- 7.940 % 19a 331/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not
 - more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🗹 b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
 - Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 🕨 📙 Schedule A (Form 990) 2021

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answer line 10b below.

the organization had excess business holdings).

Part IV Supporting Organizations

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10a

10b Schedule A (Form 990) 2021

Page 4

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

12d, of Part I, complete Sections A and D, and complete Part V.)

Section	n A. All S	Supporting O	rganizat	ions					
								 Yes	N
		,			 				T^{-}

Are all of the organization's supported organizations listed by name in the organization's governing documents? 1

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. 1

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). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.

2 3a 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.

3b 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. 3с 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.

4a 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 4b supervised by or in connection with its supported organizations.

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. 4c 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 5a

amendment to the organizing document). 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? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).

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).

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.

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

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.

Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting

9a organization had an interest? If "Yes," provide detail in Part VI. 9b

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. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding 10a

	nedule A (Form 990) 2021		F	Page 5
Pä	art IV Supporting Organizations (continued)			
			Yes	No
11	, , , , , , , , , , , , , , , , , , , ,			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, governing body of a supported organization?	the 11a		
h	b A family member of a person described on 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in F			
_	VI. Section B. Type I Supporting Organizations			
-	Section B. Type I Supporting Organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if an applied to such powers during the tax year.		103	110
	applied to such powers during the tax year.	1		
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, supervised or controlled the supporting organization.			
	Section 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 trustee	s of	165	NO
-	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
_	Section D. All Type III Supporting Organizations			
	section D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization		1	
	tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of 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).			
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant	2		
3	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 rega	5		
-5	Section E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see inst	ructions):		
	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.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a 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 supporte 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.	ed 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.			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? If "Yes" or "No", provide details in Part VI .	of 3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3h		

instructions)

Page **6**

1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	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		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	ntegrate	ed Type III supporting or	ganization (see

e Excess from 2021.

Schedule A (Form 990) (2021)

Page 7

Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 7 Distributions to attentive supported organizations to which the organization is responsive (provide

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

7 Total annual distributions. Add lines 1 through 6. 8 details in Part VI). See instructions Distributable amount for 2021 from Section C, line 6 9 10 10 Line 8 amount divided by Line 9 amount (ii) (iii) Section E - Distribution Allocations (i) Underdistributions Distributable **Excess Distributions** (see instructions) Pre-2021 Amount for 2021

1 Distributable amount for 2021 from Section C, line 6 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in **Part VI**). See instructions.

3 Excess distributions carryover, if any, to 2021: a From 2016. **b** From 2017. **c** From 2018. **d** From 2019. e From 2020. f Total of lines 3a through e

q Applied to underdistributions of prior years h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2021 from Section D, line 7: \$

a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.

6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 3j and 4c.

7 Excess distributions carryover to 2022. Add lines 8 Breakdown of line 7: a Excess from 2017. **b** Excess from 2018. . . . c Excess from 2019. d Excess from 2020.

Schedule A (Form 990) 2021 Page 8
Part VI	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).
	Facts And Circumstances Test

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DLN: 93493319102452

OMB No. 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization **Employer identification number** NEW MEXICO CHRISTIAN CHILDRENS HOME 85-6018576 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization 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) Aggregate value of grants from (during year) Aggregate value at end 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's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2b Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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: 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:

