

Return of Organization Exempt From Income Tax

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

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning and ending

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

Please use IRS label or print or type
 See Specific Instructions

C Name of organization: **HIGH PLAINS CHILDREN'S HOME AND FAMILY SERVICES INC.**
 Doing Business As
 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 Name and address of principal officer: **CRAIG HOWARD**
11461 S. WESTERN, AMARILLO, TX 79118

G Gross receipts \$: **2,246,625.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number

I Tax-exempt status: 501(c) (**3**) (insert no) 4947(a)(1) or 527

J Website: **WWW.HPCH.ORG**

K Type of organization: Corporation Trust Association Other **501 (C**

L Year of formation: **1967** **M** State of legal domicile: **TX**

Part I Summary

| | | |
|---|--|-----------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: TO PROVIDE HOMES FOR ORPHANED, ABUSED OR NEGLECTED CHILDREN AND ADULTS WITH SPECIAL NEEDS. | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 7 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 7 |
| | 5 Total number of employees (Part V, line 2a) | 34 |
| | 6 Total number of volunteers (estimate if necessary) | |
| | 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) | 0. |
| b Net unrelated business taxable income from Form 990-T, line 34 | 0. | |

| | Prior Year | Current Year |
|--|--|-------------------|
| 8 Contributions and grants (Part VIII, line 1h) | 1,674,456. | 1,543,135. |
| 9 Program service revenue (Part VIII, line 2g) | 432,404. | 407,500. |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 40,796. | -6,482. |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 58,965. | 270,506. |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,206,621. | 2,214,659. |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | | |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 954,108. | 1,056,237. |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | | |
| b Total fundraising expenses (Part IX, column (D), line 25) | 270,034. | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 18, 24f) | 975,625. | 929,943. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,929,733. | 1,986,180. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 276,888. | 228,479. |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | 3,760,341. |
| | 21 Total liabilities (Part X, line 26) | 1,010,180. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 2,750,161. |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *[Signature]* Date: **8/28/09**
CRAIG HOWARD, EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature: *[Signature]* Date: **8/24/09** Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP + 4: **BROWN, GRAHAM & COMPANY, P.C.**
1603 4TH AVENUE
CANYON, TEXAS 79015
 Preparer's identifying number (see instructions):
 EIN:
 Phone no.: **(806) 655-2159**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED SEP 25 2009

RECEIVED
SEP 2 2009
OGDEN, UT

GIS

21

HIGH PLAINS CHILDREN'S HOME
AND FAMILY SERVICES INC.

Form 990 (2008)

75-1234350 Page 2

Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission. SEE SCHEDULE O FOR CONTINUATION
HIGH PLAINS CHILDREN'S HOME AND FAMILY SERVICES, INC. IS FUNDAMENTALLY COMMITTED TO THE PHYSICAL, EMOTIONAL AND SPIRITUAL HEALTH OF SOCIETY'S YOUTH WHO ARE ORPHANED, OUTCAST, HOMELESS, NEGLECTED, ABUSED OR OTHERWISE TAKEN ADVANTAGE OF. THE HOME NURTURES IN EACH CHILD AN
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes", describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes", describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 1,350,709. including grants of \$) (Revenue \$)
RESIDENTIAL GROUP CARE CONSISTS OF 5 FAMILY COTTAGES SERVING HOMELESS, OUTCAST, NEGLECTED, AND ORPHANED CHILDREN AGES 2 THROUGH 17. THE PROGRAM INCLUDES INDEPENDENT LIVING FOR HIGH SCHOOL STUDENTS IN CARE AND AFTER CARE FOR ALUMNI OF THE ORGANIZATION WHO ARE ATTENDING COLLEGE OR OTHERWISE NEED HELP. THE FOSTER CARE PROGRAM LICENSES PRIVATE HOMES IN AND AROUND AMARILLO, TEXAS FOR CHILDREN AGES BIRTH THROUGH 17. PROGRAM RELATED EXPENSES INCLUDE CHILDREN'S FOOD, CLOTHING, SHELTER, SPIRITUAL DEVELOPMENT, AND EDUCATIONAL, RECREATIONAL, AND SOCIAL ACTIVITIES. ALSO INCLUDED IS THE RAISING AND CARING OF LIVESTOCK APPROXIMATELY 39 CHILDREN WERE SERVED IN 2008.

