Form 990		~~	Return of Organization Exempt F	rom Ir	ncome Tax	OMB No. 1545-0047
		90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue	s) 2021		
Department of the Treasury			Do not enter social security numbers on this form a	Open to Public		
Depart Interna	ment I Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and	the latest	information.	Inspection
A Fo	or th	e 2021 calenda	ar year, or tax year beginning $ m JUL1$, 2021 and e	ending J	UN 30, 2022	
B Ch ap						cation number
X	Addre	ES FLOR	ENCE CRITTENTON HOME AND SERVICES			
23	chang Name		usiness as		81-02317	88
	chang Initial returr			Room/suite	E Telephone number	
	Final	3/0/	COONEY DRIVE	100m/suite	406-442-	
termin-			own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,125,256.
	Amer	ded UPT.P	NA, MT 59602		H(a) Is this a group re	<u> </u>
	Appli		nd address of principal officer: JIM CARNEY		for subordinates	
	pend		AS C ABOVE		H(b) Are all subordinates in	
I Ta	ax-ex	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) o	r 🗌 527		list. See instructions
			FLORENCECRITTENTON.ORG		H(c) Group exemption	
K Fo	rm o	f organization: [X Corporation Trust Association Other ►	L Year of	of formation: 1900 N	State of legal domicile: MT
Pa	rtl	Summary				
	1	Briefly describ	e the organization's mission or most significant activities: ${{ m TO}}$ ${ m PR}$	OVIDE	RESIDENTIAI	AND
Governance		COMMUNI	TY-BASED SERVICES FOR PREGNANT AND	PAREN	TING FAMILI	ES.
la	2	Check this bo	x 🕨 📃 if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	
ove	3					9
	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)		4	9
es S	5		of individuals employed in calendar year 2021 (Part V, line 2a)			82
Ţţ	6	Total number	of volunteers (estimate if necessary)		6	20
Activities &					<u>7a</u>	0.
\rightarrow	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
e	8		and grants (Part VIII, line 1h)		774,712.	4,676,940.
ent	9	•	ce revenue (Part VIII, line 2g)		1,463,480.	1,351,582.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		5,619.	107.
-	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		65,926.	68,760.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,309,737.	6,097,389.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	•	to or for members (Part IX, column (A), line 4)			
es	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		1,834,153.	1,932,800.
ens			undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) ►207,24	<u> </u>	0.	0.
Expense					695,932.	839,025.
	17	-	es (Part IX, column (A), lines 11a-11d, 11f-24e)		2,530,085.	2,771,825.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		-220,348.	3,325,564.
- 8	19	Revenue less	expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (F	Part X line 16)		605,476.	<u>4,428,163.</u>
Asse Bali	20				285,482.	780,056.
Vet / und	21		(Part X, line 26) fund balances. Subtract line 21 from line 20		319,994.	3,648,107.
		Signature			5-5,5540	5,010,107.
		-	I declare that I have examined this return, including accompanying schedules	and stateme	nts, and to the best of my	knowledge and belief, it is
	-		Declaration of preparer (other than officer) is based on all information of whi			

Sign	Signature of officer		Date		
Here	JIM CARNEY, TREASURER				
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date Check PTIN		
Paid	SAM BRUNSON, CPA	SAM BRUNSON, CPA	05/11/23 self-employed P01696998		
Preparer	Firm's name 🕒 WIPFLI LLP		Firm's EIN ▶ 39-0758449		
Use Only	Firm's address 🕨 101 EAST FRONT S	TREET #301			
	MISSOULA, MT 598	02	Phone no. 406.728.1800		
Type or print name and title Paid Print/Type preparer's name Preparer's signature Date Check PTIN SAM BRUNSON, CPA SAM BRUNSON, CPA 05/11/23 self-employed P01696998 Preparer Firm's name WIPFLI LLP Firm's EIN ▶ 39-0758449 Use Only Firm's address ▶ 101 EAST FRONT STREET #301 MISSOULA, MT 59802 Phone no. 406.728.1800 May the IRS discuss this return with the preparer shown above? See instructions X Yes No					
132001 12-09	9-21 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.	Form 990 (2021)		

