


The White Family Foundation
Grant Request #783
Adoption Relations Services of Pinellas, Inc.
January 29, 2023

Date of grant proposal submission	Sunday, January 29, 2023
Are you an IRS compliant 501(c)3 public charity/nonprofit?	Yes
Legal name of organization	Adoption Relations Services of Pinellas, Inc
DBA Name if Applicable	Family Enrichment Services
Address	 3941 68th Ave. N. Pinellas Park, Florida 33781 United States
Website	https://www.familyenrichmentservices.org/
Telephone	(727) 657-7761
Fax	(727) 865-5178
Organization Director/Title	Natalie Cuddy Executive Director
Contact Person/Title	Natalie Cuddy Executive Director
Contact Person's Telephone	(727) 657-7761
Contact Person's Email	ncuddy@arsponline.org
Grant Request Amount	\$15,000.00

Please provide us with a brief description of your organization (no more than 500 words).

Founded in 2006 at a time when there was a gap in services available for children adopted out of foster care. Our agency has grown to include counseling, psychiatric services, post-adoption linkage and support, adoption support groups, and parenting classes. We serve all types of families: children living with their biological parents, children in foster care, children placed with relatives or non-relatives, children in prospective adoptive homes, children living with their adoptive parents, and families who have come to the attention of Child Protection Services.

We provide trauma informed, in-home services throughout Pinellas, Pasco, Hillsborough,

Manatee/Sarasota, Hernando and Polk Counties. We have contracts with most of the available Medicaid plans in the region so there is rarely an out of pocket expense to our families.

Grant Purpose (one paragraph) The rapid implementation of remote work, specifically telehealth options for clinical mental health services during and post-pandemic has left Family Enrichment Services struggling to hire and retain Clinicians. The private sector has the resources to hire Clinicians at a rate 3-4 times ours, with all services being rendered remotely. This grant would be used exclusively for retention bonuses of \$1,250 to 12 Clinicians working with abused and neglected children in their home environments.

Annual Organization Budget \$1,492,597.00



Family Enrichment Services
3941 68th Ave. N. ♦ Pinellas Park, FL 33781

Natalie Cuddy, CEO/Executive Director
Adoption Related Services of Pinellas dba Family Enrichment Services
3941 68th Avenue North
Pinellas Park, FL 33781
727-831-0483

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CASE STATEMENT

Family Enrichment Services (FES) focuses on enriching the lives of children, youth, and families. We provide in-home, family focused, and trauma informed counseling and related services to vulnerable youth and families throughout Pinellas County. The vast majority of clients we serve have experienced trauma including substance abuse, domestic violence, physical and sexual abuse, and removal from parents. Clients are referred to us by child welfare agencies, schools, Medicaid insurance companies, and other providers. All our services aim to stabilize children, strengthen family relationships, and reduce the amount of times foster children move placements. We believe the most important way to do this is keeping families together whether it's a foster family, birth family, or adoptive family. We know that trauma compounds with each additional move, each additional transition to another caregiver.

Our counselors have specialized skills that make them uniquely qualified to effectively serve children with significant trauma and attachment difficulties and their families. All of our counselors are trained in Adoption Competency and many have training in evidence-based treatment modalities like Child Parent Psychotherapy, Trauma Focused Behavioral Therapy, and Accelerated Resolution Therapy. Our counselors recognize that traditional talk therapy with a child is often not adequate to address their clinical needs and that the most important relationship in therapy is between the parent/caregiver and child. Our counselors provide psycho-education to parents and caregiver about trauma, the brain, and attachment. They facilitate playful interactions between children and parents to strengthen relationship and restore feelings of safety. Our counselors mainly see the children and families outside of school and work hours to ensure that the family can participate. Many of our counselors are seeing families for counseling sessions from 3pm to 9pm to meet everyone's needs. A few of our counselors work on the weekends.

We have a Performance Quality Improvement Committee that meets quarterly to review all our goals and outcomes we measure. The outcomes we measure to show success is that 80% of clients receiving at least 5 hours of services will report a decrease in the child's presenting problem behaviors and 80% of clients receiving at least 5 hours of services will report an increase in the child's usage of positive and healthy coping skills to manage distress. We also measure the ability to recruit and retain qualified and competent staff and it is our goal to maintain no more than 20% turnover and retain staff for an average of 2 years.

Most of our services are funded by Medicaid so there is no out of pocket expense to our families. Medicaid pays 1 hour of counseling for 26 weeks each year. Our agency only gets paid for the face to face or telehealth counseling sessions, but children dealing with trauma display defiance, self-injury, and other extreme behaviors that need more than just 1 counseling session every other week to achieve safety and stability. Our clinicians support the caregivers in many ways and we are always available to them by phone. Many caregivers call us when they are overwhelmed and feel like they cannot continue caring for the child or children in their home. Our clinicians answer those calls and provide crisis counseling and strategies because sometimes that is the only support families have to get through another day together. Having Medicaid funding is not enough to support this program any longer due to inflationary pressures and the private sectors ability to hire and retain counselors at a rate more than double what Medicaid reimburses. Telehealth services are not sufficient with the children we see and is not therapeutically appropriate with most of our clients. Our counselors still provide countywide in-

Keeping Families Together



Family Enrichment Services
3941 68th Ave. N. ♦ Pinellas Park, FL 33781

home services to meet the needs of our clients and families. If our clients cancel or no show, we do not get paid for this time. Larger private agencies that do private pay have been able to offer competitive salaries to counselors and the services are all done through telehealth (so no drive time, no fuel related expenses, and clients are scheduled one after another).

In the last 3 years, we have started to struggle to meet the needs of vulnerable children due to our inability to hire and retain counselors with the necessary subject matter expertise for salaries of half of what the private sector can pay. In the last 3 years we went from having 20 counselors serving Pinellas County to now having 8 counselors. In 2019 our revenue for the counseling program was \$598,000 and in 2022 the counseling program revenue was \$414,000. Families having to rely on Medicaid are not getting the therapeutic services they need since agencies that partner with Medicaid can not compete with private pay agencies that are hiring away counselors.

This grant would be used exclusively for retention bonuses of \$1,875 to 8 counselors working with abused and neglected children in their home environments. This would help our agency hire and retain clinical staff that can assist these high-need families with therapeutic interventions and strategies that result in a lower number of removals, less law enforcement interaction and safer, non-violent homes.

Keeping Families Together

Adoption Related Services of Pinellas, Inc.

05/24/23

Balance Sheet

Accrual Basis

As of April 30, 2023

	<u>Apr 30, 23</u>
ASSETS	
Current Assets	
Checking/Savings	
11000 · Bank of America	164,349.25
11055 · Petty Cash II	483.20
11100 · BOA Savings	329,102.17
11150 · Fidelity	100,000.00
11400 · Paypal-ARSP	-48.28
11420 · PayPal - FES	653.28
11500 · BOA-Grant	37,658.02
Total Checking/Savings	<u>632,197.64</u>
Accounts Receivable	
12000 · Accounts Receivable	39,062.44
12005 · Insurance Adjustment	-0.25
Total Accounts Receivable	<u>39,062.19</u>
Other Current Assets	
Other Current Asset	4,458.00
12500 · Unbilled AR	30,916.50
Total Other Current Assets	<u>35,374.50</u>
Total Current Assets	<u>706,634.33</u>
Fixed Assets	
Building	
Accumulated Depreciation	-47,799.35
Building - Other	249,346.00
Total Building	<u>201,546.65</u>
Total Fixed Assets	<u>201,546.65</u>
TOTAL ASSETS	<u>908,180.98</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
20000 · Accounts Payable	594.18
Total Accounts Payable	<u>594.18</u>
Other Current Liabilities	
Mortgage Loan ST	10,544.00
21600 · Accrued Expenses	10,474.00
24000 · Payroll Liabilities	
24100 · Gross Payroll	54,596.90
24101 · PTO Accrual	18,413.00
24200 · Federal Taxes 941/944 (SS/Med)	0.19
24400 · SUTA (State Unemployment)	-0.33
Total 24000 · Payroll Liabilities	<u>73,009.76</u>
Total Other Current Liabilities	<u>94,027.76</u>
Total Current Liabilities	<u>94,621.94</u>
Long Term Liabilities	
Mortgage Loan	61,604.60
Total Long Term Liabilities	<u>61,604.60</u>
Total Liabilities	<u>156,226.54</u>

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Adoption Related Services of Pinellas, Inc.

05/24/23

Balance Sheet

Accrual Basis

As of April 30, 2023

	<u>Apr 30, 23</u>
Equity	
3900 · Retained Earnings	607,157.26
Net Income	<u>144,797.18</u>
Total Equity	<u>751,954.44</u>
TOTAL LIABILITIES & EQUITY	<u><u>908,180.98</u></u>

Adoption Related Services of Pinellas, Inc.

05/24/23

Profit & Loss

Accrual Basis

January through April 2023

	<u>Jan - Apr 23</u>
Ordinary Income/Expense	
Income	
Rewards Program	28.80
40000 · Medicaid Service Fees	169,247.86
40005 · Other Service Income	7,853.50
40010 · Contributions	
40015 · Board Member	200.00
40010 · Contributions - Other	1,854.30
Total 40010 · Contributions	<u>2,054.30</u>
41000 · Contracts	
41010 · PALS	74,655.00
41020 · Chosen Families	27,930.82
41025 · LSF-CFP Diversion	266,245.52
41030 · USF - WIMR	64,080.36
Total 41000 · Contracts	<u>432,911.70</u>
44000 · Grants	
44050 · USF-OAYI Grant	4,653.75
44060 · City of Largo	25,000.00
Total 44000 · Grants	<u>29,653.75</u>
53100 · Interest Earned	36.96
Total Income	<u>641,786.87</u>
Gross Profit	641,786.87
Expense	
Contract labor	
Other Contract Labor	25,080.13
Professional Services	1,965.00
Total Contract labor	<u>27,045.13</u>
Dept Expense-Gift Cards	3,000.00
Fringe Benefits	2,000.00
Interest	1,189.85
Maintenance	
Lawn Service	400.00
Maintenance - Other	451.19
Total Maintenance	<u>851.19</u>
Marketing	324.00
Mortgage	3,640.91
Office Expenses	1,861.81
Postage	125.42
Professional Development	2,461.39
Professional Expenses	311.38
Professional Fees	
Bank Fee	124.77
Computer Services	526.50
eSignature	1,190.25
Interpreting	24.27
Total Professional Fees	<u>1,865.79</u>
Property Expenses	
Renovations	1,001.03
Total Property Expenses	<u>1,001.03</u>

Adoption Related Services of Pinellas, Inc.

