

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2002

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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

A For the 2002 calendar year, or tax year period beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization
HIGH PLAINS CHILDREN'S HOME AND FAMILY SERVICES INC.
 Number and street (or P O box if mail is not delivered to street address) Room/suite
11461 S. WESTERN
 City or town, state or country, and ZIP + 4
AMARILLO, TX 79118

D Employer identification number
75-1234350

E Telephone number
(806) 622-2272

F Accounting method: Cash Accrual
 Other (specify) **▶**

G Web site **▶ N/A**

J Organization type (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

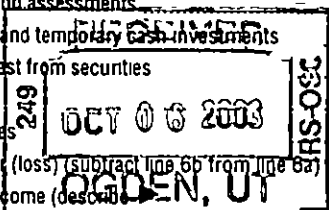
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 1,058,954.**

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates **▶**
H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit GEN **▶**
M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

		1a	1b	1c	1d
Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	706,103.			
	b Indirect public support		266,541.		
	c Government contributions (grants)				
	d Total (add lines 1a through 1c) (cash \$ 947,753. noncash \$ 24,891.)				972,644.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)				82,108.
	3 Membership dues and assessments				
	4 Interest on savings and temporary cash investments				382.
	5 Dividends and interest from securities				
	6 a Gross rents				
	b Less rental expenses				
	c Net rental income or (loss) (subtract line 6b from line 6a)				
7 Other investment income (describe)					
Revenue	8 a Gross amount from sale of assets other than inventory	(A) Securities	(B) Other		
	b Less cost or other basis and sales expenses		66,437.		
	c Gain or (loss) (attach schedule)		-66,437.		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))		STMT 1		-66,437.
Expenses	9 Special events and activities (attach schedule)				
	a Gross revenue (not including \$ of contributions reported on line 1a)	9a			
	b Less direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events (subtract line 9b from line 9a)				9c
	10 a Gross sales of inventory, less returns and allowances	10a			
	b Less cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				10c
	11 Other revenue (from Part VII, line 103)				3,820.
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				992,517.
Expenses	13 Program services (from line 44, column (B))				728,927.
	14 Management and general (from line 44, column (C))				240,800.
	15 Fundraising (from line 44, column (D))				62,925.
	16 Payments to affiliates (attach schedule)				
	17 Total expenses (add lines 16 and 44, column (A))				1,032,652.
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)				-40,135.
	19 Net assets or fund balances at beginning of year (from line 73, column (A))				941,190.
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2				10,375.
	21 Net assets or fund balances at end of year (combine lines 18, 19 and 20)				911,430.

FILMED OCT 14 2003



**HIGH PLAINS CHILDREN'S HOME
AND FAMILY SERVICES INC.**

75-1234350

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B) (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	37,328.	0.	18,664.	18,664.
26	Other salaries and wages	421,995.	339,303.	82,692.	
27	Pension plan contributions	63,845.	49,296.	14,208.	341.
28	Other employee benefits				
29	Payroll taxes	34,098.	24,768.	8,063.	1,267.
30	Professional fundraising fees				
31	Accounting fees	10,007.	4,372.	4,350.	1,285.
32	Legal fees				
33	Supplies	47,252.	14,961.	7,598.	24,693.
34	Telephone				
35	Postage and shipping				
36	Occupancy	42,230.	27,887.	12,494.	1,849.
37	Equipment rental and maintenance	41,883.	30,097.	11,786.	
38	Printing and publications				
39	Travel	4,102.	536.	159.	3,407.
40	Conferences, conventions and meetings				
41	Interest	34,509.	12,152.	22,357.	
42	Depreciation, depletion, etc (attach schedule)	107,757.	76,494.	25,394.	5,869.
43	Other expenses not covered above (itemize)				
	a _____				
	b _____				
	c _____				
	d _____				
	e SEE STATEMENT 3	187,646.	149,061.	33,035.	5,550.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	1,032,652.	728,927.	240,800.	62,925.

