

## 10. Completeness Checklist

Applicants must complete chart below and attach as PAGE 1 of the submission.

<u>Application Forms and Attachments</u>	<u>Page #</u>
<b>Project Name:</b> Successful Transitioning to Permanent Housing	
<b>Project Applicant:</b> Re-Entry Alliance Pensacola, Inc.	
<b>Table of Contents (COMPLETENESS CHECKLIST)</b>	<b>1</b>
1. Applicant Information	✓
2. Project Information	✓
3. Certification	✓
4. Project Description	✓
5. Quality of Service Questionnaire	✓
6. Ability to Complete Activities Outline	✓
7. Budget Narrative	✓
8. Budget and Match Form	✓
9. Project Outcomes	✓
10. Required Attachments	
Affirmation of attendance/viewing of pre-application meeting/video.	✓
a. Documentation of Partnerships – MOUs, Letters of Commitment or Contracts demonstrating location and program services in Escambia County and/or Santa Rosa County	✓
b. Applicants Annual Operating Budget	✓
c. Proof of 501c3 Status (if applicable)	✓
d. Current W-9	✓
e. 2022 and 2023 Tax returns	✓
f. Two most recent years' financial statements (audited, if applicable)	✓

Re-Entry Alliance Pensacola, Inc.

ESCAMBIA CONSORTIUM NOFO

JANUARY 6, 2025

1. APPLICANT INFORMATION

Applicant Name RE-ENTRY ALLIANCE PENSACOLA, INC.	Authorized Representative Name/Title: VINCENT J. WHIBBS, JR. (VINNIE)
Address: 1000 WEST BLOUNT STREET	Telephone: 850-332-6677
City, State, Zip: PENSACOLA, FLORIDA 32501	Applicant Web Site www.reapreentry.com
Contact Person Name/Title VINCENT J. WHIBBS, JR. (VINNIE)	Unique Entity ID (SAM #) T7V7PNSKJ489
Contact Person E-mail vincewhibbs@gmail.com	Federal Employer ID #: 38-3908383

<p>Project Name</p> <p>Successful Transitioning to Permanent Housing</p>
<p>Project Address (/if different from organization address):</p> <p>2200 North Palafox St., Pensacola, Florida 32501, REAP's Max-Well Respite Center</p>
<p>This is a/an:    New Project or Expanded Project <u>  X  </u></p>
<p>Total Funding Requested for this Project:</p> <p>\$572,391.00 over a 4-year period.</p>
<p>Number of Persons to be Served:</p> <p>800 individuals over the 4-year period, averaging \$700 per person served.</p>
<p>Project Type:</p> <p>This project is designed to contact area homeless people wherever they are situated; enroll them in the "Successful Transitioning to Permanent Housing" program; assign them an experienced case manager; jointly develop an individualized transitional program; incorporate all necessary interventions; and expeditiously move them into permanent housing.</p>
<p>Target Qualifying Population (check as many as applicable below):</p> <p><u>  X  </u>: Homeless; <u>  X  </u> At Risk of Homelessness; <u>  X  </u> Fleeing or Attempting to Flee Domestic Violence, <u>  X  </u> Dating Violence, <u>  X  </u> Assault, Stalking, or Human Trafficking; <u>  X  </u> Veterans; <u>  X  </u> Unaccompanied Youth ages 18-24 Who Have Experienced Persistent Instability of Homelessness; or <u>  X  </u> Families of Veterans with a Member that Meets the Criteria for one of the Qualifying Populations.</p>
<p>Target Service Location (check as many as applicable below):</p> <p><u>  X  </u>: City of Pensacola, all Districts; <u>  X  </u> City of Milton, all Districts; <u>  X  </u> Unincorporated Escambia County, all Districts; <u>  X  </u> Unincorporated Santa Rosa County, all Districts.</p>

### 3. CERTIFICATION:

To the best of my knowledge, I certify that the information in this application is true and correct and that the governing body of the applicant has duly authorized the document. I will comply with the program rules and regulations if assistance is approved. I also certify that I am aware that providing false information on the application can subject the individual signing such an application to criminal sanctions. I further certify that I am authorized to submit this application and have followed all policies and procedures of my agency regarding grant application submissions.