Profit & Loss

January through April 2023

05/24/23

Accrual Basis

	Jan - Apr 23
Utilities	
Cell Phones	1,268.00
Electric	1,076.86
Fax	181.40
Internet	497.74
Water/Trash	301.36
Total Utilities	3,325.36
Void	0.00
60000 · HR Expenses	1,749.03
67000 · Payroll Expenses NEW	
67100 · Gross Payroll	
671.20 · Gross Payroll - Co (Counseling)	114,784.54
671.30 · Gross Payroll - CBHA	8,173.42
671.40 · Gross Payroll - PALS (ECA)	54,228.78
671.50 · Gross Payroll - PSY (Psych)	13,554.77
671.80 · Gross Payroll - CHOSEN FAM	25,004.31
671.90 · Gross Payroll-Diversion	129,508.70
671.95 · Gross Payroll - USF WIMR	38,761.96
Total 67100 · Gross Payroll	384,016.48
67200 · Federal Taxes 941/944 (SS/Med)	
672.20 · Federal Taxes - Co (Counseling)	8,781.08
672.30 · Federal Taxes - CBHA	625.37
672.40 · Federal Taxes - PALS (ECA)	4,148.65
672.50 · Federal Taxes - PSY (Psych)	1,037.08
672.80 · Federal Taxes - CHOSEN FAM	1,830.62
672.90 · Federal Taxes-Diversion	9,662.49
672.95 · Federal Taxes - USF WIMR	3,020.90
Total 67200 · Federal Taxes 941/944 (SS/Med)	29,106.19
67300 · FUTA (Federal Unemployment)	
673.20 · FUTA - Co (Counseling)	975.62
673.30 · FUTA - CBHA	92.45
673.40 · FUTA - PALS (ECA)	321.18
673.50 · FUTA - PSY (Psych)	73.51
673.80 · FUTA - CHOSEN FAM	128.66
673.90 · FUTA-Diversion	690.34
673.95 · FUTA - USF WIMR	283.17
Total 67300 · FUTA (Federal Unemployment)	2,564.93
67400 · SUTA (State Unemployment)	
674.20 · SUTA - Co (Counseling)	2,300.13
674.30 · SUTA - CBHA	209.61
674.40 · SUTA - PALS (ECA)	727.98
674.50 · SUTA - PSY (Psych)	299.82
674.80 · SUTA - CHOSEN FAM	291.58
674.90 · SUTA-Diverson	1,564.65
674.95 · SUTA - USF WIMR	642.04
Total 67400 · SUTA (State Unemployment)	6,035.81
67500 · Worker's Compensation	
675.20 · Worker's Comp - Co (Counseling)	1,780.95
675.30 · Worker's Comp - CBHA	141.38
675.40 · Worker's Comp - PALS (ECA)	986.74
675.50 · Worker's Comp - PSY (Psych)	69.61
675.80 · Worker's Comp - CHOSEN FAM	437.67
675.90 · Woker's Compensation-Diversion	2,373.57
675.95 · Worker's Compensation-USF WIMR	744.13
Total 67500 · Worker's Compensation	6,534.05

Adoption Related Services of Pinellas, Inc.

05/24/23

Profit & Loss

Accrual Basis

January through April 2023

	<u>Jan - Apr 23</u>
67600 · Payroll processing fees	
676.20 · Payroll Fees - Co (Counseling)	1,448.29
676.30 · Payroll Fees - CBHA	103.34
676.40 · Payroll Fees -PALS (ECA)	650.44
676.50 · Payroll Fees - PSY (Psych)	159.66
676.80 · Payroll Fees - CHOSEN FAM	297.09
676.90 · Payroll Fees-Diversion	1,540.76
676.95 · Payroll Fees - USF WIMR	496.00
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Total 67600 · Payroll processing fees	4,695.58
67700 · Health Ins-Employer Contributio	13,284.36
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Total 67000 · Payroll Expenses NEW	446,237.40
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Total Expense	496,989.69
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Net Ordinary Income	144,797.18
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Net Income	144,797.18
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November 10, 2022

CONFIDENTIAL

Adoption Related Services of
Pinellas Inc dba Family Enrichment
3941 68th Ave N
Pinellas Park, FL 33781

Dear Natalie Cuddy:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

1SOURCE PARTNERS

Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning _____, and ending _____

**ADOPTION RELATED SERVICES OF 56-2559756
PINELLAS INC DBA FAMILY ENRICHMENT**

Net Asset / Fund Balance at Beginning of Year		<u>371,600</u>
Revenue		
Contributions	<u>17,124</u>	
Program service revenue	<u>1,872,846</u>	
Investment income	<u>99</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>0</u>	
Total revenue		<u>1,890,069</u>
Expenses		
Program services	<u>1,619,257</u>	
Management and general	<u>158,778</u>	
Fundraising		
Total expenses		<u>1,778,035</u>
Excess / (deficit)		<u>112,034</u>
Changes		<u>-14,457</u>
Net Asset / Fund Balance at End of Year		<u><u>469,177</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>2,026,269</u>
Less:	
Unrealized gains	<u> </u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u>136,200</u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total revenue per return	<u><u>1,890,069</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>1,778,035</u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u> </u>
Plus:	
Investment expenses	<u> </u>
Other	<u> </u>
Total expenses per return	<u><u>1,778,035</u></u>

Balance Sheet			Differences
	Beginning	Ending	
Assets	<u>507,852</u>	<u>637,716</u>	
Liabilities	<u>136,252</u>	<u>168,539</u>	
Net assets	<u>371,600</u>	<u>469,177</u>	<u>97,577</u>

Miscellaneous Information

Amended return _____
Return / extended due date 11/15/22
Failure to file penalty _____

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning, 2021, and ending, 20

2021

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

**ADOPTION RELATED SERVICES OF
PINELLAS INC DBA FAMILY ENRICHMENT**

EIN or SSN

56-2559756

Name and title of officer or person subject to tax

**NATALIE CUDDY, LCSW
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,890,069
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	▶ <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	▶ <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	▶ <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **1SOURCE PARTNERS** to enter my PIN **12345** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ **11/02/23**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

PAUL DEGANCE

Date ▶

11/02/23

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2021)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning , **and ending** ,

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

C Name of organization **ADOPTION RELATED SERVICES OF PINELLAS INC DBA FAMILY ENRICHMENT**
 Doing business as **FAMILY ENRICHMENT SERVICES**
 Number and street (or P.O. box if mail is not delivered to street address) **3941 68TH AVE N** Room/suite
 City or town, state or province, country, and ZIP or foreign postal code **PINELLAS PARK FL 33781**

D Employer identification number **56-2559756**
E Telephone number **727-831-9009**
G Gross receipts \$ **1,890,069**

F Name and address of principal officer:
DANIELLE SCHWAR
SAME AS ABOVE

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

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

J Website: **FAMILYENRICHMENTSERVICES.ORG** **H(c)** Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **2006** **M** State of legal domicile: **FL**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ARSP HELPS TRAUMATIZED CHILDREN BECOME SUCCESSFULLY ADOPTED AND TO KEEP FAMILIES TOGETHER THROUGH COUNSELING AND OTHER SUPPORTIVE SERVICES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	51
	6 Total number of volunteers (estimate if necessary)	6	6
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	99
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	134,009	17,124
	9 Program service revenue (Part VIII, line 2g)	1,345,574	1,872,846
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	52	99
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	600	0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,480,235	1,890,069
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	21,100	8,725
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	945,643	1,485,892
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	300,003	283,418
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,266,746	1,778,035	
19 Revenue less expenses. Subtract line 18 from line 12	213,489	112,034	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 507,852	End of Year 637,716
	21 Total liabilities (Part X, line 26)	136,252	168,539
	22 Net assets or fund balances. Subtract line 21 from line 20	371,600	469,177

Part II Signature Block

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

Sign Here
 Signature of officer: **NATALIE CUDDY, LCSW** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only
 Print/Type preparer's name: **PAUL DEGANCE** Preparer's signature: **PAUL DEGANCE** Date: **11/10/22** Check if PTIN self-employed **P00443908**
 Firm's name: **1SOURCE PARTNERS** Firm's EIN: **81-1343524**
 Firm's address: **701 S HOWARD AVE STE 203 TAMPA, FL 33606** Phone no.: **813-254-7222**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

ARSP HELPS TRAUMATIZED CHILDREN BECOME SUCCESSFULLY ADOPTED AND TO KEEP FAMILIES TOGETHER THROUGH COUNSELING AND OTHER SUPPORTIVE SERVICES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the 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 revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **1,619,257** including grants of\$) (Revenue \$ **1,777,936**)
SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of\$) (Revenue \$)
N/A

4c (Code:) (Expenses \$ including grants of\$) (Revenue \$)
N/A

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of\$) (Revenue \$)

4e Total program service expenses ▶ **1,619,257**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
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		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		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		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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d 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 Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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		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		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		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		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		X
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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

Part IV Checklist of Required Schedules (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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	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 transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	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 "Yes," complete Schedule L, Part I</i>		X
25b			X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
26			X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, 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 "Yes," complete Schedule L, Part III</i>		X
27			X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a			X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b			X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
29			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
37			X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	
38		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1a			14
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (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 51		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	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>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	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	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	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? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