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts but optional for others)
TO PROVIDE HOMES FOR UNDERPRIVILEGED CHILDREN	
a OPERATIONS OF 4 FAMILY COTTAGES FOR HOMELESS AND UNDER-PRIVILEGED CHILDREN (APPROXIMATELY 40 CHILDREN SERVED)	
(Grants and allocations \$ _____)	359,654.
b FOSTER CARE AND SOCIAL SERVICES FOR UNDERPRIVILEGED CHILDREN (10-15 CHILDREN SERVED)	
(Grants and allocations \$ _____)	301,846.
c MIS/PUB-PUBLICATIONS AND COMMUNICATIONS TO FURTHER THE PURPOSE OF THE HOME. (MAILED AND DISTRIBUTED TO THOUSANDS)	
(Grants and allocations \$ _____)	43,915.
d MABEE CENTER-PROVIDES VOCATIONAL TRAINING AND EDUCATION TO CHILDREN STAYING AT THE HOME (APPROXIMATELY 15 SERVED)	
(Grants and allocations \$ _____)	21,015.
e Other program services (attach schedule) STATEMENT 4	2,497.
f Total of Program Service Expenses (Should equal line 44, column (B) Program services)	728,927.

HIGH PLAINS CHILDREN'S HOME
AND FAMILY SERVICES INC.

Form 990 (2002)

75-1234350

Page 3

Part IV Balance Sheets

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing		12,308.	45	-476.
	46	Savings and temporary cash investments		25,280.	46	8,649.
	47 a	Accounts receivable	47a 4,222.			
	b	Less allowance for doubtful accounts	47b	1,478.	47c	4,222.
	48 a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees			50	
	51 a	Other notes and loans receivable	51a			
	b	Less allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		12,940.	53	15,830.
	54	Investments - securities			54	
	55 a	Investments - land, buildings, and equipment basis	55a			
	b	Less accumulated depreciation	55b		55c	
56	Investments - other			56		
57 a	Land, buildings, and equipment basis	57a 3,175,656.				
b	Less accumulated depreciation	57b 1,360,544.	1,777,293.	57c	1,815,112.	
58	Other assets (describe DUE FROM FOUNDATION)		228,414.	58	247,849.	
59	Total assets (add lines 45 through 58) (must equal line 74)		2,057,713.	59	2,091,186.	
Liabilities	60	Accounts payable and accrued expenses		18,406.	60	19,684.
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees			63	
	64 a	Tax-exempt bond liabilities			64a	
	b	Mortgages and other notes payable		1,098,117.	64b	1,160,072.
	65	Other liabilities (describe)			65	
66	Total liabilities (add lines 60 through 65)		1,116,523.	66	1,179,756.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		941,190.	67	911,430.
	68	Temporarily restricted			68	
	69	Permanently restricted			69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		941,190.	73	911,430.
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)		2,057,713.	74	2,091,186.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

**HIGH PLAINS CHILDREN'S HOME
AND FAMILY SERVICES INC.**

Form 990 (2002)

75-1234350

Page 5

Part VI Other Information		Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b If "Yes," enter the name of the organization SEE STATEMENT 6 _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81 a Enter direct or indirect political expenditures See line 81 instructions 81a <u>0.</u>			
b Did the organization file Form 1120-POL for this year?	81b		X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b <u>N/A</u>			
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b		
c Dues, assessments, and similar amounts from members 85c <u>N/A</u>			
d Section 162(e) lobbying and political expenditures 85d <u>N/A</u>			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e <u>N/A</u>			
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f <u>N/A</u>			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a <u>N/A</u>			
b Gross receipts, included on line 12, for public use of club facilities 86b <u>N/A</u>			
87 501(c)(12) organizations Enter a Gross income from members or shareholders 87a <u>N/A</u>			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b <u>N/A</u>			
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>			
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955 and 4958 0.			
d Enter Amount of tax on line 89c, above, reimbursed by the organization 0.			
90 a List the states with which a copy of this return is filed NONE			
b Number of employees employed in the pay period that includes March 12, 2002 90b <u>18</u>			
91 The books are in care of GARY GIBSON Telephone no (806) 622-2272			
Located at 11461 S. WESTERN, AMARILLO, TEXAS ZIP + 4 79118			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here 92 <u>N/A</u> and enter the amount of tax-exempt interest received or accrued during the tax year			

HIGH PLAINS CHILDREN'S HOME
AND FAMILY SERVICES INC.