Authorized Organization Representative:

Signature: \_\_\_\_\_



Typed Name: Vincent J. Whibbs, Jr.

Title: Executive Director, REAP



#### 4. DESCRIPTION:

Re-Entry Alliance Pensacola, Inc. (REAP) will implement a comprehensive program to connect individuals experiencing homelessness with critical supportive services and permanent housing. Utilizing a mobile outreach model, REAP will engage individuals in the field, assign case managers, and create personalized transition plans. Collaborating with established community partners, REAP will ensure that every client receives tailored assistance while moving from crisis to stability.

The key components of the program include:

- a) Individualized case management
- b) Access to health care, mental health services, and substance use treatment
- c) Coordinating with local organizations to remove barriers, such as a lack of government-approved identification cards (IDs), transportation, or income.
- d) Placement into safe, permanent housing with continuing support.

The project is aligned with the Escambia Consortium HOME-ARP Allocation Income (AMI) and provides field-based outreach, comprehensive case management, and collaborative interventions with organizations such as Community Health Northwest Florida; Opening Doors of NWFL, Inc.; Lakeview Center; WorkForce EscaRosa; Catholic Social Services; Waterfront Rescue Mission; and CORE.

REAP is a long-standing member of the FL-511 CoC, participating in the Coordinating Entry systems, Health Management Information Systems (HMIS), and the annual Point-in-Time Count. With offices and facilities across Escambia and Santa Rosa Counties, REAP actively contributes to the Northwest Florida Homeless Reduction Task Force and has developed deep relationships with area service providers.

It is anticipated that REAP will employ the following strategies to overcome challenges:

- a) Assistance with identification issues, including IDs, driver's licenses, and benefit applications (SSI/SSDI, Veteran's Benefits, Food Stamps, Medicare/ Medicaid).
- b) Providing transportation through ECAT bus passes and mobile units.
- c) Partnering with local healthcare professionals for no-cost/low-cost healthcare services.
- d) Maximization of existing housing assistance programs. REAP has experience administering a Rapid Re-Housing Program using City of Pensacola ARPA funding. Currently, REAP has a pending RRH program with Opening Doors of NWFL that has the potential to provide necessary RRH funding for approximately fifty family housing units.

Supportive services will be an integral part of the Transitioning to Permanent Housing Program. These services will include:

- a) Assistance with accessing Food Stamps, SSI/SSDI/VA benefits, Medicare, and Medicaid benefits.
- b) Coordinating the provision of healthcare and mental health services.
- c) Substance use recovery services.
- d) Submission of public housing applications.
- e) Employment assistance and counseling.
- f) Identification of suitable affordable housing and maximizing financial benefits provided by federal, state, and local housing programs.

With a proven record of financial stability, REAP will continue seeking diverse funding sources and strengthening its interdisciplinary partnerships. The organization's growth trajectory and committed leadership ensure the program's long-term viability beyond the funding period.

## 5. QUALITY OF SERVICE QUESTIONNAIRE

### **1. Describe how the project aligns with the Escambia HOME Consortium HOME-ARP Allocation Plan (Appendix 1).**

This program has identified as its target population the individuals described above as the “Qualifying Population,” many of whom will also be a part of the general population whose income levels fall at or below 50% of the Area Median Income (AMI).

REAP’s case management staff will provide field-based mobile services to people comprising the Qualifying Population delineated in the HOME-ARP Allocation Plan. For more than ten years, REAP has collaborated with other community service providers to ensure that as many qualifying individuals as possible receive the type of services they require at the appropriate time. These relationships include the following agencies and service providers: Community Health Northwest Florida, the Lakeview Center, Bright Bridges Ministries, St. Vincent de Paul Society, Manna Food Bank, the Health and Hope Clinic, the Waterfront Rescue Mission, the Diocese of Pensacola-Tallahassee, Legal Services of North Florida, 90 Works, Access Florida, Career Source EscaRosa, and the Epps Christian Center.

The combination of the length and breadth of these relationships with area service providers offers REAP the ability to manage situations quickly and efficiently for an ever-increasing client base.

