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Return of Organization Exempt From Income Tax

2008

Department of the Treasury
Internal Revenue ServiceUnder 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

For the 2008 calendar year, or tax year beginning Jul 1, 2008, and ending Jun 30, 2009

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE FLORENCE CRITTENTON AGENCY, INC. Number and street (or P O box if mail is not delivered to street addr) 1531 DICK LONAS ROAD, BLDG C City, town or country KNOXVILLE State ZIP code + 4 TN 37909 F Name and address of principal officer NANCY CHRISTIAN 1531 DICK LONAS RD, BLD KNOXVILLE TN 37909	D Employer Identification Number 62-6044288
		E Telephone number (865) 602-2021
		G Gross receipts \$ 5,503,321.
		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> 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.fcaknox.org

K Type of organization Corporation Trust Association Other ► **L** Year of Formation **1963** **M** State of legal domicile **TN**

Part I Summary

Activities & Governance 1 Briefly describe the organization's mission or most significant activities: SEE STATEMENT ATTACHED 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) 3 19 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 19 5 Total number of employees (Part V, line 2a) 5 178 6 Total number of volunteers (estimate if necessary) 6 0 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a 0. b Net unrelated business taxable income from Form 990-T, line 34		
	Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h) 908,779.	1,012,558.
	9 Program service revenue (Part VIII, line 2g) 3,242,794.	4,356,186.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 41,177.	9,402.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 85,578.	104,754.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,278,328.	5,482,900.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) RECEIVED		
14 Benefits paid to or for members (Part IX, column (A), line 4) 1 JAN 28 2009		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,737,795.	3,872,183.	
16a Professional fundraising fees (Part IX, column (A), line 11e). b Total fundraising expenses (Part IX, column (D), line 25) ► 166,476.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,470,690.	1,683,294.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,208,485.	5,555,477.	
19 Revenue less expenses. Subtract line 18 from line 12 69,843.	-72,577.	
20 Total assets (Part X, line 16) Beginning of Year	End of Year	
21 Total liabilities (Part X, line 26) 3,481,641.	3,355,483.	
22 Net assets or fund balances. Subtract line 21 from line 20 403,085.	349,504.	
	3,078,556.	3,005,979.

Part II Signature Block

Sign Here Signatures of officer Type or print name and title	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	
	1-14-2010	Date

Paid Preparer's Use Only Preparer's signature ► Robert A. Brown Firm's name (or yours if self-employed), address, and ZIP + 4 ► ROBERT A. BROWN, CPA P.O. BOX 2468 KNOXVILLE TN 37901-2607	Date 1/14/2010	Check if self-employed ► <input checked="" type="checkbox"/>	Preparer's identifying number (see instructions) P00410324
	EIN ► 62-1613402		
	Phone no ► (865) 522-8693		

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101 04/23/09 Form 990 (2008)

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Part III Statement of Program Service Accomplishments (see instructions)1 Briefly describe the organization's mission:

THE FCA MISSION ADDRESSES THE NEED FOR THE YOUNG PEOPLE IN COMMUNITIES TO BECOME SELF-SUFFICIENT AND PRODUCTIVE MEMBERS OF
See Form 990, Page 2, Part III, Line 1 (continued)

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 \$ 1,263,356. including grants of \$ 0.) (Revenue \$ 2,260,480.)

THE FCA LARGEST PROGRAM SERVICE IS THE YOUTH SUMMIT OF RECOVERY A 20 BED, 60 DAY SECURE RESIDENTIAL TREATMENT PROGRAM. THIS PROGRAM IS DESIGNED TO MEET THE NEEDS OF ADOLESCENTS (MALE AND FEMALE) BETWEEN THE AGES OF 13 - 17 WHO HAVE AN ALCOHOL AND DRUG DIAGNOSIS, A HISTORY OF FAILED SUBSTANCE ABUSE TREATMENT, AND ARE IN NEED OF A SECURE SHORT-TERM RESIDENTIAL TREATMENT FOCUSED PROGRAM. SERVICES INCLUDE ON-SITE ACADEMIC EDUCATION, SIX HOURS DAILY OF SUBSTANCE ABUSE EDUCATION/TREATMENT, RELAPSE PREVENTION PLANNING, AND INDIVIDUAL AND FAMILY THERAPY. ABOUT 80% OF THE ADOLESCENTS IN THE PROGRAM ARE STEPPED-DOWN TO HOME OR A FOSTER HOME. REFERRALS COME FROM THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES FOR FOSTER YOUTH WHO HAVE EXHAUSTED ALL LESS RESTRICTIVE PLACEMENT OPTIONS.