4b (Code) (Expenses \$ 177,863. including grants of \$) (Revenue \$)
FACILITIES-PROVIDES VOCATIONAL TRAINING AND EDUCATION TO CHILDREN STAYING AT THE HOME.

4c (Code) (Expenses \$ 9,548. including grants of \$) (Revenue \$)
PA & MEGAN'S PLACE-PROVIDES AFFORDABLE HOUSING AND TRANSPORTATION FOR ADULTS WITH SPECIAL NEEDS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 8,160. including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 1,546,280. (Must equal Part IX, Line 25, column (B))

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

Part IV Checklist of Required Schedules

| | Yes | No |
|---|----------|----------|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> | | X |
| 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> | | |
| 6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | X |
| 11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> | X | |
| 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> | X | |
| 13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the U.S.? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> | | X |
| 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> | | X |
| 21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | X |
| 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> | | X |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> | | X |

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

Part IV Checklist of Required Schedules *(continued)*

| | | Yes | No |
|-----------|--|----------|----------|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee | | |
| a | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b | Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> | X | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |

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

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

| | | Yes | No |
|--|---|-----|----|
| <i>For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.</i> | | | |
| 1a | Enter the number of voting members of the governing body | | 7 |
| b | Enter the number of voting members that are independent | | 7 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | | X |
| 6 | Does the organization have members or stockholders? | | X |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | X |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | | X |
| 9a | Does the organization have local chapters, branches, or affiliates? | | X |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | | |
| 9b | | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 | X | |
| 11 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | X |

Section B. Policies

| | | Yes | No |
|-----|--|-----|----|
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | X | |
| 12c | | X | |
| 13 | Does the organization have a written whistleblower policy? | X | |
| 14 | Does the organization have a written document retention and destruction policy? | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision | | |
| a | The organization's CEO, Executive Director, or top management official? | X | |
| b | Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) | X | |
| 15b | | X | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | | |
| 16b | | | |

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► SAMANTHA HENLEY - (806) 622-2272
11461 S. WESTERN, AMARILLO, TX 79118

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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

Check this box if the organization did not compensate any officer, director, trustee, or key employee

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| CRAIG HOWARD EXECUTIVE DIR. | 40.00 | X | | | | X | 80,340. | 0. | 0. | |
| VERNON ROBINETT PRESIDENT | | X | | X | | | 0. | 0. | 0. | |
| JOHN NOYES DIRECTOR | | X | | | | | 0. | 0. | 0. | |
| TOM FARRIS SECRETARY | | X | | X | | | 0. | 0. | 0. | |
| DR. FOY SHACKELFORD LIFETIME HONORARY MEMBER | | X | | | | | 0. | 0. | 0. | |
| LARRY SHIELDS DIRECTOR | | X | | | | | 0. | 0. | 0. | |
| ALVIN STAMPS VICE PRESIDENT | | X | | X | | | 0. | 0. | 0. | |
| SCOTT SHERWOOD DIRECTOR | | X | | | | | 0. | 0. | 0. | |
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**HIGH PLAINS CHILDREN'S HOME
AND FAMILY SERVICES INC.**

Form 990 (2008)