Section 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 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.	1a 9		
b Enter the number of voting members included on line 1a, above, who are independent	1b 8		
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	6		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	8b		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>

Section 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		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<input checked="" type="checkbox"/>	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12c	<input checked="" type="checkbox"/>	
13 Did the organization have a written whistleblower policy?	13	<input checked="" type="checkbox"/>	
14 Did the organization have a written document retention and destruction policy?	14	<input checked="" type="checkbox"/>	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	<input checked="" type="checkbox"/>	
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>
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		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 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.
 Own website
 Another's website
 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 **▶**

NATALIE CUDDY **3941 68TH AVE N** **FL 33781** **727-831-9009**
PINELLAS PARK

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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 Complete 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 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 hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NATALIE CUDDY, EXECUTIVE DIRECTOR	LCSW 40.00 0.00	X		X				79,784	0	0
(2) SALLY SMITH (RESIGNED 10/2021) SECRETARY/TREASURER	1.00 0.00	X		X				0	0	0
(3) TODD BROWN (RESIGNED 11/2021) BOARD MEMBER	1.00 0.00	X						0	0	0
(4) CHARIS CAMPBELL BOARD MEMBER	1.00 0.00	X						0	0	0
(5) COLEEN CHANEY BOARD MEMBER	1.00 0.00	X						0	0	0
(6) ELENA FOSTER BOARD MEMBER	1.00 0.00	X						0	0	0
(7) WONETHA HALL BOARD MEMBER	1.00 0.00	X						0	0	0
(8) CAROL MIDYETTE-BAGCHI BOARD MEMBER	1.00 0.00	X						0	0	0
(9) DANIELLE SCHWARZ PRESIDENT	1.00 0.00	X		X				0	0	0
(10)										
(11)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							79,784			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							79,784			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue
 Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	17,124				
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,730				
	h Total. Add lines 1a-1f		17,124				
Program Service Revenue	2a MEDICAID COUNSEL FEES	Business Code	900099	1,872,846	1,872,846		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		1,872,846				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		99		99		
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		6a					
		b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a					
		b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			1,890,069	1,872,846	99	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	8,725	8,725		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	79,843	72,657	7,186	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,275,367	1,160,584	114,783	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	7,098	6,836	262	
10 Payroll taxes	123,584	111,707	11,877	
11 Fees for services (nonemployees):				
a Management				
b Legal	2,500	2,000	500	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	130,504	126,322	4,182	
12 Advertising and promotion	7,390	6,681	709	
13 Office expenses	7,315	5,296	2,019	
14 Information technology				
15 Royalties				
16 Occupancy	9,397	8,551	846	
17 Travel	394	394		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	4,470		4,470	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,091	5,482	609	
23 Insurance	97,920	89,658	8,262	
24 Other expenses. Itemize expenses not covered 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 O.)				
a PAYROLL FEES	15,221	13,851	1,370	
b MAINTENANCE	1,369		1,369	
c POSTAGE	513	513		
d BANK CHARGES	334		334	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,778,035	1,619,257	158,778	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet
 Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	165,295	1	167,205
	2 Savings and temporary cash investments	120,103	2	194,527
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	8,207	4	39,062
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	23,579	9	35,375
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 249,346		
	b Less: accumulated depreciation	10b 47,799	190,668	10c 201,547
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		507,852	16	637,716
Liabilities	17 Accounts payable and accrued expenses	15,096	17	12,837
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	92,684	24	82,692
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	28,472	25	73,010
	26 Total liabilities. Add lines 17 through 25	136,252	26	168,539
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds	371,600	31	469,177
32 Total net assets or fund balances	371,600	32	469,177	
33 Total liabilities and net assets/fund balances	507,852	33	637,716	

Part XI Reconciliation of Net Assets
 Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,890,069
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,778,035
3	Revenue less expenses. Subtract line 2 from line 1	3	112,034
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	371,600
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-14,460
9	Other changes in net assets or fund balances (explain on Schedule O)	9	3
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	469,177

Part XII Financial Statements and Reporting
 Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

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 ADOPTION RELATED SERVICES OF PINELLAS INC DBA FAMILY ENRICHMENT	Employer identification number 56-2559756
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (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 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990) 2021

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

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

Section A. Public Support

Calendar 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.")	11,475	10,623	30,246	134,009	17,124	203,477
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	11,475	10,623	30,246	134,009	17,124	203,477
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						203,477

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	11,475	10,623	30,246	134,009	17,124	203,477
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	21	17	14	52	99	203
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						203,680
12 Gross receipts from related activities, etc. (see instructions)					12	1,872,846

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	99.90 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	99.90 %

16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 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.)

Section A. Public Support

Calendar 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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
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 "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported 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.</i>		
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? <i>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.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 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)? <i>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).</i>		
1		

Section D. All Type 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
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? <i>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.</i>		Yes	No
2a			
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? <i>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.</i>			
2b			
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? <i>If "Yes" or "No," provide details in Part VI.</i>			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 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 complete Sections A through E.

Section 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	
Section 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	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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	
Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
e	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: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	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:			
a	Excess from 2017			
b	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

ADOPTION RELATED SERVICES OF PINELLAS INC DBA FAMILY ENRICHMENT

56-2559756

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

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

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (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 similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		249,346	47,799	201,547
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				201,547

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL LIABILITIES	73,010
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	73,010

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the 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.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,026,269
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	136,200	
e	Add lines 2a through 2d		2e	136,200
3	Subtract line 2e from line 1		3	1,890,069
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,890,069

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,778,035
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,778,035
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,778,035

Part XIII 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 XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

PPP LOAN FORGIVENESS IN 2020 \$ 136,200

Part XIII Supplemental Information *(continued)*

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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

OMB No. 1545-0047

2021

Open to Public Inspection

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

Name of the organization: ADOPTION RELATED SERVICES OF PINELLAS INC DBA FAMILY ENRICHMENT Employer identification number: 56-2559756

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] No [] Yes

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-9 are empty.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 ADOPTIVE FAMILY SUPPORT	39	4,995	3,730	FMV	CLOTHING, ETC.
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
ONGOING COMMUNICATION WITH DONEE FAMILIES.

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**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.

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization ADOPTION RELATED SERVICES OF PINELLAS INC DBA FAMILY ENRICHMENT	Employer identification number 56-2559756
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FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

ARSP HELPS TRAUMATIZED CHILDREN BECOME SUCCESSFULLY ADOPTED AND TO KEEP FAMILIES TOGETHER THROUGH COUNSELING AND OTHER SUPPORTIVE SERVICES. THE SIGNIFICANT EMOTIONAL AND BEHAVIORAL CHALLENGES OF TRAUMATIZED CHILDREN CAN ESCALATE TO CRISIS LEVEL WITHOUT THE PROPER SERVICES AND SUPPORT. ADOPTIVE FAMILIES IN CRISIS NEED IMMEDIATE ACCESS TO QUALIFIED THERAPEUTIC SERVICES FOR STABILIZATION. WITHOUT OUR SERVICES, MANY OF THESE CHILDREN ARE AT RISK FOR REMAINING IN OR RETURNING TO FOSTER CARE. WE HAVE SPECIALIZED SKILLS THAT MAKE US UNIQUE IN THE COMMUNITY TO EFFECTIVELY SERVE ADOPTIVE FAMILIES, ESPECIALLY THOSE WHO HAVE CHILDREN WITH ATTACHMENT ISSUES. WE ARE CONSTANTLY STRIVING TO IMPROVE NOT ONLY THE QUALITY OF OUR SERVICES BUT ALSO TO FILL UNMET SERVICE NEEDS. OUR PRIMARY GOAL IS TO KEEP FAMILIES TOGETHER! OUR PRIMARY BENEFICIARIES ARE CHILDREN AND FAMILIES WHO ARE CURRENTLY INVOLVED, HAVE BEEN INVOLVED OR ARE AT RISK OF BEING INVOLVED IN THE CHILD WELFARE SYSTEM.

NUMBER OF CLIENTS SERVED:

- * COUNSELING - 511,
- * CHOSEN FAMILIES - 39,
- * CONNECTING FAMILY PATHS - 419,
- * COMPREHENSIVE BEHAVIORAL HEALTH ASSESSMENT - 86,
- * POST ADOPTION LINKAGE & SUPPORT - 1058
- * PSYCHIATRIC - 215

FORM 990, PART VI, LINE 8B - DOCUMENTATION BY COMMITTEE EXPLANATION

ADOPTION RELATED SERVICES OF PINELLAS DOES NOT HAVE A COMMITTEE TO DOCUMENT

Name of the organization ADOPTION RELATED SERVICES OF	Employer identification number 56-2559756
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THE MEETINGS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
ALL BOARD MEMBERS RECEIVE A COPY OF THE 990 FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE BOARD REVIEWS AND SIGNS THE CONFLICT OF INTEREST POLICY ANNUALLY AND AS
REQUIRED. IF A BOARD MEMBER HAS A CONFLICT, SHE/HE ABSTAINS FROM ANY
DISCUSSION OR VOTE ON THE MATTER.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE BOARD REVIEWS AND APPROVES COMPENSATION FOR THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THE BOARD REVIEWS AND APPROVES COMPENSATION FOR OFFICER AND KEY EMPLOYEES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
ARSP PROVIDES GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND
FINANCIAL STATEMENTS UPON REQUEST AND ON ITS WEBSITE.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION
ROUNDING \$ 3

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ 99	1				
TOTAL	<u>\$ 99</u>					

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Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
CONTRACTED COUNSELING SERVICE	\$ 118,892	\$ 118,892	\$	\$
PROFESSIONAL EXPENSES	11,612	7,430	4,182	
TOTAL	\$ 130,504	\$ 126,322	\$ 4,182	\$ 0



Federal Statements

56-2559756

Schedule A, Part II, Line 9(e)

Description	Amount
LESS: DEDUCTIONS	\$ 99
TOTAL	\$ -1,000
	\$ -901

Schedule A, Part II, Line 12 - Current year

Description	Amount
MEDICAID COUNSEL FEES	\$ 1,872,846
TOTAL	\$ 1,872,846



Executive Staff Members

Natalie Cuddy, LCSW: CEO/Executive Director

Natalie Cuddy, LCSW holds a Master's Degree of Social Work from the University of South Florida in Tampa, Florida, and has been working in the mental health field since 1996. She has been a Licensed Clinical Social Worker since 2006. In her early professional years, Natalie worked as a child welfare Case Manager and Supervisor for the Department of Children and Families. Later, Natalie's professional focus changed when she became a trauma-informed clinician and began working with children and adults who had been sexually and physically abused. Natalie has worked in management capacities since 2002, and has been a valued and integral member of our management team since June of 2011. In addition, Natalie is a Qualified Supervisor and has been providing supervision for budding therapists (Registered Clinical Social Worker Interns) since 2007. Due to Natalie's history working in multiple capacities, both within the child welfare system and in clinical settings, she has the skills, knowledge, and exceptional ability to work well with local community based care agencies, to ensure the provision of outstanding services and promote the best outcomes for the children and families with whom we work.