4b (Code. _____) (Expenses \$ 1,548,121. including grants of \$ 182,992.) (Revenue \$ 828,410.)

THE SECOND LARGEST SERVICE IS THE LEVEL 2 SPECIAL POPULATIONS RESIDENTIAL PROGRAM. THIS 32 BED NON-SECURE RESIDENTIAL PROGRAM SUPPORTS THE TREATMENT OF ADOLESCENT FEMALES, AGES 13 - 18, WHO HAVE MODERATE TO SEVERE EMOTIONAL AND BEHAVIORAL PROBLEMS. ON-SITE ACADEMIC EDUCATION, DAY TREATMENT, INDIVIDUAL AND FAMILY COUNSELING, SUBSTANCE ABUSE EDUCATION, INDIVIDUAL AND FAMILY COUNSELING, AND MILIEU THERAPY ARE PROVIDED TO THE ADOLESCENTS. AVERAGE LENGTH OF STAY IS ABOUT 100 DAYS. YEARLY, ABOUT 70% OF THESE ADOLESCENTS ACHIEVE PERMANENCY THROUGH STEP-DOWNS TO FAMILY OR RELATIVES. A FULLY ACCREDITED SCHOOL PROVIDES RESIDENTS WITH EXPANDED EDUCATIONAL OPPORTUNITIES THAT SUPPORT THEIR EFFORTS

See Form 990, Page 2, Part III, Line 4b (continued)

4c (Code. _____) (Expenses \$ 869,105. including grants of \$ 0.) (Revenue \$ 869,462.)

THE THIRD LARGEST PROGRAM IS THE CONTINUUM / FOSTER CARE CONTRACT. THIS PROGRAM SUPPORTS THE REUNIFICATION OF ADOLESCENTS WITH THEIR FAMILY / RELATIVES, AND THE SUPPORT OF THE FAMILY FOSTER CARE PROGRAM. THE AGENCY CURRENTLY OPERATES ABOUT 20 FAMILY FOSTER HOMES AND IS CONTINUALLY RECRUITING AND TRAINING NEW FAMILIES TO PROVIDE COMMUNITY STEP-DOWN OPTIONS FOR ADOLESCENTS. ADOLESCENTS WHO ARE READY FOR COMMUNITY LIVING AND PUBLIC SCHOOL ARE PLACED IN HOMES WHERE THEY CONTINUE TO RECEIVE COUNSELING, CASE MANAGEMENT, AND FAMILY REUNIFICATION SUPPORT. THE AGENCY ACCEPTS FOSTER YOUTH FROM THE RESIDENTIAL PROGRAMS AND DIRECT PLACEMENTS FROM THE TENNESSEE DEPARTMENT OF CHILDREN'S SERVICES. THE AVERAGE LENGTH OF STAY IS FOUR

See Form 990, Page 2, Part III, Line 4c (continued)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 1,217,743. including grants of \$ 499,680.) (Revenue \$ 397,834.)

4e Total program service expenses ► \$ 4,898,325. (Must equal Part IX, Line 25, column (B).)

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)? If 'Yes,' complete Schedule A	1 <input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 <input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3 <input checked="" type="checkbox"/>	
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4 <input checked="" type="checkbox"/>	
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? If 'Yes,' complete Schedule C, Part III		
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? If 'Yes,' complete Schedule D, Part I	6 <input checked="" type="checkbox"/>	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7 <input checked="" type="checkbox"/>	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8 <input checked="" type="checkbox"/>	
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? If 'Yes,' complete Schedule D, Part IV	9 <input checked="" type="checkbox"/>	
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10 <input checked="" type="checkbox"/>	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 <input checked="" type="checkbox"/>	
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? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12 <input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 <input checked="" type="checkbox"/>	
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a <input checked="" type="checkbox"/>	
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.? If 'Yes,' complete Schedule F, Part I	14b <input checked="" type="checkbox"/>	
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? If 'Yes,' complete Schedule F, Part II	15 <input checked="" type="checkbox"/>	
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? If 'Yes,' complete Schedule F, Part III	16 <input checked="" type="checkbox"/>	
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17 <input checked="" type="checkbox"/>	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18 <input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19 <input checked="" type="checkbox"/>	
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20 <input checked="" type="checkbox"/>	
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21 <input checked="" type="checkbox"/>	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22 <input checked="" type="checkbox"/>	
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23 <input checked="" type="checkbox"/>	
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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25	24a <input checked="" type="checkbox"/>	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b <input checked="" type="checkbox"/>	
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?	24c <input checked="" type="checkbox"/>	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d <input checked="" type="checkbox"/>	
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? If 'Yes,' complete Schedule L, Part I	25a <input checked="" type="checkbox"/>	
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b <input checked="" type="checkbox"/>	
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? If 'Yes,' complete Schedule L, Part II	26 <input checked="" type="checkbox"/>	
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? If 'Yes,' complete Schedule L, Part III	27 <input checked="" type="checkbox"/>	