75-1234350 Page **9**

| Part VIII Statement of Revenue | | | | | |
|--|---|---------------------------|---|---|--|
| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| Contributions, gifts, grants and other similar amounts | 1 a Federated campaigns | 1a | | | |
| | b Membership dues | 1b | | | |
| | c Fundraising events | 1c | | | |
| | d Related organizations | 1d | | | |
| | e Government grants (contributions) | 1e | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 1543135. | | |
| | g Noncash contributions included in lines 1a-1f \$ | | 70,037. | | |
| | h Total. Add lines 1a-1f | | 1,543,135. | | |
| Program Service Revenue | 2 a CHILD PROTECTIVE SERVI | Business Code 900099 | 373,951. | 373,951. | |
| | b PRIVATE PLACEMENTS | 900099 | 11,609. | 11,609. | |
| | c COUNTY JUVENILE PROBAT | 900099 | 10,980. | 10,980. | |
| | d FOSTER CARE | 900099 | 10,960. | 10,960. | |
| | e | | | | |
| | f All other program service revenue | | | | |
| | g Total. Add lines 2a-2f | | 407,500. | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 25,484. | | 25,484. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | |
| | 5 Royalties | | 6,749. | | 6,749. |
| | 6 a Gross Rents | (i) Real (ii) Personal | | | |
| | b Less rental expenses | | | | |
| | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) | | 1,400. | 1,400. | |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities (ii) Other | | | |
| | b Less cost or other basis and sales expenses | | 31,966. | | |
| | c Gain or (loss) | | -31,966. | | |
| | d Net gain or (loss) | | -31,966. | -31,966. | |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | |
| b Less direct expenses | b | | | | |
| c Net income or (loss) from fundraising events | | | | | |
| 9 a Gross income from gaming activities See Part IV, line 19 | a | | | | |
| b Less direct expenses | b | | | | |
| c Net income or (loss) from gaming activities | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | |
| b Less cost of goods sold | b | | | | |
| c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | | Business Code | | | |
| 11 a CONTRIBUTIONS FROM FOU | 900099 | 261,866. | 261,866. | | |
| b MISCELLANEOUS | 900099 | 491. | 491. | | |
| c | | | | | |
| d All other revenue | | | | | |
| e Total. Add lines 11a-11d | | 262,357. | | | |
| 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e | | 2,214,659. | 639,291. | 0. | 32,233. |

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

Form 990 (2008)

75-1234350 Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 80,340. | 13,390. | 13,390. | 53,560. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 788,387. | 585,238. | 75,908. | 127,241. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 2,428. | 1,828. | 60. | 540. |
| 9 Other employee benefits | 120,336. | 90,358. | 17,000. | 12,978. |
| 10 Payroll taxes | 64,746. | 38,953. | 9,110. | 16,683. |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 12,500. | 6,250. | 6,250. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | | | | |
| 12 Advertising and promotion | 39,710. | 24,205. | 36. | 15,469. |
| 13 Office expenses | 57,062. | 39,937. | 6,512. | 10,613. |
| 14 Information technology | 14,983. | 8,926. | 113. | 5,944. |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | 16,039. | 9,261. | 199. | 6,579. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | 58,084. | 49,310. | 5,438. | 3,336. |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 179,051. | 155,774. | 23,277. | |
| 23 Insurance | 75,505. | 66,272. | 9,233. | |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a FOOD AND HOUSEHOLD | 115,843. | 115,843. | | |
| b TELEPHONE & UTILITIES | 104,349. | 100,989. | 1,457. | 1,903. |
| c AUTOMOBILE EXPENSES | 88,552. | 72,700. | 690. | 15,162. |
| d EQUIPMENT RENTAL & MAIN | 55,379. | 54,998. | 381. | |
| e RECREATION AND ALLOWANC | 46,083. | 46,083. | | |
| f All other expenses | 66,803. | 65,965. | 812. | 26. |
| 25 Total functional expenses. Add lines 1 through 24f | 1,986,180. | 1,546,280. | 169,866. | 270,034. |
| 26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

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

Form 990 (2008)