Par	t III	Organizations Maintaining Co	llections of	Art, Hist	torio	al Tı	reası	ıres, o	r Othe	r Similar As	ssets (con	tinued)
3		g the organization's acquisition, accessions (check all that apply):	n, and other r	ecords, che	eck a	ny of	the fo	llowing	that are	a significant u	use of its co	llection
а		Public exhibition			d		Loan	or exch	ange pr	ograms		
b		Scholarly research			е		Othe	r				
С		Preservation for future generations										
4		ride a description of the organization's co XIII.	llections and e	explain how	the	y furth	ner th	e organi:	zation's	exempt purpo	se in	
5		ng the year, did the organization solicit o ts to be sold to raise funds rather than t									☐ Yes	□ No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.	ements. wered "Yes"	on Form 9	990,	Part	IV, li	ne 9, o	r repor	ted an amou	ınt on Fori	m 990, Part
1a		ne organization an agent, trustee, custod uded on Form 990, Part X?									Yes	□ No
b	If "Y	es," explain the arrangement in Part XII	I and complet	e the follow	ving t	table:				А	mount	
c	Begi	inning balance							1c			
d	Addi	itions during the year							1 d			
е	Dist	ributions during the year							1e			
f	Endi	ing balance							1f			
2a	Did 1	the organization include an amount on Fo	orm 990, Part	X, line 21,	for e	scrow	or cu	ıstodial a	account	liability?	☐ Yes	□ No
b		es," explain the arrangement in Part XII:										
	rt V	Endowment Funds.						p		- /		
		Complete if the organization ans								_		
			(a) Current	year ((b) Pr	ior yea	ır	(c) Two y	years bac	k (d) Three ye	ars back (e)	Four years back
	-	ning of year balance										
		ibutions										
		nvestment earnings, gains, and losses										
		s or scholarships										
	and p	expenditures for facilities rograms										
		nistrative expenses					_					
g		f year balance										
2		ride the estimated percentage of the curr	ent year end l	palance (lin	e 1g	, colu	mn (a)) held a	as:			
а												
b	Pern	nanent endowment 🟲										
C		n endowment 🕨										
3a	Are	percentages on lines 2a, 2b, and 2c shot there endowment funds not in the posse	•		that	are h	eld an	d admin	istered :	for the		V N-
	_	nization by: Jnrelated organizations				_					3a(i)	Yes No
	• •	Related organizations			·		٠				3a(ii	
b		'es" on 3a(ii), are the related organizatio		quired on S	Sched	dule R	? .				3b	
4	Desc	cribe in Part XIII the intended uses of the	organization	's endowme	ent fi	unds.						· · ·
Pa	rt VI	, , , , , ,		_					_	_		_
	De = :	Complete if the organization answiption of property (a) Cost or ot		on Form 9 (b) Cost or o						orm 990, Pa		LO. Book value
_	⊅esc	ription of property (a) Cost or ot (investm		(b) Cost or o	er		ouler)	(c) Acc		a depreciation	(a) 	
1 a	Land					2,07	70,267					2,070,267
b	Buildi	ngs				12,64	15,985			4,054,778		8,591,207
c	Lease	hold improvements										
d	Equip	ment				1,84	4 5,633			1,535,461		310,172

1,400,015

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

489,441

11,461,087

910,574

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on Form 990,	Part IV	. li	ine 11h.See Fo	rm 990. Part :	K. line 1	2.
	(a) Description of security or category (including name of security)	(b) Book	<		(c) Method of vocare or end-of-year	aluation	:
(1) Financia	l derivatives						
	held equity interests						
(A)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)							
(H)							
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	•					
Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV	. li	ine 11c. See Fo	orm 990. Part	X. line :	13.
	(a) Description of investment			(b) Book value	(c) Met	hod of v	aluation: market value
(1)			<u> </u>		Cost of end	-or-year	That ket value
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)		_				
Part IX	Other Assets. Complete if the organization answered 'Yes' on Form 990,	Dart I\/	lir	an 11d Son For	m 990 Part V I	ino 15	
	(a) Description	raic IV,		10 114. 500 101	III 330, Tare X, T) Book value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
Total. (Colu Part X	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.		•		•		
1.	Complete if the organization answered 'Yes' on Form 990, (a) Description of liability		lir	<u>ne 11e or 11f.S</u>	See Form 990,	Part X,	line 25. (b) Book value
	income taxes	~,					(B) Book faile
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, col.(B) line 25.)				<u> </u>		
	or uncertain tax positions. In Part XIII, provide the text of the footno			=	ncial statement		_

Part XI

2

b

3

4

5

b

Schedule D (Form 990) 2021

Page 4

3,087,743

5,058,834

106,930

4,121,083

3	Subtract line 2e from line 1		 •	3	
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			
b	Other (Describe in Part XIII.)	4b]	
c	Add lines 4a and 4b			4c	

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

2a

2b

2c

2d

2a 2b

2c

2d

4b

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5,058,834 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 4,228,013

2 Amounts included on line 1 but not on Form 990, Part IX, line 25:

Investment expenses not included on Form 990, Part VIII, line 7b . . . Other (Describe in Part XIII.)