Form 990 (2002)

75-1234350

Page 6

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)

	Unrelated business income		Excluded by section 512, 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a CLIENT FEES					12,303.
b SOCIAL SECURITY					18,383.
c COUNTY JUVENILE PROBATI					36,110.
d CHILD PROTECTIVE SERVIC					15,312.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	382.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-66,437.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS					3,820.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		382.	19,491.
105 Total (add line 104, columns (B) (D), and (E))					19,873.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 7

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)

(a) Did the organization, during the year, receive any funds directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 in a personal benefit contract? Yes No

completing schedules and statements and to the best of my knowledge and belief it is true information of which preparer has any knowledge.

12/9/03 Craig Howard

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

2002

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization **HIGH PLAINS CHILDREN'S HOME AND FAMILY SERVICES INC.** Employer identification number **75 1234350**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ▶	0	

HIGH PLAINS CHILDREN'S HOME

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \blacktriangleright \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
<i>Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.</i>		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state \blacktriangleright _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

HIGH PLAINS CHILDREN'S HOME

Schedule A (Form 990 or 990-EZ) 2002 **AND FAMILY SERVICES INC.**

75-1234350 Page 3

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	688,140.	833,928.	1,060,174.	806,911.	3,389,153.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable etc. purpose	80,691.	105,540.	85,429.	81,342.	353,002.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,212.	1,060.	5,196.	-7,015.	453.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	2,262.	6,370.	4,472.	6,279.	19,383.
23 Total of lines 15 through 22	772,305.	946,898.	1,155,271.	887,517.	3,761,991.
24 Line 23 minus line 17	691,614.	841,358.	1,069,842.	806,175.	3,408,989.
25 Enter 1% of line 23	7,723.	9,469.	11,553.	8,875.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 68,180.
	b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return Enter the sum of all these excess amounts				26b 0.
	c Total support for section 509(a)(1) test Enter line 24, column (e)				26c 3,408,989.
	d Add Amounts from column (e) for lines 18 <u>453.</u> 19 _____ 22 <u>19,383.</u> 26b _____				26d 19,836.
	e Public support (line 26c minus line 26d total)				26e 3,389,153.
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 99.4181%
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year				N/A
	(2001)	(2000)	(1999)	(1998)	
	b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year				N/A
	(2001)	(2000)	(1999)	(1998)	
	c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____				27c N/A
	d Add Line 27a total _____ and line 27b total _____				27d N/A
	e Public support (line 27c total minus line 27d total)				27e N/A
	f Total support for section 509(a)(2) test Enter amount on line 23, column (e)				27f N/A
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g N/A %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h N/A %
28 Unusual Grants	For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15				

NONE

HIGH PLAINS CHILDREN'S HOME

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		

32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		

33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		

34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

HIGH PLAINS CHILDREN'S HOME

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table -	41	
If the amount on line 40 is - The lobbying nontaxable amount is -			
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

FORM 990 **GAIN (LOSS) FROM SALE OF OTHER ASSETS** **STATEMENT** **1**

DESCRIPTION	DATE	DATE	METHOD	NET GAIN OR (LOSS)
	ACQUIRED	SOLD	ACQUIRED	
DISPOSAL OF FIXED ASSETS	VARIOUS	VARIOUS	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC
	0.	66,437.	0.	0.
TO FM 990, PART I, LN 8		66,437.	0.	0.

FORM 990 **OTHER CHANGES IN NET ASSETS OR FUND BALANCES** **STATEMENT** **2**

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	10,375.
TOTAL TO FORM 990, PART I, LINE 20	10,375.