Natalie became the Executive Director in February 2017. Since that time, she has continued supervising registered clinical social work interns and Master level student interns to support and teach them. She also has “supervised” the counseling program at times. Since being ED we got contracts for Chosen Families (Manatee County) and Connecting Family Paths (Diversion Program). Received several smaller grants to help with IT, provide parenting groups, training money, and COA support. We got our COA Accreditation in 2021.

Karin Neville, LMHC: CFP Program Director

Karin Neville is a Licensed Mental Health Counselor who has been working intensively with children and families in the child welfare system since 1992. She has provided clinical supervision to student and registered interns for Mental Health Licensure for 25 years, working to ensure that our community has the capacity to effectively meet the needs of all children and families. She has expertise in Adoptions, Infant Mental Health and Solution-Oriented Therapy. The focus of treatment is on using existing strengths to build and maintain strong and healthy families.

EDUCATION

University of South Florida, Tampa, FL (Jan. 2001–Dec. 2003)

Master of Social Work

Saint Francis College, Loretto, PA (1991–1995)

Bachelor of Science Degree, Counseling/ Education for the Disabled.

PROFESSIONAL EXPERIENCE

Executive Director/CEO–Adoption Related Services of Pinellas DBA–Family Enrichment Services, Pinellas Park, Florida (February 2017– present)

Responsible for managing the day-to-day operations of the agency. These operations include policy and form development, overseeing the agency's finances, human resources, obtaining and maintaining Medicaid and community contracts, accreditation, networking with community providers, and marketing. Also responsible for providing supervision to all supervisors, maintaining contact with the Board of Directors, and assisting with all programs within the agency.

Counseling Director–Adoption Related Services of Pinellas DBA–Family Enrichment Services, Pinellas Park, Florida (June 2011– February 2017)

Responsible for overseeing direct services provided by contract clinicians that provide therapeutic services to children and their families. These children and families are involved in the child welfare system, foster care system, post adoption, or they are transitional youth. Responsible for processing, assigning, and tracking all counseling referrals. Also responsible for reviewing all documentation to ensure it meets Medicaid standards and completed in a timely manner. This position is also responsible for providing clinical supervision to Registered Clinical Social Workers.

Trauma Services Team Lead–Suncoast Center, Inc., Clearwater, Florida (Feb. 2010– June 2011)

Responsible for overseeing direct services provided by program staff that provides therapy to children, families, and adults that have been victims of sexually abuse. Also responsible for supervising the Sexual Assault Victim Examination Program that provides the exams to individuals 13 and older that has been victims of sexual assault. This position supervises all of the therapists in the Trauma Services program including the Rape Crisis Advocate, the SAVE coordinator, ARNP's, and medical assistants.

Child Abuse Recovery Services and SAVE Team Lead– Suncoast Center, Inc DBA– Help A Child, Pinellas Park, Florida (April 2009–Feb. 2010)

Responsible for overseeing direct services provided by program staff to families with children and family members that have been victims of sexual abuse or other violent crimes by non-caretakers. Also responsible for overseeing direct services provided by program staff to individuals 13 and older that are victims of sexual assault. This position supervises CARS program therapists, CARS program interns, SAVE Coordinator, SAVE practitioner's assistants, and SAVE ARNP's. The management of CARS/SAVE includes working with other community members to identify and provide services to child and adult sexual assault victims. Also responsible for advocating for CARS/SAVE clients involved in the programs.

Child Abuse Recovery Services and SAVE Interim Program Manager– Help A Child, Inc., Pinellas Park, Florida (Oct. 2008–April 2009)

Responsible for overseeing direct services provided by program staff to families with children and family members that have been victims of sexual abuse or other violent crimes by non-caretakers. This position supervises CARS program therapists, CARS program interns, SAVE Coordinator, SAVE practitioner's assistants, and SAVE ARNP's. The management of CARS/SAVE includes working with other community members to identify and provide services to child and adult sexual assault victims. Also responsible for advocating for CARS/SAVE clients involved in the programs.

Safe Start Therapist– Help A Child, Inc., Pinellas Park, Florida (Nov. 2006–April 2009)

Responsible to provide appropriate clinical intervention and assessment services to families with children ages 0–6 years old who have been exposed to violence. Provide therapeutic services to children and families utilizing evidenced-based practices including Parent–Child Interaction Therapy and Trauma Focused Cognitive Behavioral Therapy. Provide crisis intervention, clinical assessment, treatment planning and intervention services to young children and their family members.

Comprehensive Behavioral Health Assessor– Gift of Life, Pinellas Park, Florida (Dec. 2005–Feb. 2007)

Responsible for providing children that were removed from their parent an in-depth and detailed assessment of the child's emotional, social, behavioral and developmental functioning within the home, school, and community and make recommendations for services. The assessment provides assistance in placement and in the development of the dependency case plan. The assessor is responsible for interviewing the child, observing the child at a school or community setting, interviewing their current caregivers, interviewing the parents, gathering background information, performing ASQ's and other assessment tools, and making recommendations. The assessment must be completed within 30 days once assigned to the assessor.

TBOS Counselor– Gift of Life, Pinellas Park, Florida (July 2005–June 2006)

Responsible for providing direct clinical services to the client, including all relevant caregivers and providers as indicated in their treatment plan. Coordinate with other providers to ensure provision of effective and appropriate services. Provide initial and ongoing assessment of the needs of the client and family, as well as progress made towards these goals by completing the following: In-depth Assessment; Biopsychosocial Assessment; Initial Treatment Plan; Treatment Plan Reviews. Also provide documentation, collaboration and/or direct participation in: school/social services, court and clinical proceedings as needed.

Child Abuse Recovery Services Case Counselor – Help A Child, Inc., Pinellas Park, Florida (Jan. 2002–Jan. 2007)

Responsible for providing services to children and their families that were sexually and physically abused by a non-caretaker. Provide case management, crisis intervention, assessments, support groups, and psychotherapy to the victims, secondary victims and their families, which could

occur in home or the office. Work with whoever has custody of the children, which includes biological parents, relatives, non-relatives, and foster parents. Work closely with the caregivers by educating them on sexual abuse and helping them with parenting skills. Also acted as an advocate for Help A Child, Inc., the program and clients, and encourage advocacy for the improvement of services. Coordinate intern activities and provide clinical supervision to Bachelor and Master level interns.

CERTIFICATION

Licensed Clinical Social Worker, October 2006–State of Florida– License # SW 8436

Instructor of the Parenting the Love and Logic Way®

Adoption Competent Certification

Karin Epe Neville, LMHC

Adoption Related Services of Pinellas and Family Enrichment Services

Program Director • January 2010 to Date

Connecting Family Paths (CFP) Diversion Services • June 2020 to Date

Comprehensive Behavioral Health Assessment (CBHA) • 2011 to July 2020

Post Adoption Linkage and Support (PALS) • 2016 to November 2019

Targeted Case Management (TCM) • 2016 to 2018

Counseling • 2010 to 2011

- Clinical Director for newly created Diversion program dedicated to safely maintaining children in their homes with their families whenever possible. Responsible for all aspects of the clinical component of the CFP program including recruiting, training and supervision of clinicians as well as participation in staffings and completion of all, monitoring and reporting to stakeholders.
- Responsible for all aspects of the PALS program including recruiting, certification, training and supervision of clinicians as well as participation in Critical Case Staffing and completion of all, monitoring and reporting to stakeholders.
- Participate in agency quality assurance program.
- Complete specialized assessments, as needed, for complicated cases.
- Responsible for training and supervisor of Masters Level and Registered Licensure Interns.
- Present on issues of adoptions, foster care and parenting to clinicians, parents and community groups.
- Responsible for all aspects of the Comprehensive Behavioral Assessment Program from referral through completion of high quality reports delivered under strict time frames.

Suncoast Center

Healthy Families Therapist • November 2019 to June 2020

- Counsel parents and children referred through the Healthy Families program on a full spectrum of concerns.

Private Practice • 1993 to 2010

- Completion of Child Custody Evaluations through the courts 2008-2009.
- Provide therapy on a full range of mental health issues to individuals including emotionally disturbed children, individuals, couples and families on a variety of concerns.
- Provide Solution Focused therapy to individuals and families referred and funded by the Department of Children and Families, Alcohol, Drug Abuse and Mental Health Services (DC&F, ADM) on issues of family preservation and independent living.
- Present Parent Child Psychotherapy techniques, Maternal Mental Health and Solution Oriented techniques at conferences.
- Facilitated "Kid Talk" group for Pinellas Village 1994-1998.
- Contractual counseling to individuals in nursing homes on issues of aging 1994.

SequelCare of Florida • February 2002 to February 2010

Senior Counselor • 2008 to 2010

- Responsible for all aspects of the Intern Program including program development, recruiting, training and supervision of Masters Level interns.
- Participate in agency quality assurance program.
- Continue Responsibilities of CBHA Program Manager

Comprehensive Behavioral Health Assessment Program Manager • 2008 to 2010

Karin Epe Neville, LMHC

- Responsible for all aspects of the Comprehensive Behavioral Assessment Program from referral through completion of high quality reports delivered under strict time frames.
- Provided guidance and training to six program staff on assessment process including assessment of young children using DC0-3R.