### **2. Explain how your agency is actively participating in the Homeless Continuum of Care (CoC) and existing HMIS and Coordinated Entry systems in the Consortium service area and how this project will integrate with those systems.**

REAP has been a member of COC- FL-511 for more than five years and a participant in the HMIS and Coordinated Entry system for a similar time. Several of REAP’s team members are currently working on the pending reorganization of the local CoC, and REAP has regularly participated in the annual Point-in-Time count. Several members of REAP’s Executive Committee participate in the Northwest Florida Homeless Reduction Task Force. REAP’s supporters are committed to making a substantial reduction in homelessness in our area, as evidenced by financial commitments averaging more than \$100,000 in each of the last three years.

REAP’s primary service area is identical to the Escambia Consortium’s targeted area REAP currently has service offices in both Escambia County (incorporated City of Pensacola) and Santa Rosa County (incorporated City of Milton). REAP has 21 residential houses (19 houses in Escambia and 2 in Santa Rosa), an 80-person congregate living facility in

Pensacola, a safe outdoor space for 20 persons, and a 12-person non-congregate facility within Pensacola's city limits.

Through its prior work with other service providers, REAP has excellent access to qualifying individuals. As an active participant with the Northwest Florida Homeless Reduction Task Force, REAP has considerable experience assisting members of the unhoused community. This program presents the opportunity to extend case management, housing, and access to other community services.

***3. Describe how the project will provide connections to supportive solutions, including the extent to which this project will connect clients to mainstream services (i.e. food stamps, SSI/SSDI, Medicare/Medicaid, physical health care, mental health care, substance abuse treatment, recovery support groups, public housing, childcare providers, etc.), and community-based supports (i.e. volunteer opportunities, faith-based organizations, civic groups, etc.) to ensure long term stability.***

REAP has considerable experience assisting individuals with transitioning from dependence and homelessness to independence and permanent housing. Case managers understand that once immediate survival needs are addressed, attention must then be focused on primary healthcare, substance use care, and mental health care. Typically, these needs are the most expensive to address. Unfortunately, far too many clients are reluctant to access these services because of the cost of the services, their addictive personalities, or their fear of repercussions. Proper case management, coupled with close working relationships with area service providers, can overcome these objections. Once program participants reach this stage, the next step is securing a permanent source of income, with the final stage being permanent housing and self-sufficiency.

***4. Describe how your agency has worked to remove traditional barriers (i.e., no income, no insurance, no transportation, etc.) to provide services for individuals and families who are members of the qualifying populations.***

For the first seven years after its formation, REAP primarily assisted people who were returning to our community after incarceration, the overwhelming majority of whom were homeless, penniless, without medical insurance, and lacking transportation. To date, REAP has assisted more than 2500 individuals with successful reentries and maintains a rate of recidivism as calculated by the Florida Department of Corrections at less than 9%. Relying on this experience, REAP added services for our area's unhoused population beginning in 2021. To date, REAP has provided similar services to more than 800 unique previously homeless individuals, assisting them in successful transitions to independence and self-sufficiency. Our experience confirms that the successful transition to permanent housing

will result from effective case management, which includes evidence-based needs assessment, the development of a plan for a successful transition, and adequate follow-up through regular case review, with modifications as necessary.

As part of the services provided to REAP's clients, our case managers assist in obtaining proper identification; assist in applications for Food Stamps, SSI, SSDI, and VA benefits; Section 8 housing; and restoration of rights. Case managers assist REAP clients in obtaining necessary medical, mental, and dental care through no-cost/low-cost local service providers. REAP sponsors regular informational programs regarding no-cost/low-cost insurance for its clients. REAP maintains a small fleet of vehicles with drivers to help clients meet their transportation needs and regularly furnishes ECAT bus passes to its clients.

***5. Describe how your agency evaluates program success.***

REAP's Board of Directors has established a policy of identifying appropriate goals, continuous program review, regular evaluation of outcomes, and constant search for improvement in policies and procedures. This commitment to consistent program review and self-analysis is embodied in REAP's Quality Assurance Program, which requires semi-annual team meetings to improve attitudes related to fostering improvement in delivery success, critical self-analysis, and a search for the highest quality of services to be rendered.