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)? If 'Yes,' complete Schedule L, Part IV	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b	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? If 'Yes,' complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32	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? If 'Yes,' complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	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? If 'Yes,' complete Schedule R, Part VI	37	X

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Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	23		
1b	0		
1c	X		
2a	178		
2b	X		
3a	X		
3b			
4a	X		
5a	X		
5b	X		
5c			
6a	X		
6b			
7a	X		
7b			
7c	X		
7d			
7e	X		
7f	X		
7g	X		
7h	X		
8	X		
9a	X		
9b	X		
10a			
10b			
11a			
11b			
12a			
12b			

1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable

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

1 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return

2 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)

3 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

3 b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O

4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

4 b If 'Yes,' enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

5 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

5 c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?

6 a Did the organization solicit any contributions that were not tax deductible?

6 b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?

7 **Organizations that may receive deductible contributions under section 170(c).**

7 a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?

7 b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?

7 c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

7 d If 'Yes,' indicate the number of Forms 8282 filed during the year

7 e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7 f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

7 g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?

7 h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?

8 **Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

9 **Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**

9 a Did the organization make any taxable distributions under section 4966?

9 b Did the organization make any distribution to a donor, donor advisor, or related person?

10 **Section 501(c)(7) organizations.** Enter:

10 a Initiation fees and capital contributions included on Part VIII, line 12

10 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 **Section 501(c)(12) organizations.** Enter:

11 a Gross income from other members or shareholders

11 b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)

12 a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?

12 b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

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

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.

1 a Enter the number of voting members of the governing body **1a 19**
 b Enter the number of voting members that are independent **1b 19**

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? **2 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? **3 X**

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? **4 X**

5 Did the organization become aware during the year of a material diversion of the organization's assets? **5 X**

6 Does the organization have members or stockholders? **6 X**

7 a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? **7a X**
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? **7b X**

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
 a The governing body? **8a X**
 b Each committee with authority to act on behalf of the governing body? **8b X**

9 a Does the organization have local chapters, branches, or affiliates? **9a 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 X**

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 **10 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 **11 X**

Section B. Policies

12 a Does the organization have a written conflict of interest policy? If 'No,' go to line 13
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12a 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 **12b X**

13 Does the organization have a written whistleblower policy? **12c X**

14 Does the organization have a written document retention and destruction policy? **13 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? **14 X**
 b Other officers of key employees of the organization?
 Describe the process in Schedule O. (see instructions)

16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
 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? **16a X**

16b X

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► **Tennessee**

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:
► NANCY CHRISTIAN 1531 DICK LONAS ROAD, BLDG C, KNOXVILLE, TN 37909 (865) 602-2021

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) or 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			
<u>SHERYL B MILAN</u> DIRECTOR	0.00	X					0.	0.	0.
<u>DEBORAH W PORTER</u> DIRECTOR	0.00	X					0.	0.	0.
<u>MAX SHELL</u> DIRECTOR	0.00	X					0.	0.	0.
<u>DEBORAH D ANDREWS</u> DIRECTOR	1.00	X					0.	0.	0.
<u>JEFF POTTER</u> DIRECTOR, CHAIRMAN	1.00	X					0.	0.	0.
<u>TODD ELLIS</u> DIRECTOR	0.00	X					0.	0.	0.
<u>AMY SKALET</u> DIRECTOR	0.00	X					0.	0.	0.
<u>PAT TAYLOR</u> DIRECTOR, TREAS	2.00	X					0.	0.	0.
<u>SUZIE HAZELWOOD</u> DIRECTOR	0.00	X					0.	0.	0.
<u>WYNDIE KINGSMORE</u> DIRECTOR	0.00	X					0.	0.	0.
<u>TONY FARMER</u> DIRECTOR	0.00	X					0.	0.	0.
<u>MARY BETH MADDOX</u> DIRECTOR, SECRETARY	1.00	X					0.	0.	0.
<u>JENNIFER PARKS</u> DIRECTOR	0.00	X					0.	0.	0.
<u>VICTORIA ROSE</u> DIRECTOR	0.00	X					0.	0.	0.
<u>RONNIE D WAGONER</u> DIRECTOR	0.00	X					0.	0.	0.
<u>STEVE ARNETT</u> DIRECTOR	0.00	X					0.	0.	0.
<u>MORENA CONSTANTINOU</u> DIRECTOR, CHAIR ELECT	0.00	X					0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)