	990 (2021) FLORENCE CRITTENTON HOME AND SERVICES 81-0231788 Page 2
Par	t III Statement of Program Service Accomplishments
<u> </u>	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	FLORENCE CRITTENTON IS A NATIONALLY RECOGNIZED MONTANA NON-PROFIT SPECIALIZING IN RESIDENTIAL AND COMMUNITY-BASED SERVICES FOR PREGNANT
	AND PARENTING FAMILIES WITH YOUNG CHILDREN INCLUDING RESIDENTIAL
	TREATMENT, SUBSTANCE USE TREATMENT, PARENTING EDUCATION AND SUPPORT,
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4.0	revenue, if any, for each program service reported. (code:) (Expenses \$629,931. including grants of \$0.) (Revenue \$388,923.
4a	(Code:) (Expenses \$ 629,931. including grants of \$ 0.) (Revenue \$ 388,923. RECOVERY HOME FOR WOMEN & CHILDREN: FCHS COMPLETED ITS 4TH YEAR WITH
	OUR RECOVERY HOME. THIS PROGRAM SERVES MOTHERS, AGES 18-30 PURSUING
	SUBSTANCE USE DISORDER (SUD) TREATMENT WHILE STILL MAINTAINING CUSTODY
	AND A RELATIONSHIP WITH THEIR CHILDREN IN A SAFE AND STABLE
	ENVIRONMENT. WE EXPANDED OUR CAPACITY IN THIS PROGRAM AND CAN NOW SERVE
	UP TO 8 FAMILIES AT ANY GIVEN TIME; THIS CHANGE BEING MADE AT THE END
	OF FY21. THE 24/7 PROGRAM AIMS TO ASSIST A MOTHER'S RECOVERY JOURNEY BY
	ADDRESSING THE UNDERLYING CAUSES OF THE SUBSTANCE USE, SUCH AS PAST
	TRAUMA AND MENTAL OR BEHAVIORAL HEALTH CHALLENGES. CLIENTS ARE ASSESSED
	FOR SUD AND OTHER CHALLENGES THEY MAY BE FACING AS PART OF THEIR
	INDIVIDUAL TREATMENT PLAN. SPECIAL ATTENTION IS GIVEN TO THE HEALTHCARE
	NEEDS OF BOTH MOM AND CHILD, AS WELL AS PARENTING SKILLS AND CHILD
46	
4b	(Code:) (Expenses \$ 591,739. including grants of \$ 0.) (Revenue \$ 516,105. COMMUNITY EARLY CHILDHOOD PROGRAMS: TWO PROGRAMS THAT SERVE BOTH
	RESIDENTIAL AND COMMUNITY-BASED CHILDREN. LICENSED CHILDCARE CENTER FOR
	UP TO 8 CHILDREN, AGES 0-2, THE CHILD ENRICHMENT CENTER PROVIDES
	NURTURING CARE FOR INFANTS AND TODDLERS. THE COMMUNITY PRESCHOOL FOR UP
	TO 24 CHILDREN OF ALL ABILITIES, AGES 2 TO 5 YEARS. PRESCHOOL IS A FULL
	DAY PROGRAM THAT PROVIDES BOTH DEVELOPMENTALLY APPROPRIATE CURRICULUM
	AND PLAY IN A LOVING ENVIRONMENT. BOTH PROGRAMS ARE STARS TO QUALITY
	LEVEL 4 CERTIFIED. THE CEC SERVED 8 CHILDREN IN FY22, WHILE THE
	PRESCHOOL SERVED 16.
4c	(Code:) (Expenses \$ 531,639. including grants of \$ 0.) (Revenue \$ 363,637.
	COMMUNITY BASED SERVICES: PROVIDE EDUCATION AND SUPPORT TO FAMILIES
	WITH YOUNG CHILDREN. SERVICES INCLUDE 2 HOME VISITING PROGRAMS THAT CAN
	SERVE UP TO 30 FAMILIES, SUPPORTIVE SUPERVISED VISITATION, SUPPORT
	SERVE UP TO 30 FAMILIES, SUPPORTIVE SUPERVISED VISITATION, SUPPORT GROUPS, PRENATAL EDUCATION, AND PARENTING EDUCATION, AS WELL AS
	SERVE UP TO 30 FAMILIES, SUPPORTIVE SUPERVISED VISITATION, SUPPORT GROUPS, PRENATAL EDUCATION, AND PARENTING EDUCATION, AS WELL AS OUTPATIENT SUBSTANCE US AND MENTAL HEALTH THERAPY FOR PARENTS AND
	SERVE UP TO 30 FAMILIES, SUPPORTIVE SUPERVISED VISITATION, SUPPORT GROUPS, PRENATAL EDUCATION, AND PARENTING EDUCATION, AS WELL AS OUTPATIENT SUBSTANCE US AND MENTAL HEALTH THERAPY FOR PARENTS AND YOUTH. THESE PROGRAMS ARE ALSO USED BY OUR RESIDENTIAL CLIENTS. IN
	SERVE UP TO 30 FAMILIES, SUPPORTIVE SUPERVISED VISITATION, SUPPORT GROUPS, PRENATAL EDUCATION, AND PARENTING EDUCATION, AS WELL AS OUTPATIENT SUBSTANCE US AND MENTAL HEALTH THERAPY FOR PARENTS AND YOUTH. THESE PROGRAMS ARE ALSO USED BY OUR RESIDENTIAL CLIENTS. IN FY22, FCHS SERVED 62 FAMILIES IN ITS HOME VISITING PROGRAMS, 15
	SERVE UP TO 30 FAMILIES, SUPPORTIVE SUPERVISED VISITATION, SUPPORT GROUPS, PRENATAL EDUCATION, AND PARENTING EDUCATION, AS WELL AS OUTPATIENT SUBSTANCE US AND MENTAL HEALTH THERAPY FOR PARENTS AND YOUTH. THESE PROGRAMS ARE ALSO USED BY OUR RESIDENTIAL CLIENTS. IN FY22, FCHS SERVED 62 FAMILIES IN ITS HOME VISITING PROGRAMS, 15 COMMUNITY-BASED FAMILIES IN PARENTING CLASSES, AND 22 FAMILIES IN
	SERVE UP TO 30 FAMILIES, SUPPORTIVE SUPERVISED VISITATION, SUPPORT GROUPS, PRENATAL EDUCATION, AND PARENTING EDUCATION, AS WELL AS OUTPATIENT SUBSTANCE US AND MENTAL HEALTH THERAPY FOR PARENTS AND YOUTH. THESE PROGRAMS ARE ALSO USED BY OUR RESIDENTIAL CLIENTS. IN FY22, FCHS SERVED 62 FAMILIES IN ITS HOME VISITING PROGRAMS, 15
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	SERVE UP TO 30 FAMILIES, SUPPORTIVE SUPERVISED VISITATION, SUPPORT GROUPS, PRENATAL EDUCATION, AND PARENTING EDUCATION, AS WELL AS OUTPATIENT SUBSTANCE US AND MENTAL HEALTH THERAPY FOR PARENTS AND YOUTH. THESE PROGRAMS ARE ALSO USED BY OUR RESIDENTIAL CLIENTS. IN FY22, FCHS SERVED 62 FAMILIES IN ITS HOME VISITING PROGRAMS, 15 COMMUNITY-BASED FAMILIES IN PARENTING CLASSES, AND 22 FAMILIES IN OUTPATIENT THERAPY. Other program services (Describe on Schedule O.) (Expenses \$ 217, 465. including grants of \$ 0.) (Revenue \$ 112,039.) Total program service expenses ▶ 1,970,774.
4e	SERVE UP TO 30 FAMILIES, SUPPORTIVE SUPERVISED VISITATION, SUPPORT GROUPS, PRENATAL EDUCATION, AND PARENTING EDUCATION, AS WELL AS OUTPATIENT SUBSTANCE US AND MENTAL HEALTH THERAPY FOR PARENTS AND YOUTH. THESE PROGRAMS ARE ALSO USED BY OUR RESIDENTIAL CLIENTS. IN FY22, FCHS SERVED 62 FAMILIES IN ITS HOME VISITING PROGRAMS, 15 COMMUNITY-BASED FAMILIES IN PARENTING CLASSES, AND 22 FAMILIES IN OUTPATIENT THERAPY.
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Form 990 (CRITTENTON	HOME	AND	SERVICES
Part IV	Checklist of R	equired Scheo	dules			

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		77	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
L	Part VI	<u>11a</u>		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a		20a		x
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
132003	3 12-09-21	Form	330 ((2021)

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Form 990 (2	2021)		CRITTENTON	AND	SERVICES
Part IV	Checklist of F	Required Scheo	lules (continued)		

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X 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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
ام	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	050		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<u>25a</u>		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes." <i>complete</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		- 23
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"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	Х	
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, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X 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
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
ı al				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 20		Yes	No
		1		
b c	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
C		1c		
13200/	(gambling) winnings to prize winners?		990	<u> </u> (2021)
102002		1 0111		(

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5 2021.05080 FLORENCE CRITTENTON HOME 117948_1

021)		CRITTENTON			
Statements	s Regarding Othe	er IRS Filings and	d Tax Co	omplia	nce (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 8	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		Х	
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instructions.			X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	30		
a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
2	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor			X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
)	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		
	to file Form 8282?	7c		X
l.	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7e		x
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
3	If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
,	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
1	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
)	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
,	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_		
	Section 501(c)(12) organizations. Enter:			
I	Gross income from members or shareholders	_		
)	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	_		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	10.		
1	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the			
,	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	-		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

Form 990 (2021)

Part V

Form 990	(2021)
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FLORENCE CRITTENTON HOME AND SERVICES

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 9			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х

Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	X Own website X Another's website X Upon request Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial
	statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records
	CARRIE KREPPS, EXECUTIVE DIRECTOR - 406-442-6950

7

CARRI	IE KREPI	PS, EXE	CUTIVE 1	DIREC	TOR –	406-442-695
3404	COONEY	DRIVE,	HELENA	, МТ	59602	2

organization's mailing address? If "Yes," provide the names and addresses on Schedule O

2021.05080 FLORENCE CRITTENTON HOME 117948_1

Form 990 (2021)

Form 990 (2	2021) FLORENCE CRITTENTON HOME AND SERVICES 81-0231788 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	Page 7									
Employees, and Independent Contractors											
	Check if Schedule O contains a response or note to any line in this Part VII										
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's	tax year.									