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Add lines **4a** and **4b**

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Other (Describe in Part XIII.)

Net unrealized gains (losses) on investments

Add lines 2a through 2d

106,930

2.980.813

106,930

2e

2e 3

4c 4.121.083 Part X, line 2; Part

Schedule D (Form 990) 2020

9	Totalex	cpenses. Add lines 3 and 2	4C. (This must equal Form 990, Part 1, line 16.)	э	
Par	XIII	Supplemental Info	ormation		
			eart II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part s 2d and 4b. Also complete this part to provide any additional information.	V, line	4; F
	Re	turn Reference	Explanation		
See A	dditiona	l Data Table			

Page 5		chedule D (Form 990) 2020
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2021

Additional Data

Software Version:

Software ID:

EIN: 85-6018576

Name: NEW MEXICO CHRISTIAN CHILDRENS HOME

Supplemental Information

PART XI, LINE 2D - OTHER

ADJUSTMENTS:

Return Reference

COGS 106,930.

Explanation

upplemental Information				
Return Reference	Explanation			
PART XII, LINE 2D - OTHER ADJUSTMENTS:	COGS 106,930.			

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. Schedule I

(Form 990)

Department of the

Treasury

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

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

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public

DLN: 93493319102452

Inspection

Internal Revenue Service							
Name of the organization NEW MEXICO CHRISTIAN CHILD	RENS HOME					Employer identific	ation number
Part I General Inform	nation on Grants	and Assistance				85-6018576	
1 Does the organization ma			the grants or assistance.	the grantees' eligibility	for the grants or assistant	 re_and	
the selection criteria used						,o, and	☑ Yes 🗌 No
2 Describe in Part IV the org	- · · · · · · · · · · · · · · · · · · ·	=	_				
Part II Grants and Other that received more	Assistance to Don than \$5,000. Part II	nestic Organizations a I can be duplicated if ad	and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	on Form 990, Part IV, line	: 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of sect3 Enter total number of other	. , . ,	-					
For Paperwork Reduction Act Noti				Cat. No. 5005			nedule I (Form 990) 2021

Schedule I (Form 990) 2021					Page 2
Part III Grants and Other Assistance t Part III can be duplicated if addit		omplete if the organization	answered "Yes" on Forr	m 990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	12	173,896			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
Part IV Supplemental Information	tion. Provide the informa	tion required in Part I,	line 2; Part III, colum	n (b); and any other addition	al information.