With respect to this program, REAP has identified certain areas of concern, goals to be achieved, and metrics to evaluate program success. The specific interventions to be monitored include the following:

- (a) Number of off-site visits.
- (b) Number of clients interviewed.
- (c) Number of clients enrolled in the REAP program.
- (d) Number of referrals for medical, mental, and dental care.
- (e) The number of clients employed gainfully is divided by the total number of clients employed.
- (f) Number of clients placed in housing through the Rapid Rehousing Program (RRH).
- (g) Length of stay in permanent housing.
- (h) Total amount of RRH dollars expended.
- (i) Average cost per client served.
- (j) Total number of clients served.

**6. Describe how the agency will continue to provide quality services in the community in the event of reduced or loss of funding and after funding has ended.**

Since its formation in 2013, REAP has shown sustained growth in clients served, services provided, and financial stability. From a total budget of less than \$10,000 in 2014, REAP's operations have grown to a current year's budget of more than \$1,500,000 with continuous growth in the number of clients served, innovative programs, and substantial regular increases in its Net Worth.

As programs have matured, REAP has been able to identify new sources of revenue to provide for the expansion of existing programs as well as the addition of recent programs. Its staff now numbers more than twenty experienced full-time employees, supplemented by three part-time employees, six interns, and regular community service volunteers. Several years ago, REAP's Board approved a non-discrimination, inclusion, and equality policy. Today, REAP's staff represents the diversity in our community which results in broad-based community support for its programs. Over the past four years, as federal and community funding programs have alternately expanded or contracted, REAP has evidenced the flexibility to continue its homeless programs without interruption in service.

The REAP team is constantly exploring additional sources for funding existing programs, including HUD Rapid Re-housing programs; CoC Challenge Unsheltered Funding programs; CoC/Opening Doors Housing programs; WorkForce Housing programs; local and national foundations; and other State, County, and City housing programs.

It is expected that our existing sources of revenue will continue, additional sources of revenue will be found, our human resources will remain stable, and our services to our community will continue unabated.

Most importantly, the REAP Team remains committed to REAP's adopted mission: "to improve the safety and quality of life in Northwest Florida by addressing the needs of marginalized, less fortunate individuals and those returning from incarceration, so that they can become self-sufficient and productive citizens and neighbors."



## **6. ABILITY TO COMPLETE ACTIVITIES OUTLINE**

### **Timeliness of critical tasks to be accomplished for each proposed activity.**

REAP has established the following timeline to initiate activities as follows:

- a) Notification of award-Start Date (SD).
- b) SD+14 days: Publish notice of recruiting. Job Descriptions finalized.
- c) SD+30 days: Complete all interviews and employ case managers.
- d) SD+45 days: Case Managers start identification of suitable housing and recruitment of participants.
- e) SD+60 days: Initial enrollment of 10 participants completed, including registration, intake, documentation, needs assessment, and development of individualized Housing Plan. Initial Program Progress Review (PPR) is completed.
- f) SD+90 days: Continue enrolling additional program participants. Ten (10) participants will be placed in Housing. The second PPR is completed.
- g) SD+90 days and continuing thereafter: Recruitment of participants, identification of suitable housing, and move-in to housing continues at a minimum rate of 15 unduplicated individuals or 3 families housed per month. Monthly PPRs are completed.
- h) SD+180 days: Six-month Program Review.
- i) SD+1Year: Continued operations, including follow-up with new residents to reinforce permanent housing concepts; Minimum of 130 individuals served.
- j) SD+2Year: Continued operations, including follow-up with new residents to reinforce permanent housing concepts; Minimum of 200 individuals served.
- k) SD+3Year: Continued operations, including follow-up with new residents to reinforce permanent housing concepts; Minimum of 300 individuals served.
- l) SD+4Year: Continued operations, including follow-up with new residents to reinforce permanent housing concepts; Minimum of 400 individuals served.

### **Monthly spending plans and proposed drawn-down schedules; and Reporting schedule for outcomes achieved.**

REAP's CFO will submit monthly requests for reimbursement for regular operating expenses. Progress reports will be submitted monthly reporting on the target goals/outcomes previously described. Requests for disbursements will begin at the end of the first month after Notification of Award and will be submitted, together with appropriate documentation, by the 5<sup>th</sup> of each month thereafter.