Comprehensive Behavioral Health Assessor • 2004 to 2010

- Preparation of Comprehensive Behavioral Health Assessment (CBHA) including document review, classroom, community and home observations, interview of client, family and collateral contacts, developmental screening and completion of report.
- Specialization in assessment of young children using DC0-3R.

Therapeutic Behavioral On-Site Services Therapist • Part time • 2002 to 2006

- Contractual counseling to emotionally disturbed children and their families.

Directions for Mental Health, Inc.

Maternal Mental Health Pilot Project Therapist • 2006

Contract Home Based Therapist • September 1999 to 2003

Homeless Services Supervisor • Part time • August 1998 to July 1999

- Supervise staff in the provision of therapeutic services to the Homeless population
- Preparation of reports and grants to HUD, the Juvenile Welfare Board (JWB) and the Department of Children and Families (DC&F)

Outpatient Team Leader • Part time • September 1997 to August 1998

- Provide training and supervision in Solution Focused therapy to staff.
- Counsel emotionally disturbed children and their families through the Outpatient program on a full spectrum of child related and marital concerns.

Suncoast Center for Community Mental Health

Children's Outpatient Coordinator • July 1994 to September 1997

- Provide training and supervision in Solution Focused therapy to staff, externs and interns.
- Counsel emotionally disturbed children, families and foster families through the Children's outpatient program on a full spectrum of concerns.
- Present Solution Focused techniques at locations including Pinellas County School and Florida Summit.
- Developed Solution Focused Journey to Miracle Land game.
- Participate in preparation of reports and grants to the Juvenile Welfare Board (JWB) and the Department of Children and Families (DC&F).

Home Based Intensive Services Therapist • September 1993 to July 1994

- Provide intensive therapeutic on-site services to families where the child is at risk of placement in residential treatment.
- Offer recommendations to the Family Services Planning Team and Case Review Committee.

Delinquency Services Overlay • March 1993 to September 1993

- Provided Mental Health Counseling Services to individuals in delinquency commitment programs.
- Participate in staffing and activities through programs including Pinellas Marine Institute and Britt House.

Enhanced Reunification Program • February 1992 to March 1993

- Work in cooperation with DC&F to facilitate the return of children to their families after their removal from the home by the department.
- Prepare reports and offer recommendations to the courts, the Child Protection Team and DC&F.

Alternative Human Services, Youth and Family Connection

Karin Epe Neville, LMHC

Family Counselor II • November 1989 to February 1992

- Provide individual and family counseling to at risk youth through home and school based programs.
- Facilitated adolescent and parent groups both in office and in Middle Schools.
- Established school based counseling program in the Juvenile Detention Center.
- Maintain client case records and complete tracking reports for funding agencies.

Circuit Court of Cook County, Social Service Department

Social Caseworker • September 1986 to November 1989

- Provide intensive counseling to high risk DUI offenders as part of the specialized DUI Unit from August 1988 through November 1989.
- Provide long term therapy on issues of sexual abuse, domestic violence, substance abuse, marital and family relations to offenders referred by the court.
- Facilitate referral to appropriate community based agencies.
- Provide documentation and consultation to the courts.

Elk Grove Village Police Department

Community Service Intern • April 1986 to September 1986

- Provide short-term outpatient counseling to individuals and families on issues of domestic violence, substance abuse, marital conflicts, parent-child conflicts and divorce adjustment.

Northshore Association for the Retarded

Residential Assistant • January 1985 to January 1986

- Train and supervise developmentally disabled adults in activities of daily living.
- Develop, implement, document and monitor individual habilitation plan and goal attainment.
- Advocate with city, county, state and federal agencies.

Illinois Air National Guard, O'Hare Air Reserve Forces Facility

Electronic Team Chief • October 1980 to January 1990

- Supervise teams in installation and maintenance of electronic equipment.
- Monitor proficiency training and Team Chief Qualification training.
- Established Electronics Branch, Standard Installation Practices Training Program.

Parental Stress Services Crisis Hotline Counselor • Volunteer

American Red Cross Community Education Instructor • Volunteer

Education

Master of Arts Northeastern Illinois University - 1986

Community and Family Counseling

Bachelor of Arts-University of Illinois at Chicago - 1984

Major in Psychology

National College of Education - 1978 thru 1980

Major in Special Education

Specialized Advanced Training

Karin Epe Neville, LMHC

Adoption Competency Training 2010, trainer since 2016
Infant Mental Health 2003-2005 and Supervisor 2014-2016
Child Parent Psychotherapy
Solution Focused Psychotherapy 1993-1997

Board Member List and Profiles

Last Name	First Name	Expertise	Affiliation	Joined
Schwar	Danielle	OT Contract/Manatee	Infant Mental Health through OT. Worked with children and families in Foster Care	3/2018
Midyette-Bagchi	Carol	Finance/Strategy	Aetna, Appalachian State University (BS degree), and London Business School (MBA)	9/2013
Hall	Wonetha	Marketing/Development	Neighborly Care Network, Development and Marketing	9/2019
Campbell	Charis	Attorney	St. Petersburg Bar Association, GAL, Attorney	9/2019
Johnson	Dustin	Finance/HR	Foster Care/Prospective Adoptive Parent, Works in an international HR and Financial Firm	10/2022
Gress	Mela	Victim Advocate	State Attorney Sixth Judicial Court	9/2022
Allen	Madison	Development and Event Coordinator	Boys & Girls Clubs of Suncoast (Fundraising)	9/2022
Church	Samantha	Former Executive Director/Non-profit Consulting	MSW and former Executive Director	10/2022

Danielle Schwar: Board President

Danielle has been an occupational therapist providing therapy to children and families in the home, daycare, clinic and school-based settings over the past 15 years. She has worked with families throughout Hillsborough, Pinellas, Manatee and Sarasota counties. Danielle has had frequent exposure to the foster and adoption systems, working directly with foster and adoptive parents to address concerns for the functional participation of the child in daily activities. Danielle earned an occupational therapy doctorate degree from Chatham University, and her MS and BS degrees from Ithaca College. Danielle has been a Board Member of Family Enrichment Services since March 2018.

Wonetha Hall: Board Vice President

Wonetha Hall is the Marketing Manager for Neighborly Care Network, Meals on Wheels and other senior services provider for Pinellas County. Ms. Hall has an extensive career in marketing and communications with over 15 years experience in a public relations and marketing strategy. Ms. Hall graduated from Wayne State University in Michigan as a Helen Thomas/ Journalism for Minorities Scholar. She started her career as a radio news reporter for WDET-FM (a local National Public Radio Affiliate) and Editor of Wayne State University's independent newspaper, The South End. Wonetha became a newspaper reporter for The South Bend Tribune, where she won an award for her coverage of the Benton Harbor riots, and was editor and writer for various other papers: Detroit News, Orlando Sentinel, New York Times and Tampa Tribune. Prior to Ms. Hall's role at Neighborly Care Network, she worked as Public Relations/Digital Media Manager and Community Relations Manager for The Salvation Army in Tampa Bay area.

Carol Midyette-Bagchi: Board Secretary

Carol has worked in the insurance industry for almost 20 years, including roles in finance, consulting and strategy at Prudential, and Deloitte Consulting, and is currently with Aetna. She earned her Master of Business Administration from the London Business School, UK, and is also a Certified Public Accountant. As an adopted child herself, she has a keen interest in the unique needs of adoptive children. Carol has been a Board Member of Family Enrichment Services since 2013.

Charis Campbell: Board Treasurer

Charis A. Campbell was born and raised in New Providence, Bahamas. In 2002, she moved to South Florida with her family to pursue an education that ultimately led to her career in the legal profession. Charis obtained her Bachelor of Arts from the University of Florida, where she graduated Summa Cum Laude, with a major in Criminology and a minor in African Studies. Charis obtained her Juris Doctor Degree from Stetson University College of Law. While at Stetson, she served as a Teacher's Assistant for Research and Writing and a Research Assistant for the American Caribbean Law Initiative. She also worked at a full-service real estate firm gaining experience in foreclosure and title curative work assisting with the representation of major lending institutions throughout the United States. She was the recipient of the Dean Richard Dillon Excellence in Real Property Award for having shown commitment and interest in the field of real property law. Post-graduation, Charis served as an attorney at Gulfcoast Legal Services, Inc., non-profit legal aid. She gained invaluable experience serving indigent clients of Pinellas County providing legal services in the area of foreclosure defense. She assisted numerous clients with loan modifications throughout Tampa Bay. She diligently strived and succeeded in helping to keep her clients in their homes, safe and secure. Soon after, Charis became one of the founders and managing partners of Legally Modern Law Group. While at LML, she discovered her love and appreciation for family law and dependency. She primarily handled most of the Pinellas and Hillsborough county family law and dependency cases. Her goal as an attorney has always been to spend the necessary time understanding her client's needs and facilitating a plan to diligently pursue them under the law. As an active volunteer of the Guardian ad Litem Program, she understands the unique dynamics of every family and the circumstances that can affect the dynamic of the same. In 2015, Charis founded Golden Key Law Group, PLLC. Her practice focuses on family law, real estate and property law, criminal defense, social security, and estate planning. Charis is currently the President-Elect of the Pinellas Latin Bar Association, Chair of the Diversity and Inclusion Committee for the Clearwater Bar Association and active Past President of the Fred G. Minnis, Sr. Bar Association. She is also on the Family Law Rules Committee for the Florida Bar and a board member of the Mt. Zion Human Services Organization. Lastly, Charis is an active member of The Canakaris Inn of Court, an association comprising of lawyers, judges and other legal professionals who share a passion for professional excellence in family law.