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average	(C Posit (do not check m) than (200	(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	box, unless person officer and a direct			s both	ı an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) CARRIE KREPPS	40.00	=	=	5	¥.	포핑	Fc			
EXECUTIVE DIRECTOR	1.00	1		x				75,000.	0.	6,816.
(2) SARAH CORBALLY	1.00									
PRESIDENT	0.10	х		x				0.	0.	0.
(3) RON WATERMAN	1.00									
VICE PRESIDENT	0.10	Х		Х				0.	0.	0.
(4) JIM CARNEY	1.00									
TREASURER	0.10	Х		Х				0.	0.	0.
(5) LISA NELSON	1.00									
SECRETARY	0.10	Х		X				0.	0.	0.
(6) AMY DEITCHLER	1.00	1								
DIRECTOR	0.00	х						0.	0.	0.
(7) DANIELLE WADDELL	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(8) COLLETTE HANSON	1.00								0	0
DIRECTOR (9) JAMIE WOOD MCCULLOUGH	0.00	Х						0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
(10) CREEANA RYGG	1.00							0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
	0.00	- 23								Ŭ.
		\vdash								
		-								
		-								
		<u> </u>								
		-								
132007 12-09-21										Form 990 (2021)

132007 12-09-21

Form 990 (2021)

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2021.05080 FLORENCE CRITTENTON HOME 117948_1

Form		CRITTEN	ITC	N	HO	ME	A	ND	SERVICES	81-02	<u>231'</u>	788	Pa	age 8
Par	VII Section A. Officers, Directors, Trust	ees, Key Emp	ploy	ees,	and	l Hig	ghes	t Co	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	age Position (do not check more box, unless person			ition nore son is	than c s both	an	(D) Reportable compensation from	(E) Reportable compensatio from related	e Esti on amo		(F) timated nount of other	
		(list any hours for related organizations below line)	In dividual trustee or director	In stitutional trustee	Officer	Key employee	Highest com pensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr orga and	pensa om the anizati d relate anizatio	e ion ed
с	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							75,000. 0. 75,000.		0.0.0.		6,81 6,81	0.
	Total number of individuals (including but no compensation from the organization) wh	o re	ceived more than \$100,	000 of reportable	!		N a a	0
3	Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for su</i>	uch individual								•		3	Yes	No X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,	" со	mple	ete S	Sche	edule	J fo	or such individual	-		4		X
Soci	rendered to the organization? <i>If "Yes." com</i> ion B. Independent Contractors											5		Х
1	Complete this table for your five highest cor the organization. Report compensation for t										ensat	ion fro	m	
	(A) Name and business			DNE					(B) Description of s		С	(C omper		n
2	Total number of independent contractors (ir		ot lin	nited	l to t	thos 0		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organiz					U	,						000	

Form **990** (2021)

132008 12-09-21

ar	t V	/111	Statement of Re	ven	ue						
			Check if Schedule O	conta	ains a respor	ise o	r note to any lin	e in this Part VIII			
								(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue exclude
								Total revenue	function revenue	business revenue	from tax under
											sections 512 - 5
s	1	а	Federated campaigns		1a		3,814.				
and Other Similar Amounts		b	Membership dues		1b						
Ĕ		с	Fundraising events		1c		24,654.				
R A			Related organizations			1,1	130,377.				
Шĭ			Government grants (contr				875,000.				
5			All other contributions, gifts,								
ner			similar amounts not included	-		1,0	643,095.				
5			Noncash contributions included in				281,202.				
anc		-	Total. Add lines 1a-1f					4,676,940.			
							Business Code	• •			
	2	а	AGENCY CONTRA	СТ	S		624100	927,172.	927,172.		
			OTHER SERVICE			-	624100	298,728.	298,728.		
anu			PATIENT SERVI			Ţ	624100	125,682.	125,682.		
ver		d				_	021200	110,0010			
ч		e e				-					
Kevenue			All other program service	r01/01	2110	-					
			Total. Add lines 2a-2f					1,351,582.			
+	3		Investment income (includ					1,551,502.			
	3							18.			18
	4		other similar amounts)					10.			
	4							4,367.			4,36
	5		Royalties	·····	(i) Real		(ii) Personal	4,307.			±,50
	~	_	0	•	0 0 -		(ii) Fersonal				
	6			6a		0.					
			Less: rental expenses	6b							
			Rental income or (loss)	6c	0,35	5.		8,353.			0.257
			Net rental income or (loss)	(1) Coordination			0,353.			8,353
	7		Gross amount from sales of	_	(i) Securitie		(ii) Other				
			assets other than inventory	7a	8	9.					
			Less: cost or other basis			<u> </u>					
				7b		0.					
			()	7c		9.					
			Net gain or (loss)				····· 🕨	89.			89
	8		Gross income from fundraisi								
					54. of						
			contributions reported on		,						
			Part IV, line 18			8a	35,769.				
			Less: direct expenses			8b	23,399.				
			Net income or (loss) from		-	s.	►	12,370.			12,37
	9	а	Gross income from gamin	g ac	tivities. See						
			Part IV, line 19			9a	6,370.				
		b	Less: direct expenses			9b	4,468.				
		С	Net income or (loss) from	gami	ing activities		►	1,902.			1,90
	10	а	Gross sales of inventory, I	ess r	returns						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
		с	Net income or (loss) from	sales	of inventory	/					
T							Business Code				
a	11	а	STARS INCENTI	VE			624100	29,122.	29,122.		
nue			MT STATE FUND		IVIDENI	5	900099	9,159.			9,15
eve			MISCELLANEOUS			-	900099	3,487.			3,48
Kevenue			All other revenue			-					
			Total. Add lines 11a-11d					41,768.			
-	12	-	Total revenue. See instruction	 				6,097,389.	1,380,704.	0.	39,74
							🚩	, ,	,,		Form 990 (20

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Form 990 (2021)