Return Reference

Explanation

PART IV - ADDITIONAL INFORMATION

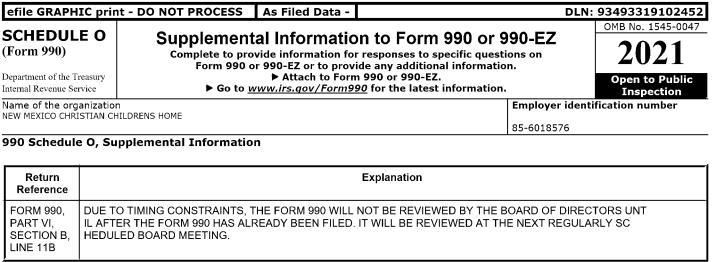
NMCCH SCHOLARSHIPS: SCHOLARSHIP FUNDS DONATED TO NMCCH ARE PLACED UNDER THE MANAGEMENT OF THE BOARD OF DIRECTORS. THE BOARD IS RESPONSIBLE FOR ESTABLISHING THE FOLLOWING POLICIES THAT REFLECT THE EXPRESSED DESIRES OF THE DONOR, AND FOR OVERSEEING THE ADMINISTRATOR IN THE DISTRIBUTION OF SCHOLARSHIPS. THE BOARD WILL SELECT FROM ITS MEMBERSHIP A SCHOLARSHIP COMMITTEE CONSISTING OF AT LEAST 2 (TWO) MEMBERS. THE PURPOSES OF THE SCHOLARSHIP COMMITTEE ARE TO ESTABLISH MANAGEMENT POLICIES, TO REVIEW AND MAKE RECOMMENDATION ON DISTRIBUTION REGULATIONS, TO RECEIVE ANNUAL DISTRIBUTION AND FUND BALANCE REPORTS, AND WHEN NEEDED, TO FURTHER DIRECT AND DELEGATE AUTHORITY FOR THE DAY TO DAY DECISIONS REGARDING SCHOLARSHIP AWARDS. NMCCH SCHOLARSHIPS ARE AWARDED ONLY AS A SUPPLEMENT TO OTHER GRANTS AND SCHOLARSHIPS AND ARE NOT TO BE USED INSTEAD OF, OR IN REPLACEMENT OF, ANY OTHER POST-SECONDARY EDUCATIONAL FUNDING FOR WHICH STUDENTS MAY QUALIFY. THEREFORE, STUDENTS ARE ENCOURAGED TO PURSUE ALL GRANTS AND SCHOLARSHIPS FOR WHICH THEY MAY BE ELIGIBLE THROUGH FINANCIAL AID RESOURCES. STUDENTS WHO PLAN TO ATTEND A NEW MEXICO UNIVERSITY WILL WANT TO INQUIRE CONCERNING THE N.M. LEGISLATIVE LOTTERY SCHOLARSHIPS. THE HOME'S BOOKKEEPING DEPARTMENT SHALL ACCOUNT FOR ALL NMCCH SCHOLARSHIPS, ENSURING THAT DISTRIBUTION WITHDRAWALS ARE MADE IN ACCORDANCE WITH DONOR DIRECTIVES AND FROM THE APPROPRIATE FUND. AN ANNUAL DISTRIBUTION AND FUND BALANCE REPORT IS TO BE PROVIDED AND PRESENTED TO THE SCHOLARSHIP COMMITTEE. ADDITIONAL INDIVIDUAL SCHOLARSHIP DONATIONS MAY, WHEN APPROPRIATE, BE DEPOSITED WITH EXISTING FUNDS DESCRIBED BELOW. A MINIMUM OF ONE SCHOLARSHIP DISTRIBUTION PER YEAR IS TO BE WITHDRAWN FROM EACH NMCCH SCHOLARSHIP FUND DESCRIBED BELOW SO THAT NO FUND BECOMES IN-ACTIVE. ELIGIBILITY: ANY RESIDENTIAL HOMES STUDENT WHO GRADUATES WHILE IN CUSTODY OF THE HOME, OR WHO REMAINS IN THE HOME UNTIL AGE 18, IS ELIGIBLE TO APPLY FOR NMCCH SCHOLARSHIPS. RESIDENTS WHO FORMERLY LIVED IN THE RESIDENTIAL HOMES FOR AT LEAST TWO SCHOOL YEARS WHILE AT THE HOME ARE ALSO ELIGIBLE TO APPLY. ANY STUDENT WHO GRADUATES WHILE ENROLLED IN SINGLE PARENT HOMES IS ELIGIBLE FOR FULL BENEFITS ON EQUAL BASIS TO CHILDREN IN RESIDENTIAL HOMES. ANY SINGLE PARENT ENROLLED IN SINGLE PARENT HOMES FOR CHILDREN IS ELIGIBLE TO APPLY FOR SCHOLARSHIPS. ANY STUDENT WHOSE PARENTS ARE EMPLOYEES OF NMCCH IS ELIGIBLE TO APPLY FOR SCHOLARSHIP BENEFITS APPLICANTS MUST BE ACCEPTED AS A STUDENT IN THE INSTITUTION OF HIGHER LEARNING. CHOICE OF SCHOOLS: THE STUDENT GRADUATE MAY CHOOSE THE COLLEGE, UNIVERSITY OR TECHNICAL VOCATIONAL SCHOOL THEY WISH TO ATTEND, AS LONG AS THEIR ENTRY SCORES FIT WITHIN THE MINIMUM RANGE STANDARDS PUBLISHED BY THE SCHOOL. SCHOOLS