Dustin Johnson

Dustin has been a CFO providing financial services in the healthcare, tech, non profit, and public sector for over 10 years. Dustin has had exposure to the foster care and adoption system through his husband and him adopting their 6 amazing kiddos out of the Hillsborough foster care system. Dustin earned his BS in accounting from St. Cloud State University.

Mela Gress

Mela has been a victim advocate working with and advocating for families in Pinellas County since 2020. Beginning her victim advocacy work at a domestic violence shelter, Mela encountered many families who were involved in the child dependency system due to the domestic violence they witnessed and/or experienced. Currently, as a victim advocate with the Office of the State Attorney, Mela continues to focus on helping families move from "surviving to thriving" through trauma informed practices and connection to community resources. Mela currently holds a B.A. in Psychology and Criminology with some graduate level coursework in Child and Adolescent Behavioral Health. She has also conducted research with Dr. Rote in the Parent and Adolescent Relationships (PAR) Lab at USFSP. Additionally, Mela has published research in the Journal of Child and Family Studies. She has an avid interest in working with families, child development, and mental health. Mela has been a Board Member of Family Enrichment Services since September 2022.

Madison Allen

Madison went to college at Florida State University and currently works as the Event Coordinator at the Boys and Girls Clubs of the Suncoast. Madison has a demonstrated history of working in the hospitality industry, corporate world, and with non-profit organizations.

Samantha Church

Samantha "Sam" Church is a community-oriented leader who believes in the dignity and worth of all people. She's a systems thinker and innovator. Sam is the owner of SDC Strategies, a consulting business aimed at helping social impact organizations build capacity to fulfill their missions. Sam spent thirteen years in various leadership roles at nonprofit organizations including leading three nonprofits as their Executive Director. Sam received her Master's in Social Work and Graduate Certificate in Nonprofit Management from the University of Hawai'i at Mānoa. She is an alumni of the East-West Center Graduate Degree Fellowship and Weinberg Fellows programs. She developed her passion for community service during her time as a Peace Corps Volunteer in the Philippines. She currently lives in the Tampa Bay Area and when she's not running after her toddler or working, she's reading, biking, or at the beach.

POLICY TYPE: *GOVERNANCE PROCESS (GP-3)***POLICY TITLE: *BOARD JOB DESCRIPTION***

It is the job of the board, as an informed agent, to ensure appropriate organization performance and to communicate about that performance to clients, staff members, and funders.

Accordingly, the board has direct responsibility to:

1. Create the link between the clients (current, past, and potential) and the operations of the organization.
2. Write and continue the development of governing policies, which address the broadest levels of all organization decisions and situations. These policies will be addressed through:
 - a. Ends: Which answer the questions: What good? For which recipients? At what cost? Organization products, services, effects, benefits, and outcomes are considered with regard to relative value & cost.
 - b. Executive Limitations: Which constrain executive authority and establish the prudent and ethical boundaries within which all executive activity and decisions must take place.
 - c. Governance Process: Specifies how the board conceives, carries out, and monitors its own tasks.
 - d. Board-Director linkage: Establishes how power is delegated and its proper use monitored; defining the Executive Director's role, clarifying board and Executive Director's authority, and establishing for what the Executive Director's is held accountable.
3. Monitor Executive Director's performance.
 - a. Board members are responsible for thorough and timely completion of reviewing reports and the Executive Director's evaluation.
 - b. Board members are responsible to contribute to the discussion of monitoring reports.
4. Upon determining that a new Executive Director is required, the Board will establish an Executive Director selection committee.
 - a. The committee will be made up of current board members as well as people from the staff and/or the external community.
 - b. Issues of diversity will be considered in the make-up of the committee.
5. Recruit potential members for considerations to the Board.
6. Consider financial implications of ideas, propositions, and new projects.
7. Board Giving and Volunteering
 - a. Make a personal contribution. Board members will monetarily give annually at a level that is meaningful to them. Board members will document volunteer hours both at meetings, outside of meetings, and at events.
 - b. Share networks and open doors. Board members will help identify new friends for the organization.

- c. Be a good advocate. Board members will talk about the organization with anyone who is interested, sharing your passion.
- d. Invite others to contribute. Board members will ask people to make a contribution through an appeal letter, to the annual fund, or to a specific event or program.
- e. Say thank you. Board members will make calls and send thank you letters to top donors and staff members upon request of the Executive Director.
- f. Actively participate at all meetings. Board members will attend as many Board meetings as possible. Board members will prepare in advance to contribute to the discussion. Board members will lend your expertise to executive staff.

POLICY TYPE: *GOVERNANCE PROCESS (GP-10)***POLICY TITLE: *COST OF GOVERNANCE***

Because poor governance costs more than learning to govern well, the Board will invest in its governance capacity.

Accordingly,

1. Board skills, methods, and supports will be sufficient to assure governing with excellence.
 - a. Training and retraining will be used liberally to orient new members and candidates for membership, as well as to maintain and increase existing Board member skills and understandings.
 - b. Outside monitoring assistance will be arranged so that the Board can exercise confident control over organizational performance. This includes but is not limited to fiscal audit.
 - c. Outreach mechanisms will be used as needed to ensure the Board's ability to listen to stakeholder viewpoints and values.
2. A balance will be struck between cost control and prudent expenditures.
 - a. The Annual Governance Budget will include consideration of funds for training, attendance at conferences and workshops, and, other third-party monitoring of organizational performance, surveys, focus groups, opinion analyses, and meeting cost.
 - b. If organizational financial constraints prevent prudent expenditures, alternative strategies for ensuring continued governance training will be developed by the Board.
3. The Board will participate in the cost of the governance process through fundraising activities.
 - a. Additional fundraising efforts may be implemented under the direction of the Board of Directors.
 - b. Board members are encouraged to make appropriate personal contributions that may include, but not be limited to, cash donations, donations in kind, auction items, and fund raising support.



Rebuild.

Sustain.

Grow.



FAMILY ENRICHMENT SERVICES

ANNUAL IMPACT REPORT 2021

ADDRESS: 3941 68TH AVE N, PINELLAS PARK, FL 33781

NUMBER: (727) 657-7761

WWW.FAMILYENRICHMENTSERVICES.ORG

A project of Adoption Related Services of Pinellas,
a 501 (c)(3) not for profit organization

WHY WE SERVE



Charis Campbell, FES Board Member

As a family law attorney, I am proud to provide restorative justice to advocate for the protection of children. Prioritizing children's safety is crucial to our community's future success.

I am honored to serve as a Family Enrichment Services (FES) board member whose therapists are on the frontlines, providing trauma-informed and intensive therapy to foster children and adoptive families and promoting restorative justice throughout Tampa Bay.

It has been a humbling experience working with the leadership of FES who give the highest quality of support to post-adoptive families, children living with their biological families, children in foster care, children placed with relatives and non-relatives; foster caregivers, and children in prospective adoptive homes.

I look forward to working alongside FES to become a more vigorous advocate for children's welfare in the Sunshine State, providing measures to prevent children from being involved in the legal system and reducing exposure to adverse childhood experiences to improve families' lives.

Sincerely,

CHARIS CAMPBELL
Esquire/Golden Key Law Group

Charis A. Campbell obtained her Juris Doctor Degree from Stetson University College of Law. She was the recipient of the Dean Richard Dillon Excellence in Real Property Award for having shown commitment and interest in the field of real property law. Post-graduation, Charis served as an attorney at Gulfcoast Legal Services, Inc., non-profit legal aid. She gained invaluable experience serving indigent clients of Pinellas County providing legal services in the area of foreclosure defense, and has assisted with dozens of loan modifications throughout Tampa Bay. She diligently strived to keep her clients in their homes, safe and secure. Soon after, Charis became one of the founders and Managing Partners of Legally Modern Law Group. While at LML, she discovered her appreciation for family law and dependency cases as she handled many of those cases in Pinellas and Hillsborough County. In 2015, she founded Golden Key Law Group, PLLC. Her practice focuses primarily on Family Law, a field she is intensely passionate about.

BOARD OF DIRECTORS

President

Danielle Schwar

Therapist, Occupational
Therapist/Foster
Parent

Secretary /Treasurer

Dr. Sally Smith

Pediatrician

Carol Midyette Bagchi

Finance/Strategy,
Aetna Insurance

Charis Campbell

Family Attorney,
Golden Key Law

Group, PLLC, St. Pete
Bar Association

Colen Chaney

Commissioner for
the Town of Belleair,
Largo Police Department

Elena Foster

Youth Advocate

Wonetha Hall

Communication and
Marketing Strategist,
Early Learning Coalition
of Pinellas County

REBUILDING STRONG FOR THE FUTURE

2021 was a rebuilding year for our agency.

COVID-19 added a layer of anxiety and uncertainty to all families; however, for those struggling, this created an even more immediate need for our services, and we delivered. Family Enrichment Services (FES) grew and discovered new partnerships and innovative techniques to better serve the most vulnerable in our community.

As we sought ways to divert youth from the juvenile justice system, a new partnership developed with Lutheran Services Florida called Connecting Family Paths.

The Connecting Family Paths program supports families who have come to the attention of Child Protection Services through case management, safety monitoring, parenting education by Lutheran Family Services, and counseling and psychiatric services provided by Family Enrichment Services.

The additional funding through this collaboration allowed us to continue to grow our reserves to steward an organization that is sustainable for future generations and resilient in the face of future disruptions.

Even though we faced another uncertain year, our clinicians and agency found the strength they needed to provide more viable services for the future.



Natalie Cuddy, FES Executive Director

We continued to assist families through telehealth platforms, adding consent forms, discovering innovative billing services, and finding new ways to complete all our needed paperwork from clients.

Our workforce has also grown more robust, helping us to reimagine new ways to support one another.

Biweekly zoom meetings that we started last year for our clinicians to offer reflective supervision and support remained strong for 2021.

Our clinicians have been able to discuss how to provide services and utilize the best resources for families and children, and updates on their well-being.