(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		
LYNETTE STONE STEPHENS DIRECTOR	0.00	X					0.	0.	0.
SALLY FISHER DIRECTOR	0.00	X					0.	0.	0.
LUCILE A MATHEWS PRESIDENT/CEO	40.00			X			48,452.	0.	0.
DIANE BREMSETH VP-CLINICAL SVC	40.00			X	X		65,121.	0.	0.
ELIZABETH JETT VP-FINANCE	40.00			X	X		60,118.	0.	0.
ANGELA JONES PROGRAM COORDINATOR	40.00				X		52,899.	0.	0.
NANCY CHRISTIAN PRESIDENT / CEO	40.00			X			40,559.	0.	0.
1b Total							267,149.	0.	0.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 0

	Yes	No
3	X	
4	X	
5	X	

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of Services	(C) Compensation
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ► 0		

Part VIII Statement of Revenue

CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a Federated campaigns	1a 220,272.				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e 573,815.				
f All other contributions, gifts, grants, and similar amounts not included above	1f 218,471.				
g Noncash contribns included in lns 1a-1f.	\$ _____				
h Total. Add lines 1a-1f		1,012,558.			
PROGRAM SERVICE REVENUE					
2a STATE OF TENNESSEE	Business Code 624100	4,290,854.	4,290,854.	0.	0.
b OTHER PROGRAM SERVICE FEES	624100	65,332.	65,332.	0.	0.
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f		4,356,186.			
OTHER REVENUE					
3 Investment income (including dividends, interest and other similar amounts)		9,402.	9,402.	0.	0.
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross Rents	(i) Real 9,565.				
b Less: rental expenses					
c Rental income or (loss)	9,565.				
d Net rental income or (loss)		9,565.	9,565.	0.	0.
7a Gross amount from sales of assets other than inventory	(i) Securities b Less cost or other basis and sales expenses				
c Gain or (loss)					
d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c)	See Part IV, line 18 a 58,940.				
b Less: direct expenses	b 20,421.				
c Net income or (loss) from fundraising events		38,519.	38,519.	0.	0.
9a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities					
10a 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				
11a MISC - REVENUE	6241000	56,670.	56,670.	0.	0.
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		56,670.			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		5,482,900.	4,470,342.	0.	0.

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	214,250.	106,425.	102,388.	5,437.
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	2,918,239.	2,697,150.	116,460.	104,629.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	65,915.	51,848.	9,293.	4,774.
9 Other employee benefits	439,037.	360,209.	70,112.	8,716.
10 Payroll taxes	234,742.	209,580.	16,742.	8,420.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	113,026.	97,814.	13,725.	1,487.
d Lobbying				
e Prof fundraising svcs. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	336,538.	259,947.	66,617.	9,974.
17 Travel	18,907.	18,884.	23.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,332.	4,022.	971.	339.
20 Interest	2,475.	0.	2,475.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	90,037.	70,516.	16,845.	2,676.
23 Insurance				
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 MILEAGE REIMBURSEMENTS	189,942.	187,180.	2,089.	673.
b MEMBERSHIPS AND DUES	13,371.	1,182.	11,770.	419.
c CASUAL LABOR	12,881.	8,909.	3,972.	0.
d OUTSIDE CONTRACTORS	77,702.	77,702.	0.	0.
e MISCELLANEOUS	32,240.	25,093.	6,243.	904.
f All other expenses	790,843.	721,864.	50,951.	18,028.
25 Total functional expenses. Add lines 1 through 24f	5,555,477.	4,898,325.	490,676.	166,476.
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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	136,930.	1	248,358.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	738,628.	4	538,621.
	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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	58,303.	9	45,901.
	10a Land, buildings, and equipment: cost basis	2,982,426.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	1,087,832.	10c	1,894,594.
	11 Investments – publicly-traded securities		11	
	12 Investments – other securities See Part IV, line 11	8,050.	12	8,050.
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	608,040.	15	619,959.
	16 Total assets Add lines 1 through 15 (must equal line 34)	3,481,641.	16	3,355,483.
LIABILITIES	17 Accounts payable and accrued expenses	353,994.	17	319,753.
	18 Grants payable		18	
	19 Deferred revenue	17,692.	19	12,325.
	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		23	
	24 Unsecured notes and loans payable	31,399.	24	17,426.
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	403,085.	26	349,504.
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	2,839,020.	27	2,777,002.
	28 Temporarily restricted net assets	39,536.	28	28,977.
	29 Permanently restricted net assets	200,000.	29	200,000.
	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, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	3,078,556.	33	3,005,979.
	34 Total liabilities and net assets/fund balances	3,481,641.	34	3,355,483.