SELECTED BY THE RECIPIENT ARE TO BE ACCREDITED, OR OTHERWISE RECOGNIZED FOR THEIR ABILITY TO PREPARE STUDENTS FOR CAREERS. APPLICATION FOR SCHOLARSHIP: APPLICANTS SHALL COMPLETE THE NMCCH SCHOLARSHIP APPLICATION FORM PROVIDED. SEE APPENDIX A FOR A REPRESENTATIVE SAMPLE. RE-APPLICATION WILL BE COMPLETED BY SENDING NMCCH A LEGITIMATE COPY OF GRADES, VERIFYING ATTENDANCE AND SUCCESS IN SCHOOL. REFUSAL TO RE-APPLY BY PROVIDING LEGITIMATE COPIES OF GRADE REPORTS IS AUTOMATIC GROUNDS FOR DENIAL OF THE SCHOLARSHIP. NMCCH RESERVES ALL RIGHTS AND FINAL JUDGMENT FOR ASSISTANCE IN HIGHER EDUCATION. AMOUNT OF SCHOLARSHIP: THE AMOUNT OF FUNDS A STUDENT IS ELIGIBLE TO RECEIVE SHALL BE BASED UPON NEED, DEMONSTRATED DESIRE, ATTITUDE AND ADHERENCE TO THE AGREEMENTS ENTERED INTO BY THE RECIPIENT AND THE HOME. FUND AMOUNTS MAY BE AWARDED BASED UPON THE EXPENSES PUBLISHED AND ESTIMATED BY THE SCHOOL THE STUDENT HAS ELECTED TO ATTEND. FUND AMOUNTS MAY BE AWARDED ON A WORK STUDY BASIS. THE STUDENT MAY BE REQUIRED TO WORK WHILE ATTENDING SCHOOL. WORK SHALL NOT BE REQUIRED OF A STUDENT THAT WILL INTERFERE WITH THAT STUDENT'S STUDIES AND THUS JEOPARDIZE HIS CONTINUED SATISFACTORY COMPLETION OF STUDIES IN ACCORDANCE WITH THE RULES OF THE SCHOOL CHOSEN BY THE RECIPIENT. FUNDS ABOVE THE ACTUAL INVOICE AMOUNT FROM THE SELECTED SCHOOL MAY BE AWARDED AND GIVEN DIRECTLY TO THE SCHOLARSHIP RECIPIENT. THIS IS BASED UPON THE REALIZATION THAT THERE ARE MANY SCHOOL RELATED EXPENSES NOT REFLECTED ON THE SCHOOL INVOICE, EXPENSES NOT RELATED TO TUITION, ROOM AND BOARD. FUNDS AWARDED ABOVE INVOICE AMOUNTS MUST BE JUSTIFIABLE EXPENSES DOCUMENTED BY THE RECIPIENT. STUDENT ACCOUNTING OF FUNDS IS REQUIRED TO RECEIVE THESE AMOUNTS AND MAY CONSIST OF SUBMITTING: BOOK STORE OR SIMILAR RECEIPTS FOR PURCHASES REQUIRED FOR CLASSES; RENT OR UTILITY RECEIPTS; FUEL EXPENSE RECEIPTS; MEAL EXPENSE RECEIPTS; OTHER EXPENSES THAT CAN BE REASONABLY SHOWN TO BE SCHOOL RELATED BY THE RECIPIENT. THE NMCCH CHAMPION'S SCHOLARSHIP: THE CHAMPION'S SCHOLARSHIP FUND WAS ESTABLISHED IN 2018 IN ACCORDANCE WITH AN ANONYMOUS DONOR'S DIRECTIVES. THE ORIGINAL FUND AMOUNT WAS A GIFT OF \$1,000,000. THE CHAMPION'S SCHOLARSHIP FUND WAS PURPOSED "FOR SCHOLARSHIPS AWARDED TO NMCCH CHILDREN OF RESIDENTIAL HOMES AND SINGLE PARENT HOMES, FOR SINGLE PARENT SCHOLARSHIPS AND FOR EMPLOYEE CHILDREN SCHOLARSHIPS; FOR ATTENDING WHATEVER COLLEGE OR UNIVERSITY THEY CHOOSE, FOR ENCOURAGING EMPLOYEES TO THINK TWICE BEFORE THEY GO WORK SOMEWHERE ELSE, AND NO LESS IMPORTANT, FOR SCHOLARSHIPS TO ASSIST GRADUATES IN ATTENDING TECHNICAL OR VOCATIONAL SCHOOLS OR TO ASSIST IN RECEIVING ANY KIND OF JOB AND SKILLS TRAINING". THE BOARD OF DIRECTORS ELECTED TO NOT MAKE THE CHAMPION'S SCHOLARSHIP FUND A PERMANENT CORPUS INVESTMENT. ACCOUNTING FOR THE CHAMPION'S SCHOLARSHIP FUND