FORM 990 **OTHER EXPENSES** **STATEMENT** **3**

DESCRIPTION	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
ADVERTISING	574.	456.		118.
COMPUTER EXPENSE	11,780.	6,765.	5,015.	
INSURANCE	37,994.	21,672.	16,101.	221.
AUTOMOBILE EXPENSES	35,312.	22,922.	8,365.	4,025.
TRAINING	756.	661.	95.	
CONTRACT LABOR	410.	410.		
LIVING ENDOWMENT	1,264.		1,264.	
CLOTHING	8,943.	8,943.		
MEDICAL	3,511.	3,511.		
SCHOOL	4,415.	4,415.		
INDEPENDENT LIVING	227.	227.		
FOOD AND HOUSEHOLD	62,549.	60,373.	990.	1,186.
RECREATION AND ALLOWANCE	16,075.	16,075.		
WORK PROGRAM	1,456.	1,456.		
MISCELLANEOUS	483.		483.	
DUES, FEES AND SUBSCRIPTIONS	1,897.	1,175.	722.	
TOTAL TO FM 990, LN 43	187,646.	149,061.	33,035.	5,550.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	4
DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES	
ELDERLY CARE		2,497.	
TOTAL TO FORM 990, PART III, LINE E		2,497.	

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT	5
----------	--	-----------	---

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CRAIG HOWARD PO BOX 7448 AMARILLO, TX 79114	EXECUTIVE DIR. 40	37,328.	2,957.	0.
VERNON ROBINETT 3530 BREMOND AMARILLO, TX 79109	PRESIDENT 0	0.	0.	0.
JOHN NOYES 1010 S. JEFFERSON ST AMARILLO, TX 79101	DIRECTOR 0	0.	0.	0.
BRENT ADAMS 3904 LINDA DR AMARILLO, TX 79109	TRUSTEE 0	0.	0.	0.
TOM FARRIS 4013 OAKHURST AMARILLO, TX 79109	DIRECTOR 0	0.	0.	0.
BILLY BURR 3307 HIGGINS PLACE AMARILLO, TX 79121	TRUSTEE 0	0.	0.	0.
KEN MOSS 3807 TECKLA AMARILLO, TX 79109	TRUSTEE 0	0.	0.	0.
LORAN HARPER RR7 BOX 39 AMARILLO, TX 79118	DIRECTOR 0	0.	0.	0.

FORM 990	GAIN (LOSS) FROM SALE OF OTHER ASSETS	STATEMENT	1
----------	---------------------------------------	-----------	---

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
DISPOSAL OF FIXED ASSETS	VARIOUS	VARIOUS	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC
	0.	66,437.	0.	0.
TO FM 990, PART I, LN 8	66,437.	0.	0.	-66,437.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
----------	--	-----------	---

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	10,375.
TOTAL TO FORM 990, PART I, LINE 20	10,375.

FORM 990	OTHER EXPENSES	STATEMENT	3
----------	----------------	-----------	---

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	574.	456.		118.
COMPUTER EXPENSE	11,780.	6,765.	5,015.	
INSURANCE	37,994.	21,672.	16,101.	221.
AUTOMOBILE EXPENSES	35,312.	22,922.	8,365.	4,025.
TRAINING	756.	661.	95.	
CONTRACT LABOR	410.	410.		
LIVING ENDOWMENT	1,264.		1,264.	
CLOTHING	8,943.	8,943.		
MEDICAL	3,511.	3,511.		
SCHOOL	4,415.	4,415.		
INDEPENDENT LIVING	227.	227.		
FOOD AND HOUSEHOLD RECREATION AND ALLOWANCE	62,549.	60,373.	990.	1,186.
WORK PROGRAM	16,075.	16,075.		
MISCELLANEOUS	1,456.	1,456.		
DUES, FEES AND SUBSCRIPTIONS	483.		483.	
	1,897.	1,175.	722.	
TOTAL TO FM 990, LN 43	187,646.	149,061.	33,035.	5,550.

SCHEDULE A	OTHER INCOME			STATEMENT 8
DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
MISCELLANEOUS	2,262.	6,370.	4,472.	6,279.
TOTAL TO SCHEDULE A, LINE 22	2,262.	6,370.	4,472.	6,279.