## 7. BUDGET NARRATIVE

The applicant shall provide a budget narrative to describe the overall project budget and sources of match funds (if any) expected for the period of the grant. The budget narrative must include the following criteria:

This program's four-year overall budget of \$572,391 is based on an initial first-year budget of \$134,622. Payroll will be increased by 5% COLA each succeeding year, with a 10% administration charge. Billing will be done monthly on a reimbursement basis. We request a start-up advance of 10% of the first year's total budget for mobilization and office start-up (\$13,500).

### **Description and justification of the proposed Personnel Costs, including Fringe Benefits.**

- Case Management: 1 full-time and 1 ½ time credentialed/degreed social worker:
  - Year 1: \$40,000 (FT) and \$20,000 (1/2) = \$60,000
  - Year 2: \$42,000 (FT) and \$21,000 (1/2) = \$63,000
  - Year 3: \$44,100 (FT) and \$22,050 (1/2) = \$66,150
  - Year 4: \$46,305 (FT) and \$23,150 (1/2) = \$69,455
  - Total Case Management: \$258,605
- Psychologist-Chemical Dependency Specialist (Part-time/After Hours) See attached resume.
  - Year 1: \$20,800
  - Year 2: \$21,840
  - Year 3: \$22,932
  - Year 4: \$24,080
  - Total Psychologist/CDS: \$89,652
- Total Fringe Cost- 23% of \$348,257= \$80,099

**Total Labor Cost- \$428,356.00**

### **Description and justification of the proposed Other Program Operation Costs.**

- Client Needs: ID, DL, other: \$ 1,000 a year for 4 years: \$ 4,000
- Co-Pays: \$12,000 a year for 4 years: \$48,000
- Bus Tickets/Uber: \$ 2,000 a year for 4 years: \$ 8,000
- Mobile Unit Operations: \$8,000 a year for Fuel, Maintenance, Taxes, and Insurance for) \$32,000
- **Total Other Program Costs** **\$92,000.00**



***Description and justification of the proposed Administrative Costs.***

- Program supervision, accounting, and billing operations: 10% of Labor Cost and Other Program Costs (10% x \$520,356) **\$52,035.00**

**TOTAL REQUESTED FOR FOUR-YEAR PROGRAM: \$572,391.00**

***Clearly identify the timeframes and methods for obligating grant funds and how the agency plans to ensure funds are spent before the deadline.***

Grant funds will be obligated over a 48-month fiscal year, starting on the day of the award and ending four years later. The county will receive monthly invoices requesting reimbursement.

***If the applicant plans to provide additional services other than those eligible under the funding in this application, clearly denote the type of other services or programs and the funding sources.***

This program will complement other existing programs currently being offered by REAP. These include Camp One (a safe outdoor shelter), the Max-Well Respite Center (an 80-person congregate transitional and emergency shelter program), the Al and Mary Lee Stubblefield Residence (a 12-room single-room occupancy facility), the Bill Cross Center (a 14-person final-stage single-room occupancy housing program), and the REAP Re-entry Program (100 men and women in 19 houses in Escambia and Santa Rosa Counties).

**REAP Match Proposal:** As further evidence of REAP's commitment to ensure the viability of this proposed program, upon notice that REAP has been awarded the grant, REAP will provide the following at no cost:

- a) Office Occupancy: Suitable separate office space with a value of \$1500 per month for a 48-month period, valued at \$18,000 per year for 4 years for a total value of \$72,000.
- b) Utilities: Necessary utilities at an expected cost of \$600 per month for 48 months for a total value of \$28,800.
- c) Insurance: General liability insurance at a value of \$600 per month for 48 months for a total value of \$28,800.
- d) Office materials and supplies, valued at \$200 per month for 48 months, for a total value of \$9,600.
- e) Telephone service, computer systems, and an alarm system at a value of \$400 per month for 48 months for a total value of \$19,200.
- f) Total Value of REAP match: \$158,400 for the 4-year period.

## **8. Budget Form**

***A copy of applicants' overall budget, including other services or programs and funding sources, general management and oversight budget charged to grant sources must be attached following the Budget Narrative.***

Attached hereto.