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FLORENCE CRITTENTON HOME AND SERVICES 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). Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 44,692. 30,391. 2,681. 11,620. trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,619,749. 1,101,429. 421,135. 97,185. Other salaries and wages 7 8 Pension plan accruals and contributions (include 14,538. 9,886. 3,780. 872. section 401(k) and 403(b) employer contributions) 112,915. 76,781. 29,358. 6,776. Other employee benefits 9 140,906. 95,816. 36,636. 8,454. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 37,018. 27,838. 4,590. 4,590. Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 171,704. 129,122. 21,291. 21,291. column (A), amount, list line 11g expenses on Sch 0.) 7,662. 5,762. 950. 950. Advertising and promotion 12 43,893. 33,435. 5,229. 5,229. 13 Office expenses 20,792. 18,992. 900. 900. Information technology 14 Royalties 15 117,771. 88,585. 14,593. 14,593. 16 Occupancy 9,120. 6,858. 1.131. 1,131. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 8,120. 6,106. 1,007. 1,007. 20 Interest Payments to affiliates 21 5,039. 40,639. 30,561. 5,039. Depreciation, depletion, and amortization 22 62,137. 46,727. 7,705. 7,705. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 117,040. 106,904. 5,068. 5,068. EQUIPMENT а **OPERATING EXPENSES** 72,302. 47,956. 12,173. 12,173. h 43,582. 4,764. 34,054. 4,764. EDUCATION EXPENSE С 26,010. 4,289. 34,588. 4,289. d MAINTENANCE 47,561. 2,548. 52,657. 2,548. e All other expenses 2,771,825. 1,970,774. 593,806. 207,245. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26

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132010 12-09-21

Form 990 (2021)

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

FLORENCE CRITTENTON HOME AND SERVICES

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		Check if Schedule O contains a response or note	e to anv l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			75,529.	1	40,391.
	2	Savings and temporary cash investments			152.	2	343,843.
	3	Pledges and grants receivable, net			237,990.	3	234,610.
	4	Accounts receivable, net			32,119.	4	7,300.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial cor	ntributor, or 35%			
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualifi					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				13,581.	9	6,771.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,150,221.			
	b	Less: accumulated depreciation	10b	4,150,221. 497,329.	58,190.	10c	3,652,892.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		187,915.	15	142,356.	
	16	Total assets. Add lines 1 through 15 (must equa			605,476.	16	4,428,163.
	17	Accounts payable and accrued expenses	185,482.	17	142,817.		
	18	Grants payable		-	18		
	19	Deferred revenue			0.	19	7,667.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ß	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa					
liqu		controlled entity or family member of any of these				22	
Ë	23	Secured mortgages and notes payable to unrelat		Γ		23	
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·	0.	24	509,623.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D			100,000.	25	119,949.
	26	Total liabilities. Add lines 17 through 25			285,482.	26	780,056.
		Organizations that follow FASB ASC 958, chec					
ses		and complete lines 27, 28, 32, and 33.					
anc	27				180,621.	27	2,495,240.
Bal	28	Net assets with donor restrictions	139,373.	28	1,152,867.		
pu		Organizations that do not follow FASB ASC 95	8, chec	k here 🕨 🗌			
Ľ		and complete lines 29 through 33.					
°,	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or equ				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			319,994.	32	3,648,107.
~	33	Total liabilities and net assets/fund balances			605,476.	33	4,428,163.

Form 990 (2021)

Form 990 (2021)
Part X Balance Sheet

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI X 1 Total revenue (must equal Part IX, column (A), line 12) 1 6,097,389. 2 Total expenses (must equal Part IX, column (A), line 25) 2 2,771,825. 3 3,325,564. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 319,994. 5 Net unrealized gains (losses) on investments 5 236. 6 Donated services and use of facilities 7 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 2,313. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 3,648,107. Part XII Financial Statements and Reporting Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 X Yes No	Form	990 (2021) FLORENCE CRITTENTON HOME AND SERVICES	81-02	231788	Pag	_{ge} 12
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	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the	organization
-------------	--------------

Employer identification number

			ENTON HOME AI				8	1-0231788				
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.						
The organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)							
1 🛄	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).						
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)											
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
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 X	An organization that norma	Ily receives a substar	ntial part of its support fi	om a gove	ernmental	unit or from the	general	public described in				
	section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)								
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a la	and-grant	college				
	or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of th	ne college	e or				
	university:											
10	An organization that norma											
	activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment				
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	nization a	after June 30, 1975.				
	See section 509(a)(2). (Co	mplete Part III.)										
11	An organization organized a	-	•	•								
12	An organization organized a	-	-	-			-					
	more publicly supported or	-						Check the box on				
	lines 12a through 12d that						-					
a	Type I. A supporting orga		-	•	-							
	the supported organization			majority o	of the direc	tors or trustees	s of the su	upporting				
	organization. You must o	-					· · · ·					
b 🗌	Type II. A supporting org	-						-				
	control or management o			ame perso	ns that co	ntrol or manage	e the supp	ported				
	organization(s). You mus	-					·					
с	Type III functionally inte					-	integrate	ea with,				
a [its supported organization		-				d organi	zation(a)				
d	Type III non-functionally that is not functionally int						-					
	that is not functionally int requirement (see instruct			•		-		Veness				
e	Check this box if the orga	•	•									
€	functionally integrated, or					rype i, rype ii,	rype in					
f Ente	er the number of supported of											
	vide the following information	-										
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of n	nonetary	(vi) Amount of other				
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see inst	tructions)	support (see instructions)				
Total												

Schedule A (Form 990) 2021 Part II Support Sch

FLORENCE CRITTENTON HOME AND SERVICES 81-0231788 Page 2

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 or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1077730.	558,775.	586,763.	774,712.	4676940.	7674920.	
2	Tax revenues levied for the organ-							
	ization'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 \dots							
4	Total. Add lines 1 through 3	1077730.	558,775.	586,763.	774,712.	4676940.	7674920.	
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)						726,204.	
	Public support. Subtract line 5 from line 4.						6948716.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
7	Amounts from line 4	1077730.	558,775.	586,763.	774,712.	4676940.	7674920.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources \dots	241.	135.	13.	13.	12,738.	13,140.	
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 VI.)							
11	Total support. Add lines 7 through 10						7688060.	
12	Gross receipts from related activities,						,663,209.	
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3)		
_	organization, check this box and stor							
Sec	ction C. Computation of Publi	c Support Per	centage					
	Public support percentage for 2021 (I		•			14	90.38 %	
	Public support percentage from 2020					15	73.81 %	
16a	33 1/3% support test - 2021. If the o	•			14 is 33 1/3% or m	ore, check this bo>		
	stop here. The organization qualifies		-					
b	33 1/3% support test - 2020. If the c				line 15 is 33 1/3%	or more, check thi	s box	
	and stop here. The organization qual							
17a	10% -facts-and-circumstances test							
	and if the organization meets the fact			-	-	VI how the organiz	ation	
	meets the facts-and-circumstances te	-		• • • •	-			
b	10% -facts-and-circumstances test	-					10% or	
	more, and if the organization meets th						L —	
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a			
						Schedule A	(Form 990) 2021	

Schedule A (Form 990) 2021	FLORENCE	CRITTENTON	HOME 7	AND	SERVICES	81-0231788	Page 3
Part III Support Schedule fo	r Organizatior	ns Described in S	Section 50	09(a)(2)		

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 per- formed, 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 bus-						
л	Tax revenues levied for the organ-						
-	ization'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 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10;	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ł	• Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on 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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organ	ization,
_	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	centage			<u> </u>	
15	Public support percentage for 2021 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
-	Public support percentage from 2020					16	%
	ction D. Computation of Inves					<u> </u>	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2021. If the						ine 17 is not
	more than 33 1/3%, check this box a						▶∟
ł	o 33 1/3% support tests - 2020. If the	-					
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organiza	tion ▶
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		▶∟
1320	23 01-04-22					Sched	ule A (Form 990) 2021
			16	1			

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2

3a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 FLORENCE CRITTENTON HOME AND SERVICES 81-0231788 Page 5 Part IV Supporting Organizations (continued) Ves No.

