

**Return of Organization Exempt From Income Tax**

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)

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

Open to Public Inspection

**A** For the **2004** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>HIGH PLAINS CHILDREN'S HOME AND FAMILY SERVICES INC.</b>		<b>D</b> Employer identification number 75-1234350
		Number and street (or P O box if mail is not delivered to street address) <b>11461 S. WESTERN</b>	Room/suite	<b>E</b> Telephone number <b>(806) 622-2272</b>

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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? (If "No," attach a list) **N/A**  Yes  No

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Group Exemption Number

M Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website: **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 **1,899,075.**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	662,933.	
	b	Indirect public support	1b	799,267.	
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ <b>954,500.</b> noncash \$ <b>507,700.</b> )	1d		<b>1,462,200.</b>
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		<b>396,067.</b>
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		<b>35,106.</b>
	5	Dividends and interest from securities	5		
	6 a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe )	7			
Revenue	8 a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b	Less cost or other basis and sales expenses	8a	2,117.	
	c	Gain or (loss) (attach schedule)	8b		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	2,117.	
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>		STMT 1	8d	<b>2,117.</b>
Revenue	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		
Revenue	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)	11		<b>3,585.</b>
	12	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		<b>1,899,075.</b>
Expenses	13	Program services (from line 44, column (B))	13		<b>1,047,719.</b>
	14	Management and general (from line 44, column (C))	14		<b>346,812.</b>
	15	Fundraising (from line 44, column (D))	15		<b>63,442.</b>
	16	Payments to affiliates (attach schedule)	16		
	17	<b>Total expenses</b> (add lines 16 and 44, column (A))	17		<b>1,457,973.</b>
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		<b>441,102.</b>
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		<b>1,210,912.</b>
	20	Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 2	<b>6,994.</b>
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		<b>1,659,008.</b>

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**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

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 \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 110,745.	25 51,265.	25 50,762.	25 8,718.
26 Other salaries and wages	26 495,977.	26 409,925.	26 86,052.	
27 Pension plan contributions	27			
28 Other employee benefits	28 120,037.	28 87,725.	28 26,521.	28 5,791.
29 Payroll taxes	29 47,667.	29 32,798.	29 14,202.	29 667.
30 Professional fundraising fees	30			
31 Accounting fees	31 12,912.	31 5,290.	31 5,353.	31 2,269.
32 Legal fees	32			
33 Supplies	33 53,854.	33 29,242.	33 9,935.	33 14,677.
34 Telephone	34 55,555.	34 36,079.	34 18,146.	34 1,330.
35 Postage and shipping	35			
36 Occupancy	36			
37 Equipment rental and maintenance	37 84,388.	37 56,271.	37 28,117.	
38 Printing and publications	38			
39 Travel	39 4,024.	39 646.	39 382.	39 2,996.
40 Conferences, conventions, and meetings	40			
41 Interest	41 40,637.	41 15,709.	41 16,994.	41 7,934.
42 Depreciation, depletion, etc. (attach schedule)	42 131,525.	42 80,839.	42 37,509.	42 13,177.
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 3	43e 300,652.	43e 241,930.	43e 52,839.	43e 5,883.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 1,457,973.	44 1,047,719.	44 346,812.	44 63,442.

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?

**TO PROVIDE HOMES FOR UNDERPRIVILEGED CHILDREN**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others)	
a OPERATIONS OF 4 FAMILY COTTAGES FOR HOMELESS AND UNDER-PRIVILEGED CHILDREN (APPROXIMATELY 40 CHILDREN SERVED)  (Grants and allocations \$ _____)	548,298.
b FOSTER CARE AND SOCIAL SERVICES FOR UNDERPRIVILEGED CHILDREN (10-15 CHILDREN SERVED)  (Grants and allocations \$ _____)	423,968.
c MIS/PUB-PUBLICATIONS AND COMMUNICATIONS TO FURTHER THE PURPOSE OF THE HOME. (MAILED AND DISTRIBUTED TO THOUSANDS)  (Grants and allocations \$ _____)	30,191.
d MABEE CENTER-PROVIDES VOCATIONAL TRAINING AND EDUCATION TO CHILDREN STAYING AT THE HOME (APPROXIMATELY 15 SERVED)  (Grants and allocations \$ _____)	42,691.
e Other program services (attach schedule) STATEMENT 4 (Grants and allocations \$ _____)	2,571.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,047,719.

**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
<b>Assets</b>	45 Cash - non-interest-bearing	-6,848.	45 -4,569.
	46 Savings and temporary cash investments	90.	46
	47 a Accounts receivable	47a	
	b Less allowance for doubtful accounts	47b	4,422. 47c
	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	17,831.	53 30,380.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		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 3,959,660.		
b Less accumulated depreciation	57b 1,600,844.	2,414,677. 57c 2,358,816.	
58 Other assets (describe <input type="checkbox"/> DUE TO FOUNDATION )		58 -96,889.	
59 Total assets (add lines 45 through 58) (must equal line 74)	2,430,172.	59 2,287,738.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	15,719.	60 15,227.
	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	1,203,541.	64b 613,503.
	65 Other liabilities (describe <input type="checkbox"/> )		65
	66 Total liabilities (add lines 60 through 65)	1,219,260.	66 628,730.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	1,210,912.	67 1,659,008.
	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)	1,210,912.	73 1,659,008.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	2,430,172.	74 2,287,738.