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 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	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE FLORENCE CRITTENTON AGENCY, INC.

Employer identification number
62-6044288

Part I **Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
9 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 exempt 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)**. (Complete Part III.)
10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**. (see instructions)
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III – Functionally integrated d Type III – Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**
f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

h Provide the following information about the organizations the organization supports

	Yes	No
11g (i)		
11g (ii)		
11g (iii)		

Total

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Schedule A (Form 990 or 990-EZ) 2008

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 'unusual grants')	1,857,361.	2,194,770.	2,398,317.	4,151,573.	5,368,744.	15,970,765.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf .						
3 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						
4 Total. Add lines 1-3 . . .	1,857,361.	2,194,770.	2,398,317.	4,151,573.	5,368,744.	15,970,765.
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 . . .						15,970,765.

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	1,857,361.	2,194,770.	2,398,317.	4,151,573.	5,368,744.	15,970,765.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,274.	25,192.	33,245.	41,177.	9,402.	129,290.
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.)	79,979.	57,847.	102,515.	116,455.	115,610.	472,406.
11 Total support. Add lines 7 through 10						16,572,461.
12 Gross receipts from related activities, etc. (see instructions)					12	
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	96.37 %
15	Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	97.78 %
16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
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			<input type="checkbox"/>
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.			<input type="checkbox"/>
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.			<input type="checkbox"/>
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			<input type="checkbox"/>

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 yr beginning in) ►

1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")

2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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, 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)

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1						
2						
3						
4						
5						
6						
7a						
b						
c						
8						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►

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 ►

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9						
10a						
b						
c						
11						
12						
13						
14						

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 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 ►

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Other Income Part II, Line 10

Description: GROSS RECEIPTS- SPECIAL EVENTS

2004: 57729.

2005: 36789.

2006: 89930.

2007: 70193.

2008: 58940.

Description: OTHER REVENUES

2004: 22250.

2005: 21058.

2006: 12585.

2007: 46262.

2008: 56670.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

**Open to Public
Inspection**

**Department of the Treasury
Internal Revenue Service**

Name of the organization

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

Employer Identification number

THE FLORENCE

Employer Identification number

THE FLORENCE CRITTENDON AGENCY, INC.

62-6044288

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit??

Yes No

No

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).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

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.

	Held at the End of the Year
2a	
2b	
2c	
2d	

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 easement it holds? Yes No

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 170(h)(4)(B)(ii)? Yes No

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

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.

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

Schedule D (Form 990) 2008

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programs
 e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations
 (ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

	Yes	No
3a(i)		
3a(ii)		
3b		

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book Value
1a Land		427,000.		427,000.
b Buildings		2,033,235.	686,217.	1,347,018.
c Leasehold improvements				
d Equipment		522,191.	401,615.	120,576.
e Other				

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) ► **1,894,594.**

BAA

Schedule D (Form 990) 2008

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		
MERRIWEATHER CAPITAL CORP.	8,000	FMV
US SAVINGS BOND	50	FMV

Part VIII Investments—Program Related (See Form 990 Part X line 13)

Total Column (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
CERTIFICATES OF DEPOSIT-DESIGNATED FOR EMERGENCY RESERVE FUND	410,000.
MONEY MARKET ACCT DESIGNATED FOR FUTURE CAPITAL EXPENDITURES	149,959.
OTHER CERTIFICATE OF DEPOSITS	60,000.
	</td