			162	NU
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			

<u>detail in Part VI.</u> Section B. Type I Supporting Organizations

			Yes
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported the organization of the organization had more than one supported to be activities.		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

Yes
Were a majority of the organization's directors or trustees during the tax year also a majority of the directors
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control
or management of the supporting organization was vested in the same persons that controlled or managed
the supported organization(s)

Section D	. All Type	e III Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

see instructions).
see

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	_
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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

11c

2

No

No

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Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021 FLORENCE CRITTENTON HOME	ANI	D SERVICES	81-0231788 Page 6				
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	inizations					
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must c	omplet	te Sections A through E.	·				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	collection of gross income or for management, conservation, or							
	maintenance of property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
a	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
C	Fair market value of other non-exempt-use assets	1c						
	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4						
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7						
8	Minimum Asset Amount (add line 7 to line 6)	8						
Sect	ion C - Distributable Amount			Current Year				
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1						
2	Enter 0.85 of line 1.	2						
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3						
_4	Enter greater of line 2 or line 3.	4						
5	Income tax imposed in prior year	5						
6	Distributable Amount. Subtract line 5 from line 4, unless subject to							
	emergency temporary reduction (see instructions).	6						
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting (organization (see				

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instructions).

		TENTON HOME AN			1-0231788 Page	7
Par		a)(s) Supporting Orga	anizations _{(contine}	ued)		
Secti	on D - Distributions			. 	Current Year	
_1	Amounts paid to supported organizations to accomplish exer			1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	3		
_4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive	Э			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	(D)	(11)	10	(
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
е	Excess from 2021					

Schedule A (Form 990) 2021

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Schedule A	(Form 990) 2021	FLORENCE	CRITTENTON	HOME AND	SERVICES	81-0231788 Page 8
Part VI	Supplemental Inf Part IV, Section A, line line 1; Part IV, Section	formation. Provide t as 1, 2, 3b, 3c, 4b, 4c, 5 D, lines 2 and 3; Part I and 8; and Part V, Section	/, Section E, lines 1c	, 2a, 2b, 3a, and 3t); Part V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V,
132028 01-04-2	2					Schedule A (Form 990) 2021
			01			,, -

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Nam	e of the organization FLORENCE CRITTENTON HOME AN	D SE	ERVICES		Employer identification number $81 - 0231788$
Par				ls or Ac	
	organization answered "Yes" on Form 990, Part IV, line 6.				
	(a) Dono	r advise	ed funds	(b) Funds and other accounts
1	Total number at end of year			· ·	•
2	Aggregate value of contributions to (during year)				
3	A garagete velue of grante from (during veer)				
4	Aggregate value of grants from (during year)				
5	Did the organization inform all donors and donor advisors in writing that the as	cote be	ld in donor ad	l visod fund	2
5	are the organization's property, subject to the organization's exclusive legal co				
6	Did the organization inform all grantees, donors, and donor advisors in writing				
U	for charitable purposes and not for the benefit of the donor or donor advisor, of				
	impermissible private benefit?				
Par					
1	Purpose(s) of conservation easements held by the organization (check all that			0, i aitiv,	
•	Propose(s) of conservation easements field by the organization (check an that		Brosonyation	of a histo	rically important land area
	Protection of natural habitat	' <u>–</u>	-		fied historic structure
	Preservation of open space			or a certin	
2		oontrib	ution in the for	m of a oor	accuration accompant on the last
2	Complete lines 2a through 2d if the organization held a qualified conservation day of the tax year.	CONTIND			Held at the End of the Tax Year
•					2a
	Total number of conservation easements Total acreage restricted by conservation easements				2b
b	Total acreage restricted by conservation easements				20 2c
	Number of conservation easements included in (c) acquired after 7/25/06, and				
d					2d
2	listed in the National Register				
3	Number of conservation easements modified, transferred, released, extinguish	iea, or t	erminated by t	ne organiz	cation during the tax
	year ▶	•			
4	Number of states where property subject to conservation easement is located		tion bondling		
5	Does the organization have a written policy regarding the periodic monitoring,	•			Yes No
6			d onforoing or		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violat	10115, ai		JISEI VALIO	rieasements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations,	and an	forcing concor	votion oor	emente during the year
'	Amount of expenses incurred in monitoring, inspecting, handling of violations, \$	anu en	norcing conser	valion eas	ements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requ	iromont	to of agotion 17	70/h\/4\/D\/	a
0					
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in	+0 r0/0r			
9	balance sheet, and include, if applicable, the text of the footnote to the organi				
		Zations	S III Ianciai State		it describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of Art, Historic	al Tre	asures, or	Other Si	milar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
10	If the organization elected, as permitted under FASB ASC 958, not to report in		onuo statomon	t and hala	nco shoot works
Id	of art, historical treasures, or other similar assets held for public exhibition, ed				
			·		
h	service, provide in Part XIII the text of the footnote to its financial statements t				aboat works of
b	If the organization elected, as permitted under FASB ASC 958, to report in its art, historical treasures, or other similar assets held for public exhibition, educ.				
		ation, o	riesearchiniu	intrierance	or public service,
	provide the following amounts relating to these items:				► ¢
	(i) Revenue included on Form 990, Part VIII, line 1				
~	(ii) Assets included in Form 990, Part X				► \$
2	If the organization received or held works of art, historical treasures, or other s			cial gain, p	provide
	the following amounts required to be reported under FASB ASC 958 relating t				
	Revenue included on Form 990, Part VIII, line 1				
	Assets included in Form 990, Part X				
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.				Schedule D (Form 990) 2021