We are thankful for the community who trusted that we would ethically, professionally, and safely find a way to navigate the impacts of COVID-19 while at the same time remaining focused on their needs of support, connection, and counseling.

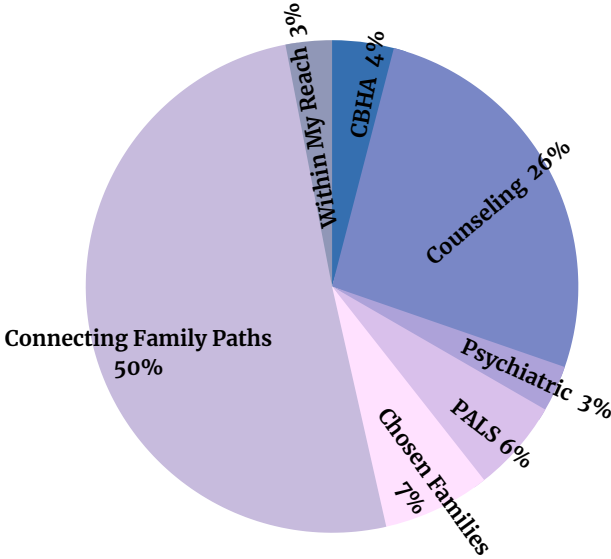
Mission: To enrich the lives of children, youth, and families.

Vision: We believe that all people deserve meaningful relationships.

Impact Report

REVENUE AND OUTCOME

Total Revenue 2021: \$1,871,613



AUDITOR'S REPORT

FES revenue increased throughout 2021. As a result, we were able to provide high-quality services and programs to our community while ensuring our administrative costs remain low.



2,328

Families who received services from FES in 2021.

48

employees: 10 contractors, 24 full time staff, and 14 part time staff

85%

Percentage of our funds that provided vital services and programs.



COUNSELING PROGRAM

Family Enrichment Services provides in-home counseling for children and families in Pinellas, Pasco, Polk, Hillsborough, Hernando, and Manatee Counties. We specialize in adoption-competent, family-centered counseling. Our counselors focus on issues of infant mental health, attachment disorder, trauma informed care, adoption issues, adolescence, and independent living.

404 counseling referrals in 2021

237 new cases received throughout 2021

274 of open referrals that were child welfare cases

WHAT COUNSELING PROGRAM OFFERS:

- Family counseling
- Individual counseling
- Couples counseling
- Educational groups for parents

”My clinician was very helpful and used different interventions with my kids, willing to do what they needed to heal.”



CHOSEN FAMILIES PROGRAM

Chosen Families is a program serving post-adopt families in Manatee County, in partnership with Parenting Matters. This is a relatively new program/partnership that began in 2018. Parenting Matters provides parenting education and FES provides counseling for post-adopt families in Manatee County. This program is funded by Manatee County but is also supported with Medicaid funding. In 2019, the program grew, and by December our counselors were serving 33 families.

23

families that received counseling services through the Chosen Families program in 2021, with assistance of two counselors

16

new cases received throughout 2021

"I truly felt like I finally had someone on my team, not against me. I had bad experiences in the past, and your agency and my CF clinician made me feel cared for and helped me with so many words I can't explain!"



COMPREHENSIVE BEHAVIORAL HEALTH ASSESSMENTS

Comprehensive Behavioral Health Assessments (CBHA) are thorough assessments completed by a licensed assessor after a child has been removed from the home.

A CHBA is meant to integrate historical information, testing, opinions, and observations to make recommendations for permanency planning and services. They are frequently the best source of information about a child's biological family and the current state of the child's life at the time of removal. We provide assessments to Pinellas, Pasco and Hillsborough counties.

86

comprehensive behavioral health assessments completed in 2021.

"So thankful for the support and understanding that accompanies both the child and parent through adoption and the trauma it involves."



CONNECTING FAMILY PATHS (DIVERSION PROGRAM)

Connecting Family Paths (CFP) is a diversion program that supports families who have come to the attention of Child Protection Services. The goal of the program is to maintain children safely in their homes with their families. Issues related to domestic violence, substance abuse, mental health and basic needs are addressed through this program. Case management, safety monitoring and parenting education are provided by Lutheran Family Services. Counseling services are provided by Family Enrichment Services.

419

families assisted with counseling services in our Diversion program

WHAT WE OFFER:

CFP services are provided for three to six months. Families are monitored in their homes a minimum of twice weekly to ensure the continued safety of the children. There is no cost to the families. Medicaid reimbursement is sought when available.



POST ADOPTION LINKAGE AND SUPPORT (PALS)

Our Post Adoption Linkage and Support (PALS) program is a contract through Eckerd Community Alternatives to serve adoptive families in Pinellas and Pasco counties. The PALS program provides a full spectrum of support services to post adoptive families. PALS links families to services, completion of post-adoption phone calls near their one-year anniversary date, assists with post-adoptive benefits, provides crisis management, and supports groups to post-adoptive families.

1,058

amount of cases
Post Adoption
Specialists provided
services for in 2021

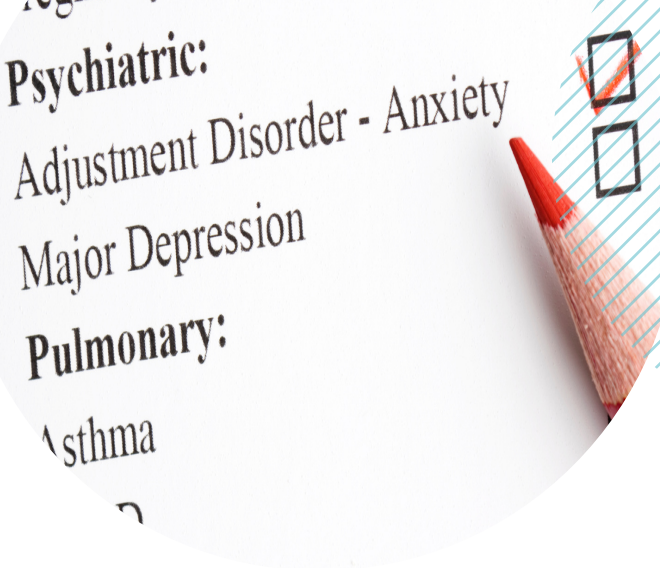
They supported 338 families by doing the following

- 116 Crisis Support/Baker Act
- 82 Counseling needs
- 38 Medicaid issues
- 39 CPI referrals
- 26 CSST packets
- 139 Other needs

Assisted with 494 subsidy requests
417 Cost of living adjustments base subsidy increases
77 Enhanced subsidies
Completed 514 1 year anniversary check-ins
Reviewed 780 CPI reports

"Your agency is family centered, respectful, honest, and family and child's needs are important to you all."

"Powerful experience and dedication to the client - especially in crisis!"



PSYCHIATRIC MEDICATION MANAGEMENT PROGRAM

Psychiatric services include evaluations to assess potential mental health diagnoses and evaluate the need for medication to help emotional or behavioral difficulties. Our psychiatric services are provided by a Psychiatric Advanced Registered Nurse Practitioner (ARNP). If medication is needed, clients are monitored regularly.

149

average active client load in 2021

125

approximate number of referrals received in 2021

66

new psychiatric cases received in 2021

WHAT WE OFFER:

Services are available Thursdays and Fridays for clients. Our psychiatric coordinator/ administrative assistant who schedules appointments and coordinates with APRN, pharmacies, and insurance to ensure all necessary paperwork is completed in a timely manner.



GIVE A GIFT OF LOVE TO HELP A CHILD GROW

Keeping families together is our mission.

Your gift of any size will be transformative to the families struggling through crisis, behavioral challenges or change. Every child deserves a safe and loving family. Professional counseling services help support families as they learn to grow together safely.

Does your employer offer a Matching Gift program?

Many organizations offer matching gift programs. That means your charitable contribution could be doubled, making an even bigger impact on families.

Ask your Human Resources department for a matching gift form and send it (completed and signed) with your personal donation to:

Family Enrichment Services
3941 68th Ave. N.
Pinellas Park, FL 33781

A copy of the official registration and financial information may be obtained from the Division of Consumer Services by calling toll-free 1-800-435-7352. Registration does not imply endorsement, approval, or recommendation by the State.

Mela Gress
Older Americans Act Program Manager
Area Agency on Aging Pasco-Pinellas

The White Family Foundation
Attention: Grant Application Coordinator
PO Box # 2491
Tarpon Springs, FL 34688

April 14, 2023

Grant Application Coordinator,

Adoption Related Services, Inc. (Family Enrichment Services) has been a trusted community partner since 2006. They demonstrate the subject matter expertise to make a significant and long lasting impact with children who have survived abuse, neglect, abandonment or other family disruption.

As a former Law Enforcement based Victims' Advocate (Office of the State Attorney 6th Judicial Circuit), I am very aware of the positive impact trauma-informed providers who offer in-home crisis counseling services have on the wellbeing of children and the stabilization of the family unit. Today fewer providers offer in-home counseling than before the COVID-19 pandemic and it is critical that a minor survivor of trauma see a counselor in person. Agitation, stress, and anxiety present in multiple non-verbal ways that telehealth practitioners struggle to identify.

Through my work with the Tarpon Springs Police Department, Kenneth City Police Department, Gulfport Police Department, Treasure Island Police Department, and Belleair Police Department, I had the need for expedited and expert counseling services for survivors. Family Enrichment Services has a streamlined assessment process for families and could always see my clients within one week. It is so important to not only link families to services quickly, but to have the capacity to activate those services just as quickly.

The growth in the private telehealth industry has pulled many well qualified counselors away from nonprofit/crisis work. Over the years Adoption Related Services, Inc. (Family Enrichment Services) has cultivated a team of experienced, trauma counselors who are committed to trauma mitigation and stabilization. If awarded, these grant dollars would allow for retention bonuses that would be a part of a strategy to keep these experts in the field helping children and building healthy, loving families.