HIGH PLAINS CHILDREN'S HOME AND FAMILY S

75-1234350

JERRY MORGAN 4705 OLSEN AMARILLO, TX 79106	TRUSTEE 0	0.	0.	0.
GLEN WALTON 105 RITA BLANCA AMARILLO, TX 79108	DIRECTOR 0	0.	0.	0.
FOY SHACKELFORD 2117 HUGHES AMARILLO, TX 79109	DIRECTOR 0	0.	0.	0.
TERRY HAYES 6305 HAMPTON DR AMARILLO, TX 79109	TRUSTEE 0	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		37,328.	2,957.	0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 6
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
HIGH PLAINS CHILDREN'S HOME AND FAMILY SERVICES FOUNDATION, INC	X	

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 7
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	CLIENT FEES-THESE COME FROM PARENTS WHOSE CHILDREN HAVE BEEN PLACED AT THE HOME: MEETS EXEMPT PURPOSE OF PROVIDING CARE FOR CHILDREN.
93B	COUNTY JUVENILE PROBATION-THIS SUPPORT COMES TO THE HOME FOR CHILDREN PLACED BY COUNTIES:MEETS EXEMPT PURPOSE OF PROVIDING CARE FOR CHILDREN
93C	SOCIAL SECURITY-THIS IS PAID TO THE HOME TO HELP SUPPORT ORPHANED CHILDREN:MEET EXEMPT PURPOSE OF PROVIDING CARE FOR CHILDREN.
103A	GOLF TOURNAMENT, LIVING ENDOWMENT, SEARCHLINE FEES, AND SPECIAL ACTIVITIES-ALL THESE ACTIVITIES ARE CONDUCTED IN AN EFFORT TO PROVIDE CARE AND SUPPORT FOR THE CHILDREN WHO LIVE AT THE HOME; THE ACTIVITIES CHANGE EACH YEAR AND PROVIDE MINIMAL AMOUNTS OF SUPPORT OF THE CHILDREN: EXEMPT PURPOSE OF PROVIDING CARE AND ACTIVITIES FOR THE CHILDREN
103B	
103C	
103D	

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print	Name of Exempt Organization HIGH PLAINS CHILDREN'S HOME AND FAMILY SERVICES INC.	Employer identification number 75-1234350
File by the extended due date for filing the return See instructions	Number, street, and room or suite no If a P O box, see instructions P.O. BOX 7448	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions AMARILLO, TX 79114-7448	

Check type of return to be filed (File a separate application for each return)

Form 990 Form 990 EZ Form 990 T (sec 401(a) or 408(a) trust) Form 1041 A Form 5227 Form 8870

Form 990 BL Form 990 PF Form 990 T (trust other than above) Form 4720 Form 6069

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

If the organization does not have an office or place of business in the United States, check this box

If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3 month extension of time until NOVEMBER 17, 2003

5 For calendar year 2002, or other tax year beginning _____ and ending _____

6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension
THE TAXPAYER NEEDS ADDITIONAL TIME TO RECEIVE THE AUDITED INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____

b If this application is for Form 990 PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c Balance Due Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ _____ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature Doris W Moorey Title LPA Date 8/12/03

Notice to Applicant - To Be Completed by the IRS

- We have approved this application Please attach this form to the organization's return
- We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting the 10-day grace period
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above

Type or print	Name BROWN, GRAHAM & COMPANY, P.C.	Number and street (include suite, room, or apt no) Or a P O box number P.O. BOX 873	City or town, province or state, and country (including postal or ZIP code) CANYON, TEXAS 79015
---------------	--	---	---

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization HIGH PLAINS CHILDREN'S HOME AND FAMILY SERVICES INC.	Employer identification number 75-1234350
	Number, street, and room or suite no. If a P O box, see instructions P.O. BOX 7448	
File by the due date for filing your return See instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions AMARILLO, TX 79114-7448	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990 T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990 BL | <input type="checkbox"/> Form 990 T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990 T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990 PF | <input type="checkbox"/> Form 1041 A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3 month (6 month, for 990-T corporation) extension of time until AUGUST 15, 2003 to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year 2002 or tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990 BL, 990 PF, 990 T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ _____

b If this application is for Form 990 PF or 990 T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Darwin Mooney Title ▶ CPA Date ▶ 5/6/03

LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)