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	dule D (Form 990) 2021 FLORENCI	E CRITTENTO ollections of Art				81-02 ailar Assets			age 2
3	Using the organization's acquisition, accession						Contin	iuea)	
3	collection items (check all that apply):	n, and other records	, check any of the f	ollowing that that	ke signine	ant use of its			
•	Public exhibition	d		hange program					
a b	Scholarly research	e		lange program					
	Preservation for future generations	e							
C A	C C	lleations and avalais	how thou further th	a arganization'a	avamat a	waaaa in Dart	VIII		
4	Provide a description of the organization's co During the year, did the organization solicit or						AIII.		
5	to be sold to raise funds rather than to be ma		,				Yes		No
Par	t IV Escrow and Custodial Arrang				an Earm				
. a.	reported an amount on Form 990, Par		te il the organizatio	IT AIISWEIEU TES	SUIFUII	990, Fait IV,	ii ie 9, 0i		
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for contributions	or other assets	not includ	ed			
	on Form 990, Part X?		-				Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
							Amoun	t	
с	Beginning balance				Г	1c			
d	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo						Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanation has been	provided on Part	XIII				
Par	t V Endowment Funds. Complete it	the organization ans	wered "Yes" on Fo	rm 990, Part IV, I	line 10.		_		
		(a) Current year	(b) Prior year	(c) Two years ba	ack (d) Th	nree years back	(e) Four	years	back
1a	Beginning of year balance	201,505.	201,505.	201,50	05.	2,162.			
b	Contributions					23,003.			
	Net investment earnings, gains, and losses	41,546.	17,487.	17,70	08.			2,	162.
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs	39,000.	11,078.	12,76	64.				
f	Administrative expenses	2,546.	6,409.	4,94	44.	23,003.			
g	End of year balance	201,505.	201,505.	201,50	05.	201,505.		2,	162.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment	.0000	%						
b	Permanent endowment 100	%	-						
с	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should								
3a	Are there endowment funds not in the posses	sion of the organizat	ion that are held ar	d administered f	or the org	anization			
	by:						[Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)	Х	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	d on Schedule R?				3b	Х	
4	Describe in Part XIII the intended uses of the	organization's endow							
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	I "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Pa	rt X, line 1	0.			
	Description of property	(a) Cost or ot	her (b) Cost	or other ((c) Accum	ulated	(d) Boo	k value	е
		basis (investm	ent) basis	(other)	deprecia	ition			
1a	Land								
	Buildings		3,78	6,274.	249	,644.	3,53	6 , 63	30.
	Leasehold improvements								
	Equipment			7,783.		,208.		2,5'	
e	Other			6,164.	92	<u>,477.</u>		3,68	
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part X	(, column (B), line 10	Dc.)		🕨	3,65	2,89	92.
						Schedule	D (Forn	n 990)	2021

Schedule D) (Form 990) 2021	FLORENCE CR	ITTENTON	HOME	AND	SERVICES	81-0231788	Page 3
Part VII	J	Other Securities.						
		ganization answered "Yes"						
		GOTY (including name of security)	(b) Book va	lue	(c)	Method of valuation: Co	st or end-of-year market v	alue
	held equity interests	s						
(3) Other								
(A)								
(B)								
(C)								
(D)								
<u>(E)</u> (F)								
(G)								
(H)								
	(h) must equal Form 99	0, Part X, col. (B) line 12.) 🕨						
Part VII	I Investments -	Program Related.	I					
		ganization answered "Yes"	on Form 990, Par	t IV, line 1	I1c. See	e Form 990, Part X, line 1	3.	
	(a) Description of		(b) Book va				st or end-of-year market v	alue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	(b) must equal Form 99	0, Part X, col. (B) line 13.) 🕨						
Part IX	J							
	Complete if the org	ganization answered "Yes"		t IV, line 1	1d. See	e Form 990, Part X, line 1		
		(a)	Description				(b) Book va	alue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Part X	umn (b) must equal Fe Other Liabilitie	orm 990, Part X, col. (B) line	e 15.)				🕨	
Tartx		ganization answered "Yes"		+ IV line 1	110 or 1	1f See Form 990 Part X	line 25	
4		Description of liability	0111 0111 990, 1 21	t iv, inte			(b) Book va	مايام
<u>1.</u> (1) For								
	deral income taxes	G LINE OF CRE	יידס				116	,531.
	ENT DEPOSIT							,418.
	SINI DELOGII	0						, =10•
(4)								
(5)								
(7)								
(8)								
(9)								
	umn (h) must squal E	orm 990. Part X. col. (B) line	25)				▶ 119	,949.
	., .	sitions. In Part XIII, provide	,					

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 FLORENCE CRITTENTON HOME	AND SERVICES	81-0231788 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stater	nents With Revenue pe	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	l2a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial State		ber Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) T XIII Supplemental Information.		5
r d	i Ani Supplemental information.		

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION
501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN
ACTIVITIES NOT DIRECTLY RELATED TO ITS TAX-EXEMPT PURPOSE IS SUBJECT TO
TAXATION AS UNRELATED BUSINESS INCOME. IN ADDITION, THE ORGANIZATION
QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION
170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A
PRIVATE FOUNDATION.

PENALTIES AND INTEREST ASSESSED BY INCOME TAXING AUTHORITIES ARE INCLUDED

IN MANAGEMENT AND GENERAL EXPENSES, IF APPLICABLE. THE ORGANIZATION HAS

NO INTEREST AND PENALTIES RELATED TO INCOME TAXES FOR THE YEARS ENDED JUNE
132054 10-28-21
Schedule D (Form 990) 2021

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Schedule D (Form 990) 2021	FLORENCE CRI	TTENTON HO	ME AND SERVI	ICES 81	-0231788 Page 5
Part XIII Supplemental Info	rmation (continued)				
30, 2022 AND 2021.	THE ORGANIZA	TION'S FED	ERAL AND STA	TE RETURN	S ARE
SUBJECT TO EXAMINAT	ION GENERALLY	FOR THREE	YEARS AFTER	THEY ARE	FILED.
				Sch	edule D (Form 990) 2021

132055 10-28-21

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	rities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on				or 19,	or if the	2021
	C	organization entered more than \$15 Attach to Form 990			,			Open to Public
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov/Form990 for instru				on.		Inspection
Name of the organization				~				entification number
Part I Fundrais		E CRITTENTON HOME 2 Complete if the organization answe				ina 1	81-0231	
	complete this part		rea "Y	es" or	1 Form 990, Part IV, I	ine i	7. Form 990-E2	Thers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations dicitations on have a written o red in Form 990, Pa dighest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (e	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	It is	exempt from re	gistration
LHA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Ζ.		Schedule	e G (Form 990) 2021