WILL BE RECORDED AS EACH DISTRIBUTION IS MADE UNTIL DEPLETED. THE FOLLOWING ADDITIONAL CRITERIA DESCRIBE NMCCH CHAMPION'S SCHOLARSHIP AWARDS: DEPENDENT CHILDREN OF HOME EMPLOYEES WHO GRADUATE WHILE PARENTS ARE EMPLOYED AT NMCCH, ARE ELIGIBLE FOR CHAMPION'S SCHOLARSHIP BENEFITS ON AN EQUAL SCALE TO RESIDENTIAL AND SINGLE PARENT HOMES STUDENTS AND SINGLE PARENTS. OF EQUAL IMPORTANCE, CHAMPION SCHOLARSHIPS WILL ASSIST GRADUATES IN RECEIVING ANY KIND OF JOB AND SKILLS TRAINING. THE ANNIE NEAL WILKINSON SCHOLARSHIP: THE ANNIE NEAL WILKINSON SCHOLARSHIP FUND WAS ESTABLISHED IN 1988 IN ACCORDANCE WITH THE STIPULATIONS IN HER WILL. THE FUND IS PERMANENTLY INVESTED WITH A CORPUS OF \$124,589.28. THE INCOME FROM THE INVESTMENT, AND ONLY THE INCOME, IS USED FOR DISTRIBUTION TO PROVIDE SCHOLARSHIPS TO ENCOURAGE CHILDREN OF THE NEW MEXICO CHRISTIAN CHILDREN'S HOME TO EXTEND THEIR EDUCATION UPON GRADUATION FROM HIGH SCHOOL. WILKINSON SCHOLARSHIP FUNDS ARE AVAILABLE FOR DISTRIBUTION TO CHILDREN OF THE HOME FOR THE EXPRESSED PURPOSE OF ATTENDING COLLEGE, TECHNICAL VOCATIONAL SCHOOLS OR OTHER VOCATIONAL CAREER TRAINING BEYOND THE HIGH SCHOOL LEVEL. THE FOLLOWING ADDITIONAL CRITERIA DESCRIBE WILKINSON SCHOLARSHIPS: TO BE ELIGIBLE FOR A WILKINSON SCHOLARSHIP, THE APPLICANT MUST MAINTAIN A 2.5 GRADE POINT AVERAGE ON A FOUR POINT SCALE AT THE CHOSEN INSTITUTION TO REMAIN ELIGIBLE. THE ADMINISTRATOR SHALL HAVE THE RIGHT TO WAIVE THIS REQUIREMENT, FOR EXTENUATING CIRCUMSTANCES, ON A CASE-BY-CASE BASIS. DEPENDENT CHILDREN OF HOME EMPLOYEES WHO GRADUATE WHILE PARENTS ARE EMPLOYED AT NMCCH, ARE ELIGIBLE FOR WILKINSON SCHOLARSHIPS ON A LESSER SCALE, AND ONLY AFTER FULL SCHOLARSHIP BENEFITS ARE AWARDED TO CHILDREN IN RESIDENTIAL OR SINGLE PARENT HOMES. PRIORITY WILL BE GIVEN ON A NEEDS BASIS. A GRADUATING STUDENT WITH LESS ELIGIBILITY FOR GRANTS AND OTHER FORMS OF ASSISTANCE TAKES PRECEDENCE OVER A STUDENT WITH MORE ELIGIBILITY FOR SUCH TYPES OF AID. THE LOLA "MUG" MAXWELL SCHOLARSHIP: THE LOLA "MUG" MAXWELL SCHOLARSHIP WAS ESTABLISHED IN 2017 IN ACCORDANCE WITH THE STIPULATIONS IN HER WILL. THE ORIGINAL FUND AMOUNT WAS A GIFT OF \$99,842.03 THE MAXWELL SCHOLARSHIP WAS PURPOSED FOR DESERVING STUDENTS FROM NEW MEXICO CHRISTIAN CHILDREN'S HOME TO FURTHER THEIR EDUCATIONS AT WHATEVER COLLEGE, UNIVERSITY, TECHNICAL OR VOCATIONAL SCHOOL THEY CHOOSE. THE BOARD OF DIRECTORS ELECTED TO NOT MAKE THE MAXWELL SCHOLARSHIP A PERMANENT CORPUS INVESTMENT. ACCOUNTING WILL BE RECORDED AS EACH DISTRIBUTION IS MADE UNTIL THE FUND IS DEPLETED. THE FOLLOWING ADDITIONAL CRITERIA DESCRIBE MAXWELL SCHOLARSHIPS: AWARDS WILL BE MADE TO EMPLOYEE CHILDREN ONLY WHEN THERE ARE NO OTHER RESIDENTIAL OR SINGLE PARENT HOME APPLICANTS. AN ANNUAL LETTER OF APPRECIATION FROM EACH RECIPIENT IS REQUIRED TO BE SENT TO A MAXWELL FAMILY MEMBER.