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 (2004)

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<b>Part IV-A</b> Reconciliation of Revenue per Audited Financial Statements with Revenue per Return		<b>Part IV-B</b> Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
a Total revenue, gains, and other support per audited financial statements	▶ a	1,906,069.	
b Amounts included on line a but not on line 12, Form 990			
(1) Net unrealized gains on investments \$ 6,994.			
(2) Donated services and use of facilities \$			
(3) Recoveries of prior year grants \$			
(4) Other (specify) \$			
Add amounts on lines (1) through (4)	▶ b	6,994.	
c Line a minus line b	▶ c	1,899,075.	
d Amounts included on line 12, Form 990 but not on line a:			
(1) Investment expenses not included on line 6b, Form 990 \$			
(2) Other (specify): \$			
Add amounts on lines (1) and (2)	▶ d	0.	
e Total revenue per line 12, Form 990 (line c plus line d)	▶ e	1,899,075.	
a Total expenses and losses per audited financial statements	▶ a	1,457,973.	
b Amounts included on line a but not on line 17, Form 990			
(1) Donated services and use of facilities \$			
(2) Prior year adjustments reported on line 20, Form 990 \$			
(3) Losses reported on line 20, Form 990 \$			
(4) Other (specify) \$			
Add amounts on lines (1) through (4)	▶ b	0.	
c Line a minus line b	▶ c	1,457,973.	
d Amounts included on line 17, Form 990 but not on line a:			
(1) Investment expenses not included on line 6b, Form 990 \$			
(2) Other (specify): \$			
Add amounts on lines (1) and (2)	▶ d	0.	
e Total expenses per line 17, Form 990 (line c plus line d)	▶ e	1,457,973.	

<b>Part V</b> List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
CRAIG HOWARD PO BOX 7448 AMARILLO, TX 79114	EXECUTIVE DIR.	110,745.	0.	0.
VERNON ROBINETT 3530 BREMOND AMARILLO, TX 79109	PRESIDENT	0.	0.	0.
JOHN NOYES 1010 S. JEFFERSON ST AMARILLO, TX 79101	DIRECTOR	0.	0.	0.
TOM FARRIS P.O. BOX 9620 AMARILLO, TX 79109	VICE PRESIDENT	0.	0.	0.
LORAN HARPER 1429 SE 58TH AVENUE AMARILLO, TX 79118	SECRETARY	0.	0.	0.
GLEN WALTON 105 RITA BLANCA AMARILLO, TX 79108	DIRECTOR	0.	0.	0.
FOY SHACKELFORD 4707 BELL, #314 AMARILLO, TX 79109	DIRECTOR	0.	0.	0.
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75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule  Yes  No

HIGH PLAINS CHILDREN'S HOME AND FAMILY SERVICES INC.

Part VI Other Information

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
80a 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?
80b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt.
81a Enter direct or indirect political expenditures See line 81 instructions
81b Did the organization file Form 1120-POL for this year?
82a 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?
82b 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)
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues, assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h 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?
86 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations. Enter a Gross income from members or shareholders
87b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
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?
89a 501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under section 4911; section 4912; section 4955
89b 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?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2004
91 The books are in care of Telephone no
Located at ZIP + 4
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here 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 (2004)

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**Part VII Analysis of Income-Producing Activities** (See page 33 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	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
93 Program service revenue					
a CLIENT FEES					4,712.
b COUNTY JUVENILE PROBATI					26,728.
c SOCIAL SECURITY					18,449.
d CHILD PROTECTIVE SERVIC					346,178.
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	35,106.	
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					2,117.
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS					3,585.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		35,106.	401,769.
105 Total (add line 104, columns (B), (D), and (E))					436,875.

**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 34 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 6

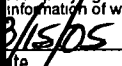
**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(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 34 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
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

I am preparing this return on behalf of the organization, and to the best of my knowledge and belief, it is true, correct, and complete, and I am not aware of any information of which preparer has any knowledge.