Total. Column (b) Total (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) Total (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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1 Total revenue (Form 990, Part VIII, column (A), line 12)	5,482,900.
2 Total expenses (Form 990, Part IX, column (A), line 25)	5,555,477.
3 Excess or (deficit) for the year Subtract line 2 from line 1	-72,577.
4 Net unrealized gains (losses) on investments	
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV)	
9 Total adjustments (net). Add lines 4-8	
10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	-72,577.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1 Total revenue, gains, and other support per audited financial statements	1	5,503,321.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	5,503,321.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	-20,421.
c Add lines 4a and 4b	4c	-20,421.
5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	5,482,900.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1 Total expenses and losses per audited financial statements	1	5,575,898.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Losses reported on Form 990, Part IX, line 25	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	5,575,898.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	-20,421.
c Add lines 4a and 4b	4c	-20,421.
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	5,555,477.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Pt XII Line 4b SPECIAL EVENTS EXPENDITURES - \$20,421.

Pt XIII Line 4b SPECIAL EVENTS EXPENDITURES - \$20,421.

Part XIV **Supplemental Information (continued)**

Department of the Treasury
Internal Revenue Service

- Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization

Employer identification number

THE FLORENCE CRITTENTON AGENCY, INC.

62-6044288

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

<input type="checkbox"/> Mail solicitations	<input type="checkbox"/> Solicitation of non-government grants
<input type="checkbox"/> Email solicitations	<input type="checkbox"/> Solicitation of government grants
<input type="checkbox"/> Phone solicitations	<input type="checkbox"/> Special fundraising events
<input type="checkbox"/> In-person solicitations	

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? .

Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col. (a) through col. (c))
	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)				
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses				
	8 Direct expense summary. Add lines 4- through 7 in column (d)				►
	9 Net income summary. Combine lines 3 and 8 in column (d)				►

Part III **Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				►
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				►

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? _____

b If 'No,' Explain:

YES	NO
-----	----

9a	
----	--

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If 'Yes,' Explain:

10a	
-----	--

11 Does the organization operate gaming activities with nonmembers? _____

11	
----	--

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____

12	
----	--

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

13a	%	YES	NO
13b	%		

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?

b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If 'Yes,' enter name and address:

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided. ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ► \$ _____

15a	
17a	

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**

OMB No 1545-0047

2008Open to Public
Inspection

► 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.

Name of the organization

THE FLORENCE CRITTENTON AGENCY, INC.

Employer identification number

62-6044288**Pt VI-A, Line 10 THE AUDITED FINANCIAL STATEMENTS AND FEDERAL 990****ARE PRESENTED TO THE FINANCE COMMITTEE BY THE CPA****ENGAGED BY THE AGENCY. UPON APPROVAL, THE FINANCE****COMMITTEE WILL PRESENT THE AUDITED FINANCIAL STATEMENTS TO THE****BOARD OF DIRECTORS AND THE FEDERAL 990 IS FILED BY THE****PRESIDENT.****Pt VI-B, Line 12c AT THE TIME EACH YEAR THAT BOARD MEMBERS ARE NOMINATED****Pt VI-B, Line 15 THE PRESIDENT / CEO REVIEWS EMPLOYEE EVALUATION AT BUDGET****TIME AND MAKES RECOMMENDATIONS. THE VP- FINANCE /****CONTROLLER WILL PREPARE BUDGET WORKSHEETS. THE****BUDGET AND WORKSHEETS ARE SUBMITTED TO THE FINANCE****COMMITTEE FOR REVIEW AND LATER TO THE BOARD OF DIRECTORS.****Pt VI-C, Line 19 REQUESTED INFORMATION IS MAILED TO PARTY ASKING FOR THE****INFORMATION.**

Depreciation and Amortization
(Including Information on Listed Property)

2008

Name(s) shown on return

THE FLORENCE CRITTENTON AGENCY, INC.

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	\$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000.
4	Reduction in limitation. Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7	Listed property. Enter the amount from line 29	7		
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8		
9	Tentative deduction Enter the smaller of line 5 or line 8 ..	9		
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10		
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11		
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A						
17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	79,705.			
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here			► <input type="checkbox"/>		

Section B – Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		49,701.	5 yrs	HY	SL	4,970.
c 7-year property		2,421.	7 yrs	HY	SL	173.
d 10-year property		819.	10 yrs	HY	SL	41.
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	5,148.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions	22	90,037.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V	Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
---------------	--

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?		<input checked="" type="checkbox"/> Yes	No	24b If 'Yes,' is the evidence written?		<input checked="" type="checkbox"/> Yes	No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use:								
2003 CARAVAN	08/22/03	100.00	15,919.	15,919.	5.00	SL/HY	1,592.	
2007 KIA SEDONA	10/18/07	100.00	17,779.	17,779.	5.00	SL/HY	3,556.	
27 Property used 50% or less in a qualified business use:								
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28	5,148.	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1						29		