**Re-Entry Alliance Pensacola, Inc.**

**YEAR ONE**

ELIGIBLE COSTS	QUALITY AND DESCRIPTION	ASSISTANCE REQUESTED
Payroll, Taxes	1 1/2 qualified Case Managers 4 years	\$258,605
Payroll, Taxes	Psychologist Part/Time 4 years	\$89,652
Employer Taxes, Employee Benefits	23%	\$80,099
Client Needs:	IDs, DL, Birth Cert, etc.: \$1,000 @ year/4 years	\$4,000
Client Needs:	Medical Co-pay, Prescript: \$12,000/year/4 years	\$48,000
Transportation: Mobile Unit	Vehicle Fuel, Repairs, License, Insurance: \$8,000 a year x 4 years	\$32,000
Transportation: Other	ECAT Bus Tickets, Uber: \$2,000 a year/4 year,	\$8,000
ADMINISTRATION REQUESTED (maximum of 10%)		\$52,035
TOTAL AMOUNT REQUESTED		\$572,391

## 9. PROJECT OUTCOMES

PERFORMANCE MEASURES	BASELINE DATA	DESIRED UTCOME	Describe the project component that will be used and how the outcome will be achieved and monitored
Number of off-site visits	0 at Project Start	10 per month after 30 days	Caseworker, trip log, bar graph
Number of clients interviewed	0 at Project Start	25 per month after 30 days	Caseworker, contact report, bar graph
Number of clients enrolled in program	0 at Project Start	15 per month	Caseworker, contact report, bar graph
Total clients served in program	0 at Project Start	200 per year	Caseworker, contact report, bar graph
Number of referrals for medical, mental, or dental care	0 at Project Start	8 per month	Caseworker, contact report, bar graph
Percentage of clients employed/total number of clients)	0 at Project Start	33%	Caseworker, contact report, pie chart
Number of clients placed in housing through RRH	0 at Project Start	15 per month after 90 days	Caseworker, disbursement report, bar graph
The average length of stay in housing	n/a	6 months	Caseworker, disbursement report, bar graph
Total Amount of Dollars paid per RRH	n/a	\$2,800	Caseworker, disbursement report, bar graph
Average cost per client served	n/a	\$600	Caseworker, disbursement report, bar graph

## 10. SPECIAL ADDENDUM:

Under Section II of the NOFO, the Escambia Consortium encouraged applicants to submit applications for projects, even if the projects did not fit perfectly into the descriptions included in the NOFO. With this submission REAP confirms its commitment to developing innovative ways to satisfy unmet community needs to serve our area's homeless. The primary thrust of this grant application is to provide the necessary case management programs that will enable marginalized individuals to "Transition to Permanent Housing," and we now commit to making those services available to organizations and other housing programs receiving funding under this NOFO.

For four years, REAP has developed a continuum of care which starts at a low barrier shelter at Camp One (20 persons), with a congregate facility serving 42 women and children (The Lodges) that evolved into a congregate facility with individual bedrooms serving families and veterans at the Max-Well Respite Center (total 80 residents), which also provides Emergency Shelter facilities for an additional 25 women and children; and single-room occupancy facilities for 25 people at the Bill Cross Center and the Al and Mary Lee Stubblefield Residence. Including the 19 residences REAP operates as part of its re-entry program, REAP provides supportive housing for approximately 200 individuals each night!

Coupled with the experience gained operating a city-funded Rapid Rehousing program in 2022 (158 individuals were placed in Permanent Housing), REAP's current "continuum of care" programs are poised for continued expansion of services for the homeless.

REAP submits the following programs for consideration that "do not fit perfectly" into the NOFO descriptions:

- (1) Escambia Consortium to purchase the renovated 19-unit Mona Lisa Motel for \$1,750,000 plus standard closing costs, to be converted to permanent housing units. The current owner has agreed to sell the property subject to funding under this NOFO. This transaction could be completed within 60 days after funding.
- (2) Escambia Consortium will purchase the Max-Well Center from its current owner/lessor for a purchase price of \$1,850,000. This includes the 17,000-square-foot facility with 42 individual bedrooms and considerable communal areas, including an additional .8 acre of adjacent land suitable for sitting 25 "pallet-type" shelter units. This transaction offers the combined benefit of eliminating triple net lease payments totaling \$125,000 a year while providing the desired location for the shelters. This transaction could be completed 60 days after funding.
- (3) Re-purposing portions of two REAP-owned properties (1551 West Blount Street and 7008 N. Palafox St.) to site 20 "tiny homes"). This property is immediately available, and occupancy could start as soon as shelter/homes are available.