 GARY GIBSON Assistant Director  
 Type or print name and title

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

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

OMB No 1545-0047

**2004**

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
<b>1</b> 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 ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i 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	1	X
<b>2</b> 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)		
<b>a</b> Sale, exchange, or leasing of property?	2a	X
<b>b</b> Lending of money or other extension of credit?	2b	X
<b>c</b> Furnishing of goods, services, or facilities?	2c	X
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
<b>e</b> Transfer of any part of its income or assets?	2e	X
<b>3 a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
<b>b</b> Do you have a section 403(b) annuity plan for your employees?	3b	X
<b>4 a</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
<b>b</b> Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 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 ► \_\_\_\_\_
- 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)

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Schedule A (Form 990 or 990-EZ) 2004 **AND FAMILY SERVICES INC.**

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**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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,158,578.	972,644.	688,140.	833,928.	3,653,290.
<b>16</b> Membership fees received					
<b>17</b> 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	304,344.	82,108.	80,691.	105,540.	572,683.
<b>18</b> 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	37,291.	382.	1,212.	1,060.	39,945.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets	5,137.	3,820.	SEE STATEMENT 7	6,370.	17,589.
<b>23</b> Total of lines 15 through 22	1,505,350.	1,058,954.	772,305.	946,898.	4,283,507.
<b>24</b> Line 23 minus line 17	1,201,006.	976,846.	691,614.	841,358.	3,710,824.
<b>25</b> Enter 1% of line 23	15,054.	10,590.	7,723.	9,469.	
<b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					74,216.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					0.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					3,710,824.
d Add. Amounts from column (e) for lines: 18 <u>39,945.</u> 19 _____					
22 <u>17,589.</u> 26b _____					57,534.
e Public support (line 26c minus line 26d total)					3,653,290.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					98.4496%
<b>27</b> 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				
(2003) (2002) (2001) (2000)					
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				
(2003) (2002) (2001) (2000)					
c Add: Amounts from column (e) for lines 15 _____ 16 _____					
17 _____ 20 _____ 21 _____					N/A
d Add. Line 27a total _____ and line 27b total _____					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)			N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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

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**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?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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 )  _____ _____	32d	
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )  _____ _____	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	
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	35	

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Schedule A (Form 990 or 990-EZ) 2004 **AND FAMILY SERVICES INC.**

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**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

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

**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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> 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
<b>a</b> Volunteers			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.)			
<b>c</b> Media advertisements			
<b>d</b> Mailings to members, legislators, or the public			
<b>e</b> Publications, or published or broadcast statements			
<b>f</b> Grants to other organizations for lobbying purposes			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
<b>i</b> 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
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DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	NET GAIN OR (LOSS)
			PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC
	2,117.	0.	0.	0.
TO FM 990, PART I, LN 8	2,117.	0.	0.	0.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
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DESCRIPTION	AMOUNT
NET UNREALIZED GAIN (LOSS) ON INVESTMENTS	6,994.
TOTAL TO FORM 990, PART I, LINE 20	6,994.

FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
ADVERTISING	2,660.	1,364.	776.	520.
COMPUTER EXPENSE	22,707.	14,744.	7,963.	
INSURANCE	56,880.	44,965.	11,915.	
AUTOMOBILE EXPENSES	74,339.	44,315.	26,444.	3,580.
TRAINING	1,640.	1,425.	215.	
CONTRACT LABOR	0.			
LIVING ENDOWMENT	1,369.		1,369.	
CLOTHING	9,454.	9,454.		
MEDICAL	1,964.	1,964.		
SCHOOL	5,906.	5,906.		
INDEPENDENT LIVING	4,903.	4,903.		
FOOD AND HOUSEHOLD RECREATION AND ALLOWANCE	78,989.	77,475.	1,108.	406.
WORK PROGRAM	32,765.	32,765.		
MISCELLANEOUS	493.	493.		
DUES, FEES AND SUBSCRIPTIONS	2,850.	738.	846.	1,266.
	2,134.	1,419.	604.	111.

HIGH PLAINS CHILDREN'S HOME AND FAMILY S

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LEASE EXPENSE	1,599.		1,599.	
TOTAL TO FM 990, LN 43	300,652.	241,930.	52,839.	5,883.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 4

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
ELDERLY CARE		2,571.
TOTAL TO FORM 990, PART III, LINE E		2,571.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 5  
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 ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 6

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.
93D	CHILD PROTECTIVE SERVICES- 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

SCHEDULE A	OTHER INCOME			STATEMENT	7
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	
MISCELLANEOUS	5,137.	3,820.	2,262.	6,370.	
TOTAL TO SCHEDULE A, LINE 22	5,137.	3,820.	2,262.	6,370.	

## Application for Extension of Time To File an Exempt Organization Return

▶ 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).
- 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)

**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.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile).

<b>Type or print</b>	Name of Exempt Organization <b>HIGH PLAINS CHILDREN'S HOME AND FAMILY SERVICES INC.</b>	Employer identification number <b>75-1234350</b>
File by the due date for filing your return See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>11461 S. WESTERN</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>AMARILLO, TX 79118</b>	

**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 |

- The books are in the care of ▶ **GARY GIBSON**  
 Telephone No. ▶ **(806) 622-2272** FAX No. ▶ \_\_\_\_\_
- 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-months for a **Form 990-T corporation**) extension of time until **AUGUST 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2004** 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

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.