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles	Yes	No

Part VI | Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
42 Amortization of costs that begins during your 2008 tax year (see instructions):						
43 Amortization of costs that began before your 2008 tax year						43
44 Total. Add amounts in column (f) See the instructions for where to report						44

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

SOCIETY. IN ORDER FOR THAT TO BE ACCOMPLISHED THE AGENCY PROVIDES AN ARRAY OF SERVICES THAT TARGET THE ISSUES THAT MANY ADOLESCENTS FACE. SUPPORTIVE SERVICES THAT ADDRESS EDUCATIONAL NEEDS, BEHAVIORAL HEALTH ISSUES, MENTAL HEALTH ISSUES, SUBSTANCE ABUSE EDUCATION AND TREATMENT AS WELL AS, ALTERNATIVE LIVING ARRANGEMENTS PROVIDE A BASIS FOR STRENGTHENING OUR COMMUNITIES.

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 4b (continued)

FOR COMMUNITY PLACEMENT AND PUBLIC EDUCATION. THE AGENCY STRIVES TO FOLLOW THESE ADOLESCENTS THROUGH PLACEMENT IN FAMILY FOSTER CARE OR INTENSICE IN-HOME REUNIFICATION SERVICES.

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 4c (continued)

MONTHS AND ABOUT 75% OF THE ADOLESCENTS ARE RETURNED TO FAMILY/RELATIVES AND THE REMAINED AGE OUT OF THE FOSTER CARE SYSTEM AND ARE READY FOR INDEPENDENT LIVING.

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 4d (continued)

4d Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 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.

Code: _____ Description: HOME BASED SERVICES - THIS PROGRAM IS DESIGNED TO SERVE MALES AND FEMALES OF ANY AGE, WHO ARE IN IMMEDIATE RISK OF COMING INTO STATE CUSTODY, OR TO PROVIDE REUNIFICATION SERVICES AND FAMILY SUPPORT WHERE THE INITIAL ADJUSTMENT TO HOME OR FOSTER HOME MAY BE IN JEOPARDY DUE TO THE EXPLOSIVE BEHAVIORAL AND/OR EMOTIONAL NATURE OF THE YOUTH.
Expenses 603,123.
Grants Of 0.
Revenue 332,502.

Code: _____ Description: CAPS - CHILD AND PARENTING SKILLS IS DIRECTED AT FIRST TIME PARENTS WITH IDENTIFIABLE HIGH-RISK FACTORS. THE PURPOSE OF THE PROGRAM IS TO END THE CYCLE OF ABUSE AND NEGLECT.
Expenses 52,968.
Grants Of 36,740.
Revenue 0.

Code: _____ Description: ALCOHOL AND DRUG ABUSE PREVENTION - PROVIDES PREGNANT AND PARENTING GIRLS AND WOMEN SERVICES TO DEAL WITH THEIR SUBSTANCE ABUSE PROBLEMS WHILE CONTINUING THEIR ACADEMIC WORK, TREATMENT, AND PARENTING EDUCATION. THESE SERVICES ARE AVAILABLE TO RESIDENTIAL AND NON-RESIDENTIAL CLIENTS ON A DAY TREATMENT BASIS.
Expenses 275,535.
Grants Of 278,899.
Revenue 0.

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 4d (continued)

Continued

4d Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 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.

Code: _____ Description: **NEW FOCUS PROGRAM WAS DEVELOPED AT THE REQUEST OF KNOX COUNTY TO PROVIDE SERVICES TO AFRICAN-AMERICAN WOMEN. THIS PROGRAM IS DESIGNED TO AVOID OR REDUCE CUSTIDIAL CARE OF CHILDREN BY OFFERING SERVICES TO ADDRESS PARENTING SKILLS, ANGER MANAGEMENT, ANGER MANAGEMENT, LIFE SKILLS, AND ALCOHOL AND SUBSTANCE ABUSE PROBLEMS.**

Expenses **153,265.**

Grants Of **150,000.**

Revenue **0.**

Code: _____ Description: **OTHER PROGRAMS INDIVIDUALLY LESS THAN \$100,000.**

Expenses **132,852.**

Grants Of **34,041.**

Revenue **65,332.**

Supporting Statement of:

Form 990 p 2/Line 4a Revenue

Description	Amount
STATE OF TENNESSEE	2,260,480.
Total	<u>2,260,480.</u>

Supporting Statement of:

Form 990 p 2/Line 4b Grants

Description	Amount
USDA GRANT	62,643.
STATE SPECIAL EDUCATION GRANT	3,200.
TACF GRANT	111,782.
OTHER GRANTS	5,367.
Total	<u>182,992.</u>

Supporting Statement of:

Form 990 p 2/Line 4b Revenue

Description	Amount
STATE OF TENNESSEE	828,410.
Total	<u>828,410.</u>

Supporting Statement of:

Form 990 p 2/Line 4c Revenue

Description	Amount
STATE OF TENNESSEE - CONTINUUM	637,199.
STATE OF TENNESSEE - FOSTER CARE	232,263.
Total	<u>869,462.</u>

Supporting Statement of:

Form 990 p 2/Other Grants-2

Description	Amount
STATE OF TENNESSEE AND FEDERAL GRANT	36,740.

Continued

Supporting Statement of:**Form 990 p 2/Other Grants-2**

Description	Amount
Total	<u>36,740.</u>

Supporting Statement of:**Form 990 p 2/Other Grants-3**

Description	Amount
STATE OF TENNESSEE AND FEDERAL GRANT	<u>278,899.</u>
Total	<u>278,899.</u>

Supporting Statement of:**Form 990 p 2/Other Grants-4**

Description	Amount
STATE OF TENNESSEE GRANT	<u>150,000.</u>
Total	<u>150,000.</u>

Supporting Statement of:**Form 990 p 2/Other Grants-5**

Description	Amount
FEDERAL GRANT - VOCA PROGRAM	<u>34,041.</u>
Total	<u>34,041.</u>

Supporting Statement of:**Form 990 p 9/Federated Campaigns**

Description	Amount
UNITED WAY AGENCIES	<u>220,272.</u>
Total	<u>220,272.</u>

Supporting Statement of:

Form 990 p 9/Government Grants

Description	Amount
FEDERAL - USDA	62,643.
FEDERAL - VOCA	34,041.
STATE OF TENNESSEE:	
SPECIAL EDUCATION	3,200.
NEW FOCUS	150,000.
FEDERAL AND STATE:	
CAP	36,740.
CSAS	278,899.
LOCAL GOVERNMENT	8,292.
Total	<u>573,815.</u>

Supporting Statement of:

Form 990 p 9/Other amt. not included

Description	Amount
TACC GRANT	111,782.
CLAYTON FAMILY FOUNDATION	12,000.
JAMES A HASLEM, III	5,000.
LUCILLE THOMPSON FAMILY FOUNDATION - GRANT	5,367.
OTHER CONTRIBUTIONS LESS THAN \$5,000	84,322.
Total	<u>218,471.</u>

Supporting Statement of:

Form 990 p 9/Line 2f Oth Rel/Exempt -1

Description	Amount
SPECIAL POPULATIONS PROGRAM - STATE OF TN	828,410.
CONTINUUM PROGRAM - STATE OF TN	637,199.
SPECIAL NEEDS - LEVEL III- STATE OF TN	2,260,480.
HOME BASED SERVICES- STATE OF TN	332,502.
FOSTER CARE PROGRAM- STATE OF TN	232,263.
Total	<u>4,290,854.</u>

Supporting Statement of:

Form 990 p 9/Gross income fundraising

Description	Amount
GREEN TEAS	17,277.

Supporting Statement of:

Continued

Form 990 p 9/Gross income fundraising

Description	Amount
FESTIVAL OF LANTERNS	23,316.
MUCH ADO ABOUT MOTHERS	13,347.
O'CHARIES' GOLF CLASSIC	5,000.
Total	<u>58,940.</u>

Supporting Statement of:**Form 990 p 9/Line 8b Direct Expenses**

Description	Amount
GREEN TEAS	6,737.
FESTIVAL OF LANTERNS	11,551.
MUCH ADO ABOUT MOTHERS	2,133.
O'CHARIES' GOLF CLASSIC	0.
Total	<u>20,421.</u>

Supporting Statement of:**Sch D, page 4/Part XII, Line 4b**

Description	Amount
SPECIAL EVENTS EXPENSES	-20,421.
Total	<u>-20,421.</u>

Supporting Statement of:**Sch D, page 4/Part XIII, Line 4b**

Description	Amount
SPECIAL EVENTS EXPENDITURES	-20,421.
Total	<u>-20,421.</u>