FLORENCE CRITTENTON HOME AND SERVICES

81-0231788 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 SUPPORT OUR GIRLS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
2		(event type)	(event type)	(total number)	
	1 Gross receipts	60,423.			60,423
:	2 Less: Contributions				24,654
	3 Gross income (line 1 minus line 2)	35,769.			35,769
	4 Cash prizes				
	5 Noncash prizes				80
	6 Rent/facility costs				3,032
.	7 Food and beverages				3,500
	8 Entertainment				3,855
1	9 Other direct expenses				3,855 12,932
1	10 Direct expense summary. Add lines 4 thro	ough 9 in column (d)		►	23,399
_	11 Net income summary. Subtract line 10 fro				12,370
٦r	rt III Gaming. Complete if the organization	ion answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
	• · · · · · · · · · · · · · · · · · · ·				
	\$15,000 on Form 990-EZ, line 6a.		1	Γ	1
T	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	
Г	\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	
				(c) Other gaming	
T	\$15,000 on Form 990-EZ, line 6a. 1 Gross revenue			(c) Other gaming	
				(c) Other gaming	
	1 Gross revenue			(c) Other gaming	
	1 Gross revenue 2 Cash prizes			(c) Other gaming	
	 Gross revenue			(c) Other gaming	
	 Gross revenue Cash prizes Noncash prizes 		bingo/progressive bingo		(d) Total gaming (add col. (a) through col. (d
	 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses 		bingo/progressive bingo	Yes%	
	 Gross revenue Cash prizes		bingo/progressive bingo		
	 Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses 		bingo/progressive bingo	☐ Yes% ☐ No	
	1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor		bingo/progressive bingo	☐ Yes% No	
	 Gross revenue Cash prizes Noncash prizes Rent/facility costs Gther direct expenses Other direct expenses Volunteer labor Direct expense summary. Add lines 2 thropson 2 thr		bingo/progressive bingo	Yes% No	
	 Gross revenue	<t< td=""><td>bingo/progressive bingo</td><td>Yes% No No</td><td>col. (a) through col. (a)</td></t<>	bingo/progressive bingo	Yes% No No	col. (a) through col. (a)
	 Gross revenue Cash prizes Noncash prizes Noncash prizes Rent/facility costs Other direct expenses Other direct expenses Volunteer labor Direct expense summary. Add lines 2 thropson 2 thropson	<t< td=""><td>bingo/progressive bingo</td><td>Yes% No No</td><td>col. (a) through col. (</td></t<>	bingo/progressive bingo	Yes% No No	col. (a) through col. (
	 Gross revenue	<t< td=""><td>bingo/progressive bingo</td><td>Yes% No No</td><td>col. (a) through col. (</td></t<>	bingo/progressive bingo	Yes% No No	col. (a) through col. (
	 Gross revenue		bingo/progressive bingo	Yes%	Col. (a) through col. (a) through col. (b)

132082 10-21-21

Schedule G (Form 990) 2021

Schedule G (Form 990) 2021	FLORENCE	CRITTENTON	HOME AND	SERVICES	81-0231788 Page 3
11 Does the organization condu	ct gaming activities wit	n nonmembers?			Yes No
12 Is the organization a grantor,	beneficiary or trustee of	of a trust, or a membe	r of a partnership o	or other entity formed	
to administer charitable gami					Yes No
13 Indicate the percentage of ga					
a The organization's facility					
b An outside facility					
14 Enter the name and address	of the person who prep	ares the organization	s gaming/special	events books and rec	oras:
Name 🕨					
Address 🕨					
15a Does the organization have a	a contract with a third pa	arty from whom the o	rganization receive	es gaming revenue?	Yes No
b If "Yes," enter the amount of	gaming revenue receive	ed by the organizatior	n 🕨 \$	and the a	mount
of gaming revenue retained b	by the third party \blacktriangleright \$.				
c If "Yes," enter name and add	lress of the third party:				
Nouse N					
Name 🕨					
Address 🕨					
16 Gaming manager information	1:				
Name					
Gaming manager compensat	tion 🕨 \$				
danning manager componed					
Description of services provid	ded 🕨				
Director/officer	Employee		endent contractor		
			endent contractor		
17 Mandatory distributions:					
a Is the organization required u	under state law to make	charitable distribution	ns from the gaming	g proceeds to	
retain the state gaming licens	se?				Yes No
b Enter the amount of distribut	•		d to other exempt	organizations or sper	nt in the
organization's own exempt a			ired by Part L line	2b. columns (iii) and	(v); and Part III, lines 9, 9b, 10b,
	b, as applicable. Also p				(v), and r art in, intes 5, 55, 165,
, , , ,	, , , , , , , , , , , , , , , , , , , ,	,			
132083 10-21-21		~ 4			Schedule G (Form 990) 2021
		34			

Schedule G	i (Form 990)		FLORENCE	CRITTENTON	HOME	AND	SERVICES	81-0231788	Page 4
Part IV	Supplem	ental Inforr	mation (continue	ed)					
								Schedule G (Fe	orm 990)

132084 11-18-21

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

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

Attach to Form 990.



Name of the organization

Employer identification number

D-		TTENTO	N HOME ANI	J SERVICES		81-0	777	188	
Pa	t I Types of Property		(1)		1				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) Method of de cash contribu		•	5
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	X		106,887.	FAIR	MARKET	VAI	JUE	
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	X	3	30,809.	FAIR	MARKET	VAI	LUE	
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	x	1	1,025,000.		MADUD	577 1		
16	Real estate - Commercial		¥	1,025,000.	FAIR	MAKKEI	VAI	106	
17	Real estate - Other								
18	Collectibles								
19 20	Food inventory								
20 21	Drugs and medical supplies								
21	Taxidermy Historical artifacts								
22	Historical artifacts Scientific specimens								
23 24	Archeological artifacts								
25	Other (AUCTION & RAF)	x	3	13,323.	FAIR	MARKET	VAT	JLE	
26	Other (FOOD)	X	2	-		MARKET			
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions	•				
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement				0	
								Yes	No
30a	During the year, did the organization receive by	, contributio	n any property rep	orted in Part I, lines 1 throug	h 28, tha	at it			
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't required to be us	sed for				
	exempt purposes for the entire holding period?	?					30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that re	quires the review o	of any nonstandard contribut	tions?		31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to solic	cit, process, or sell noncash					1
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	r for which column (a) is cheo	cked,				

describe in Part II.

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

Schedule M (Form 990) 2021

132141 11-17-21

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS IS REPORTED IN PART I, COLUMN B.

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



81-0231788

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

FLORENCE CRITTENTON HOME AND SERVICES

HOME VISITING, AND EARLY CHILDHOOD PROGRAMS.

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

FCFS IS PILOTING AN INNOVATIVE PROGRAM CALLED THE TRANSITIONAL LIVING

PROGRAM (TLP). THIS PROGRAM REPRESENTS THE NEXT STEPS FOR RESIDENTIAL

CLIENTS WHO HAVE GRADUATED FROM OUR RECOVERY HOME. PARTICIPANTS RECEIVE

TREATMENT AND COUNSELING AS THEY DEVELOP MORE INDEPENDENCE AND LIFE

SKILLS. THEY RECEIVE HELP WITH HOUSING AND GROCERY STIPENDS WHILE THEY

MAINTAIN JOBS, SCHOOLING OPPORTUNITIES, AND PARENTING RESPONSIBILITIES.

SEE MORE DETAILS ABOUT THE PROGRAM ON FORM 990, SCHEDULE O, PART III,

LINE 4D.