Sincerely,



Mela Gress

Older Americans Act Program Manager



April 19, 2023

The White Family Foundation
Attention: Grant Application Coordinator
P.O. Box # 2491
Tarpon Springs, FL 34688

Ms. Banther,

I am writing in support of Adoption Related Services, Inc. (Family Enrichment Services) and their need to receive funding via the White Family Foundation. We at Lutheran Services Florida (LSF) have been community-based colleagues and partners with this organization for years. They demonstrate compassion, expertise, and consistency, with every family they work with.

Our trust level regarding their competencies is so high that in 2020 we subcontracted with them to provide an integral counseling component to our Diversion Program that supports families who have come to the attention of Child Protection Services. The goal of this program is to maintain children safely in their homes with their families. Staff at Adoption Related Services expertly address issues of domestic violence, substance abuse, mental health, and basic family dynamics. We are incredibly pleased with the partnership we have created, the positive outcomes we have achieved, and look forward to many more years of collaboration.

It is increasingly difficult to find counselors that are willing and adequately trained to address families with trauma-related needs in their own home environment. Issues surrounding staff onboarding and retention are at a crisis level statewide. White Family Foundation funding can support retaining staff that function as the boots on the ground, doing the heavy lifting related to counseling interventions focused on abuse, neglect, and trauma. It's always taken a special kind of person to do this work, however, economic influences (telehealth, private sector) have made this a critical pain point.

Children removed from abusive and neglectful homes are sometimes underserved, however Adoption Related Services has without fail helped address the needs of families in our community with a critical sense of urgency. Waitlists are typically less than one week and that can make a world of difference when dealing with crisis stabilization and promoting positive outcomes for our children and families.

I am available to provide more information should you require it.

Appreciatively,

Lisa Mayrose

Lisa Mayrose
Vice President of Operations



James P. McHale, Director
USF Family Study Center
100 5th Ave S, Suite 100
St. Petersburg, FL 33701

White Family Foundation
Attention: Grant Application Coordinator
P.O. Box # 2491
Tarpon Springs, FL 34688

May 1, 2023

To Whom it May Concern,

As a frequent and longtime collaborator with Adoption Related Services Pinellas (Family Enrichment Services), the Family Study Center at USF St. Petersburg can attest that the support your organization would receive from a family foundation grant would be of tremendous help to youth in our Pinellas County community, allowing them to maintain consistent access to expert counselors to assist with trauma, crisis, and repair of family disruptions.

Family Enrichment Services has long been a key member of our service community, meeting clients where they live to ensure the greatest impact with the smallest amount of disruption to the family. Many children from abusive homes are also from under-resourced and underserved communities, but because most FES services are funded by Medicaid there is no out of pocket expense to families served. While this payment arrangement allows the family to rightfully focus on healing and skill development instead of struggling with yet another fee, the costs of mileage, gas, administrative time for session notes, and counseling sessions over 60 minutes can't be reimbursed by Medicaid. This circumstance makes recruitment and retention of quality counselors very challenging. The growth in the private industry's telehealth offerings has made staff retention even more difficult than ever before.

The Family Study Center's mission, akin to Family Enrichment Services' mission of enriching the lives of children, youth, and families, is enabling the healthy development of young children through family sensitive supports, training, advocacy, and research. Both our organizations believe that all people deserve meaningful relationships. We are hence honored to advocate for you and your direct service work; we consider you our peers, colleagues, and thought leaders in the space of trauma-related counseling for youth.

Your agency has served the needs of the Pinellas County community for years, and support from the grant you've sought would validate the acute need for in-person mental health services that focus on traumatized children. If further information is needed, I can be available via telephone for a discussion.

Sincerely,

A handwritten signature in black ink, appearing to read 'James P. McHale', written over a horizontal line.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **APR 10 2006**

ADOPTION RELATED SERVICES OF
PINELLAS INC
5770 80TH AVE
PINELLAS PARK, FL 33781

Employer Identification Number:
56-2559756
DLN:
17053073053006
Contact Person:
DIANE M GENTRY ID# 31361
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
509(a)(1)
Form 990 Required:
Yes
Effective Date of Exemption:
January 20, 2006
Contribution Deductibility:
Yes
Advance Ruling Ending Date:
December 31, 2010

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

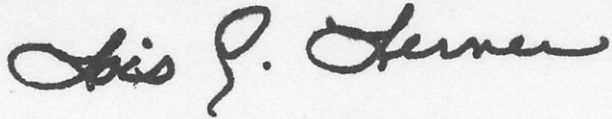
Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

Letter 1045 (DO/CG)

ADOPTION RELATED SERVICES OF

Sincerely,

A handwritten signature in cursive script, appearing to read "Lois G. Lerner".

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c)(3)
Statute Extension

Letter 1045 (DO/CG)

ND 6000000765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

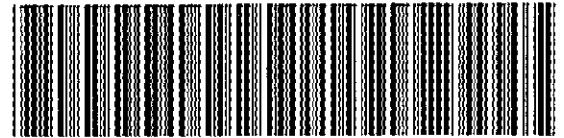
(Business/Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 20 AM 9:28

MRS
1/26

Articles ARSP

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: Adoption Related Services of Pinellas, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Linda Hoinacki
Name (Printed or typed)
5770 80th Ave.
Address
Pinellas Park, FL 33781
City, State & Zip
(727) 423-7811
Daytime Telephone Number

NOTE: Please provide the original and one copy of the articles

06 JAN 20 AM 8: 28

Articles of Incorporation
of
Adoption Related Services of Pinellas, Inc.

The undersigned, desiring to form a Non-Profit Corporation pursuant to Florida Statute 617.0202, do hereby certify:

Article I: The name of the Corporation shall be Adoption Related Services of Pinellas, Inc.

Article II: The principal place of business and mailing address for this corporation shall be 5770 80th Ave. Pinellas Park, FL 33781

Article III: The said corporation is organized exclusively for charitable purposes within the meaning of 501(c)(3) of the Internal Revenue Code. Specifically, the corporation is organized to provide advocacy, support and education to decrease disruptions in adoptive placements of foster children.

Article IV: The members of the Board of Directors shall be those individuals elected, from time to time, in accordance with the Bylaws.

Article V: The number of directors constituting the initial Board of Directors is three (3), and the names and addresses, including street number, of the persons who are to serve as the initial directors for three (3) years, or until their successors are elected and qualified, are:

Linda Hoinacki: 5770 80th Avenue: Pinellas Park, FL 33781

Jennifer Parnell: 501 116th Avenue N. #150: St. Petersburg, FL 33716

Sharen Anna: 10106 Timber Oaks Court: Tampa, FL 33615

Article VI: The name and Florida street address of the registered agent is:
Linda Hoinacki 5770 80th Ave. Pinellas Park, FL 33781 (Pinellas County).

Article VII: The name and address of the incorporator is:
Linda Hoinacki 5770 80th Ave. Pinellas Park, FL 33781

Article VIII: No part of the net earnings of the corporation shall inure to the benefit of, or be distributed to any director, employee, or other individual, partnership, estate trust or corporation having a personal or private interest in the corporation. Compensation for services actually rendered and reimbursement for expenses actually incurred in attending to the affairs of this corporation shall be limited to reasonable amounts. No substantial amount of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation and this corporation shall not intervene in (including the publishing or distributing of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provisions of these Articles or of any Bylaws adopted thereunder, this corporation shall not take any action not permitted to be carried on by a corporation exempt from federal income

Articles ARSP

tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Article IX: Upon dissolution of the corporation, its assets shall be disposed of exclusively for the purposes of the corporation or distributed to such organizations organized and operated exclusively for charitable purposes which shall, at the time, qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Having been named as registered agent to accept services of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

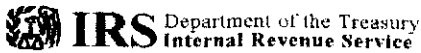
Linda Spracke
Signature/Registered Agent

1/16/06
Date

Linda Spracke
Signature/Incorporator

1/16/06
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 20 AM 8:28



Department of the Treasury
Internal Revenue Service

PO BOX 9019

HOLTSVILLE NY 11742-9019

In reply refer to: 0153813862

Nov. 20, 2020 LTR 147C 0

56-2559756 000000 00

00002556

BODC: TE

ADOPTION RELATED SERVICES OF
PINELLAS INC
FAMILY ENRICHMENT SERVICES
% NATALIE CUDDY
3941 68TH AVE N
PINELLAS PARK FL 33781-6136



010006

Employer identification number: 56-2559756

Dear Taxpayer:

Thank you for your inquiry of Nov. 10, 2020.

Your employer identification number (EIN) is 56-2559756. Please keep this letter in your permanent records. Enter your name and EIN on all federal business tax returns and on related correspondence.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, you can call 800-829-4933.

If you prefer, you can write to us at the address at the top of the first page of this letter.

When you write, include a copy of this letter, and provide your telephone number and the hours we can reach you in the spaces below.

Telephone number () _____ Hours _____

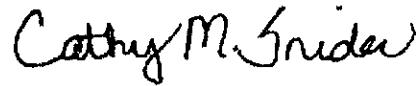
Keep a copy of this letter for your records.

Thank you for your cooperation.

0153813862
Nov. 20, 2020 LTR 147C 0
56-2559756 000000 00
00002557

ADOPTION RELATED SERVICES OF
PINELLAS INC
FAMILY ENRICHMENT SERVICES
% NATALIE CUDDY
3941 68TH AVE N
PINELLAS PARK FL 33781-6136

Sincerely yours,



Cathy M. Snider, Operations Mgr.
Accounts Management Op 3

Enclosures:
Copy of this letter



FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
COMMISSIONER WILTON SIMPSON

April 12, 2023

Refer To: CH20483

ADOPTION RELATED SERVICES OF PINELLAS, INC.
3941 68TH AVE N
PINELLAS PARK, FL 33781-6136

RE: ADOPTION RELATED SERVICES OF PINELLAS, INC.
REGISTRATION#: CH20483
EXPIRATION DATE: May 16, 2024

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Tianna Payne
Regulatory Consultant
850-410-3770
Fax: 850-410-3804
E-mail: tianna.baity@fdacs.gov