75-1234350 Page 11

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 311,641. | 1 | 342,910. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 1,354. | 4 | |
| | 5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L | | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | 29,022. | 7 | 28,991. |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 25,865. | 9 | 28,432. |
| | 10a Land, buildings, and equipment: cost basis | 10a 5,705,400. | | |
| | b Less accumulated depreciation. Complete Part VI of Schedule D | 10b 2,207,864. | 2,741,401. | 10c 3,497,536. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities See Part IV, line 11 | 647,663. | 12 | 41,013. |
| | 13 Investments - program-related See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets See Part IV, line 11 | 3,395. | 15 | 4,062. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 3,760,341. | 16 | 3,942,944. | |
| Liabilities | 17 Accounts payable and accrued expenses | 20,927. | 17 | 43,029. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | | 19 | |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 989,253. | 23 | 921,275. |
| | 24 Unsecured notes and loans payable | | 24 | |
| | 25 Other liabilities. Complete Part X of Schedule D | | 25 | |
| | 26 Total liabilities. Add lines 17 through 25 | 1,010,180. | 26 | 964,304. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 1,892,333. | 27 | 2,669,324. |
| | 28 Temporarily restricted net assets | 857,828. | 28 | 309,316. |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 2,750,161. | 33 | 2,978,640. |
| | 34 Total liabilities and net assets/fund balances | 3,760,341. | 34 | 3,942,944. |

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990 Cash Accrual Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

| | Yes | No |
|----|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | | X |
| 3a | | X |
| 3b | | |

HIGH PLAINS CHILDREN'S HOME

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | 1462200. | 1541201. | 1122070. | 1674456. | 1543135. | 7343062. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 - 3 | 1462200. | 1541201. | 1122070. | 1674456. | 1543135. | 7343062. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public Support. Subtract line 5 from line 4 | | | | | | 7343062. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|------------|
| 7 Amounts from line 4 | 1462200. | 1541201. | 1122070. | 1674456. | 1543135. | 7343062. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 35,106. | 57,007. | 1,333. | 40,796. | 33,633. | 167,875. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 3,585. | 899. | 1,750. | | | 6,234. |
| 11 Total support. Add lines 7 through 10 | | | | | | 7517171. |
| 12 Gross receipts from related activities, etc (see instructions) | | | | | 12 | 2,203,097. |

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

Section C. Computation of Public Support Percentage

| | | |
|---|----|---------|
| 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | 97.68 % |
| 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 15 | 97.38 % |

16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 - 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11, and 12) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h | 18 | % |

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008 Open to Public Inspection

Name of the organization HIGH PLAINS CHILDREN'S HOME AND FAMILY SERVICES INC.

Employer identification number 75-1234350

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Table with 2 columns: Question number, Held at the End of the Year. Includes rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

HIGH PLAINS CHILDREN'S HOME

Schedule D (Form 990) 2008

AND FAMILY SERVICES INC.

75-1234350 Page 3

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------|---|
| Financial derivatives and other financial products | | |
| Closely-held equity interests | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) | | |

Part VIII Investments - Program Related. See Form 990, Part X, line 13

| (a) Description of investment type | (b) Book value | (c) Method of valuation. Cost or end-of-year market value |
|---|----------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total. (Col (b) should equal Form 990, Part X, col (B) line 13.) | | |

Part IX Other Assets. See Form 990, Part X, line 15

| (a) Description | (b) Book value |
|--|----------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 15) | |

Part X Other Liabilities. See Form 990, Part X, line 25

| (a) Description of liability | (b) Amount |
|--|------------|
| Federal income taxes | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) | |

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

NonCash Contributions

OMB No 1545-0047

2008

Open to Public
Inspection

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Name of the organization **HIGH PLAINS CHILDREN'S HOME
AND FAMILY SERVICES INC.**

Employer identification number
75-1234350

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d) Method of determining revenues |
|---|-------------------------------|-----------------------------------|---|--|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | X | | 45,083. | COMPARABLE ITEMS |
| 6 Cars and other vehicles | X | 4 | 7,429. | SALE OF COMPARABLE PRO |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 1 | 1,720. | INVESTMENT VALUE |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution (historic structures) | | | | |
| 14 Qualified conservation contribution (other) | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (FURNITURE) | X | 1 | 9,000. | COMPARABLE PROPERTY |
| 26 Other ▶ (SHINGLES) | X | 1 | 6,805. | COMPARABLE PROPERTY |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | | X |
| 32a | | X |
| 33 | | |

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2008

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008
Open to Public
Inspection

Name of the organization

HIGH PLAINS CHILDREN'S HOME
AND FAMILY SERVICES INC.