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

DUE TO THE NATIONAL PANDEMIC AND FOLLOWING STAFFING CRISIS ACROSS THE

NATION, FCFS WAS UNABLE TO PROVIDE ADEQUATE STAFFING FOR OUR YOUTH

MATERNITY PROGRAM. WE WERE FORCED TO CLOSE THE PROGRAM IN 2022. OUR

ANTICIPATED PROJECTION FOR REOPENING THIS PROGRAM, ONCE FULLY STAFFED,

IS FOR APRIL 2023.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DEVELOPMENT. THIS PROGRAM IS LICENSED THROUGH THE ADDICTIVE AND MENTAL

DISORDER DIVISION (AMDD) AS LEVEL 3.1 RECOVERY HOME FOR WOMEN AND

CHILDREN. WE SERVICED 6 FAMILIES IN THE RECOVERY HOME IN FY22. ALL

PARENTS IN THE PROGRAM EITHER MAINTAINED OR REGAINED CUSTODY OF THEIR

CHILDREN DUE TO THEIR INVOLVEMENT IN THIS PROGRAM.

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Name of the organization

FLORENCE CRITTENTON HOME AND SERVICES

Employer identification number 81 - 0231788

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

TRANSITIONAL LIVING PROGRAM: THIS PROGRAM PROVIDES ASSISTANCE TO

FAMILIES THAT ARE TRANSITIONING OUT OF FC'S RECOVERY HOME AND INTO THE

COMMUNITY. THESE CLIENTS RECEIVE CARE COORDINATION, CASE MANAGEMENT

SERVICES, GROCERY STIPENDS, HOUSING AND TRANSPORTATION ASSISTANCE, AND

PEER SUPPORT. THIS PROGRAM CAN SERVE 4 FAMILIES. IN FY22, FCFS SERVED 4

FAMILIES.

EXPENSES \$ 217,465. INCLUDING GRANTS OF \$ 0. REVENUE \$ 112,039.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED BY THE AUDIT COMMITTEE AND IS AVAILABLE FOR REVIEW BY THE BOARD.

FORM 990, PART VI, SECTION B, LINE 12C:

THE BOARD REVIEWS THE CONFLICT OF INTEREST POLICY ANNUALLY AND REQUIRES DIRECTORS AND OFFICERS TO SIGN THE POLICY ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE DIRECTOR'S COMPENSATION IS SET BY THE BOARD OF DIRECTORS.

COMPENSATION IS BASED ON EXPERIENCE, QUALIFICATIONS, SALARY STRUCTURE OF

THE ORGANIZATION AND THE CURRENT COMPARABILITY WITHIN THE STATE MARKET.

KEY EMPLOYEE COMPENSATION IS BASED ON MARKET COMPARABILITY CONDUCTED

ANNUALLY, AS WELL AS PERFORMANCE EVALUATION, AND ASSESSMENT OF ANY CHANGES

IN THE UPCOMING YEAR TO THEIR JOB DUTIES. THE EXECUTIVE DIRECTOR SETS THIS

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COMPENSATION, AND THE BOARD APPROVES IT THROUGH APPROVAL OF THE ANNUAL

BUDGET

132212 11-11-21

FORM 990, PART VI, SECTION C, LINE 19:	
FORMS AND DOCUMENTS ARE AVAILABLE UPON REQUEST FROM THE ORGANIZATI	ON AND
SOME ARE LISTED ON THE ORGANIZATION'S WEBSITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE	2,313.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.	
	e O (Form 990) 2021
40 90511 147695 117948 2021.05080 FLORENCE CRITTENTON F	IOME 11794

Schedule O (Form 990) 2021 Name of the organization

FLORENCE CRITTENTON HOME AND SERVICES

Employer identification number 81-0231788

FORM 990, PART VI, SECTION C, LINE 18:

FORM 990 IS ALSO AVAILABE ON GUIDESTAR.ORG.

SCHEDULE	R
(Farma 000)	

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

81-0231788

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Department of the Treasury Internal Revenue Service Name of the organization

FLORENCE CRITTENTON HOME AND SERVICES

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
FLORENCE CRITTENTON HOME AND SERVICES	SUPPORTING ORGANIZATION						
FOUNDATION INC - 81-0446971, 901 N HARRIS,	FOR FLORENCE CRITTENTON						
HELENA, MT 59601	HOME AND SERVICES	MONTANA	501(C)(3)	LINE 12A, I	N/A		х
	-						

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2021

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	······································	· j										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gener mana partr	al or F ging ier?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	1											
	-											
	-											
	-											
	-											
	4											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No
	1								
	1								

Schedule R (Form 990) 2021 FLORENCE CRITTENTON HOME AND SERVICES

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		Х
<u>s</u>	Other transfer of cash or property from related organization(s)	1s		X
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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
FLORENCE CRITTENTON HOME AND SERVICES			
(1) FOUNDATION INC	С	1,130,377.	FMV
FLORENCE CRITTENTON HOME AND SERVICES			
(2) FOUNDATION INC	K	75,000.	FMV
(3)			
(4)			
(5)			
<u>(6)</u>			

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	6	2)	(f)	(g)	(۲	n)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are	e all ers sec				• , opor-	Code V-UBI	Genera	al or P	ercentage
of entity	· ······	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partne 501(org	c)(3) is.?	total	end-of-year	Dispr tior allocat	nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partn	er?	ownership
		country)	sections 512-514)	Yes				Yes	No	(Form 1065)	Yes	NO	
	l												

Schedule R (Form 990) 2021

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

FLORENCE CRITTENTON HOME AND SERVICES FOUNDATION INC

PRIMARY ACTIVITY: SUPPORTING ORGANIZATION FOR FLORENCE CRITTENTON HOME AND

SERVICES OPERATIONS

Schedule R (Form 990) 2021

132165 11-17-21

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru		Taxpayer identification number (TIN)						
print	FLORENCE CRITTENTON HOME AN	81-0231788							
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions. 3404 COONEY DRIVE								
	return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. HELENA, MT 59602								
Enter th	e Return Code for the return that this application is for (file	e a separat	e application for each return)						
Application			Application		Return				
Is For			Is For			Code			
Form 990 or Form 990-EZ			Form 1041-A	08					
Form 4720 (individual)			Form 4720 (other than individual)			09			
Form 990-PF			Form 5227			10			
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069	11					
Form 990-T (trust other than above)			Form 8870	12					
Form 99	n 990-T (corporation) 07 CARRIE KREPPS, EXECUTIVE DIRECTOR								
 If the If this box 1 Ir th th 	equest an automatic 6-month extension of time until e organization named above. The extension is for the orga • calendar year or	Group Exe and atta MAX anization's , an	mption Number (GEN), I ch a list with the names and TINs of <u>X 15, 2023</u> , to file return for: d ending <u>JUN 30, 2022</u>	f this is fo all membe	r the whole gers the exter				
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	3a	\$	0.					
b If									
es	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, if required, by									
us	sing EFTPS (Electronic Federal Tax Payment System). See	3c	\$	0.					
Caution instructi	: If you are going to make an electronic funds withdrawal ons.	(direct det	bit) with this Form 8868, see Form 84	453-TE and	d Form 8879	-TE for payment			
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8	8868 (Rev. 1-2022)			

123841 01-12-22