DLN: 93493319102452 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2021 ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to <u>www.irs.gov/Form990</u> for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** NEW MEXICO CHRISTIAN CHILDRENS HOME 85-6018576 Part I **Types of Property** (d) (a) (b) (c) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . 2 Art—Historical treasures 3 Art—Fractional interests 4 Books and publications 5 Clothing and household 6.165 DONOR VALUE Х aoods Cars and other vehicles Χ 7,505 DONOR VALUE **7** Boats and planes . . 8 Intellectual property . . . 5,547 HI/LOW DAILY AVERAGE Securities—Publicly traded . Χ 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures **14** Qualified conservation contribution—Other . Real estate—Residential . **16** Real estate—Commercial . 17 Real estate—Other . . **18** Collectibles 38,596 DONOR VALUE 19 Food inventory . . . Χ 37 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . 23 Scientific specimens . 24 Archeological artifacts . . 25 Other ▶ See Additional Data 26 Other ▶ (______) **27** Other ► (______) Other ▶ (______) 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Nο 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2021) Cat. No. 51227J

Schedule M (Form 990) (2021)	Page 2
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization
is reporting in Part I, colu complete this part for any	ımn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.
Return Reference	Explanation
	Schedule M (Form 990) (2021)

Additional Data

			Software ID:		
			Software Version:		
			EIN: 8	85-6018576	
	Name: NEW MEXICO CHRISTIAN CHILDRENS HOME				
Part I, Lines 25-28					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
Other ▶ (LAND)		Х	1	284,000	APPRAISED VALUE
Other ► (LIVESTOCK)		Х	3	9,400	DONOR VALUE
Other ► (Х	3	7,081	DONOR VALUE
Other ► (HOLIDAY ITEMS)		Х	4	5,625	DONOR VALUE
Other ▶ (HOUSEHOLD AND SCHOOL SUPPLIES)	Х	25	5,207	DONOR VALUE
Other ► (COVID TESTS)		Х	2	1,800	DONOR VALUE



Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990,	BOARD MEMBERS ARE NOT COMPENSATED FOR THEIR SERVICE. THE COMPENSATION FOR THE EXECUTIVE DI
PART VI,	RECTOR IS DETERMINED BY THE BOARD OF DIRECTORS, OF WHICH THE EXECUTIVE DIRECTOR IS NOT A V
SECTION B,	OTING MEMBER. THE COMPENSATION FOR THE KEY EMPLOYEES IS DETERMINED BY THE BOARD OF DIRECTO
LINE 15	RS.

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation
Reference

990 Schedule O, Supplemental Information

REPORTING

PART XII NO CHANGES WERE MADE TO THE OVERSIGHT OR SELECTION PROCESS FOR THE YEAR.

FINANCIAL

STATEMENTS

AND