Employer identification number
75-1234350

FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE:

501(C)(3)

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENVIRONMENT OF LOVE, SECURITY, PRODUCTIVITY, SOCIAL MATURITY AND TRUST
IN GOD. THE HOME ALSO PROVIDES AFFORDABLE HOUSING FOR ADULTS WITH
SPECIAL NEEDS.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

A NEW PROGRAM NAMED PA & MEGAN'S PLACE AT HIGH PLAINS WAS OPENED IN THE
FALL OF 2008. THIS INDEPENDENT LIVING PROGRAM PROVIDES AFFORDABLE
HOUSING AND TRANSPORTATION FOR ADULTS WITH SPECIAL NEEDS WHO MEET
SPECIFIC CRITERIA.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE FOSTER CARE PROGRAM WAS CLOSED IN THE FALL OF 2008 DUE TO THE
LICENSED ADMINSTRATOR LEAVING EMPLOYMENT WITH HIGH PLAINS CHILDREN'S
HOME.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ELDERLY CARE & INDEPENDENT LIVING
EXPENSES \$ 8160. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 8B: THE ORGANIZATION HAS NO COMMITTEES
AUTHORIZED TO ACT ON BEHALF OF THE GOVERNING BODY.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

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

Employer identification number
75-1234350

FORM 990, PART VI, SECTION A, LINE 10: A COPY OF THE FORM 990 WAS GIVEN TO THE ORGANIZATION'S BOARD OF DIRECTORS. THE BOARD MEMBERS REVIEWED THE RETURN AND APPROVED IT FOR FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, AT ONE OF THE QUARTERLY BOARD MEETINGS.

FORM 990, PART VI, SECTION B, LINE 15: A COMPENSATION POLICY IS IN PLACE FOR APPROVAL OF COMPENSATION BY THE APPROVAL BODY. THE APPROVAL BODY APPROVES COMPENSATION ARRANGEMENTS IN ADVANCE OF PAYMENT BASED ON COMPARABILITY AND EXPERIENCE DATA. COMPENSATION ARRANGEMENTS ARE DOCUMENTED BY THE APPROVAL BODY.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S CONFLICT OF INTEREST POLICY IS AVAILABLE ON THEIR WEBSITE AT WWW.HPCH.ORG. THE INDEPENDENT AUDITOR'S REPORT STATING AN UNQUALIFIED OPINION IS PUBLISHED ON THE SAME WEBSITE. GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

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

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| | (A) Name of other organization(s) | (B) Transaction type (a-r) | (C) Amount involved |
|------------|--------------------------------------|----------------------------------|------------------------|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

| | | |
|--|---|---|
| Type or print | Name of Exempt Organization HIGH PLAINS CHILDREN'S HOME AND FAMILY SERVICES INC. | Employer identification number 75-1234350 |
| 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. 11461 S. WESTERN | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. AMARILLO, TX 79118 | |

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 |

SAMANTHA HENLEY

- The books are in the care of ▶ **11461 S. WESTERN - AMARILLO, TX 79118**
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 corporation required to file Form 990-T) extension of time until **AUGUST 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2008** 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 | 3a | \$ | |
| 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. | 3b | \$ | |
| 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. | 3c | \$ | 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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

• 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. Only file the original (no copies needed). | |
| Type or print File by the extended due date for filing the return See instructions | 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. 11461 S. WESTERN | | For IRS use only |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. AMARILLO, TX 79118 | | |

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.

SAMANTHA HENLEY

• The books are in the care of **11461 S. WESTERN - AMARILLO, TX 79118**
 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 is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2009.**

5 For calendar year **2008**, 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
ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION TO PREPARE THE TAX 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. | 8a | \$ |
| 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. | 8b | \$ |
| 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. | 8c | \$ 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 *S. Henley* Title **CPA** Date **8/17/09**