**Jackson Street Main Site**  
2315 West Jackson Street  
Pensacola, FL 32505  
T 850.436.4630 F 850.436.2095



January 6th, 2025

To Whom It May Concern:

This letter is to voice our support for Re-Entry Alliance Pensacola's (REAP) HOME-ARP Grant Project. Since 2018 REAP has been a strong partner of Community Health Northwest Florida (CHNWF). REAP was a founding signatory in the Unhoused Hospital Coordination of Care Program whose goal it was to secure priority shelter access for persons exiting from hospital care. During this process CHNWF has witnessed the skill through which REAP provides case management services for people navigating out of homelessness.

Further, CHNWF patients have benefited from REAP's multiple service options for emergency and transitional shelter. These options include the Max-Well Center (veterans, families, children, and elderly), REAP Camp 1 (unaccompanied men/women with pets), REAP re-entry homes (Men/women and sex offenders) and Women's emergency beds (for women in need of emergency safe shelter due to domestic violence or unsafe living environments).

One of the areas that impressed CHNWF was the planning they have done related to ensuring barriers to healthcare, substance use treatment, and behavioral health services are removed. This is being done in the proposed project by ensuring funding is set aside to cover copay costs for medications and healthcare for persons working within the proposed project. Because of this CHNWF believes that REAP will continue to be an admirable community partner that responds effectively to the needs of the community.

It is with pleasure that I voice my strong, full throated support for REAP and their proposed grant project under HOME-ARP.

Sincerely,

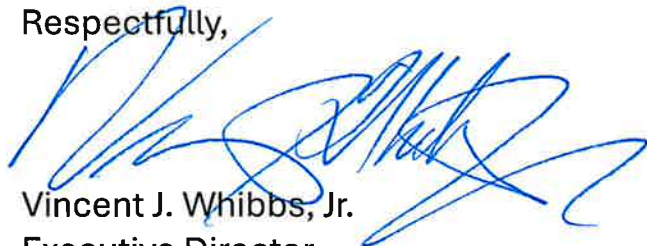
Chandra Smiley, CEO  
Community Health Northwest Florida

A handwritten signature in black ink that reads "Chandra Smiley". The script is fluid and cursive, with the first name "Chandra" being more prominent than the last name "Smiley".

January 6, 2025

This document affirms attendance for the Escambia Consortium HOME-ARP  
Notice of Funding Availability on October 7, 2024, at 3:00 PM.

Respectfully,

A handwritten signature in blue ink, appearing to read "Vincent J. Whibbs, Jr.", is written over the word "Respectfully,".

Vincent J. Whibbs, Jr.  
Executive Director  
Re-Entry Alliance Pensacola, Inc.



**Re-Entry Alliance  
Pensacola, Inc.**

## **RE-ENTRY ALLIANCE PENSACOLA, INC.**

**P.O. Box 13224  
(850) 332-6677**

**Pensacola, Florida 32591  
[www.reapreentry.org](http://www.reapreentry.org)**

Vinnie Whibbs, Executive Director

Rich Lynch, Director of Operations

May 3, 2024

By email to Nanette Chandler

Re: Letter of Support/MOU for AMR at Pensacola, Inc.

Dear Ladies and Gentlemen:

Please consider this letter as confirmation of Re-Entry Alliance Pensacola, Inc.'s full support of AMR at Pensacola, Inc.'s grant application submitted to the Escambia Consortium NOFA HOME-American Rescue Plan for the development of Affordable Rental Housing. REAP is also applying for this NOFA, with REAP's application primarily directed at providing supportive services at various locations. We see this as an opportunity for collaborative actions to serve the homeless population in the Escambia Consortium's targeted area between REAP and AMR and look forward to future opportunities in this regard.

Sincerely,

*Vince Whibbs, Jr.*

Vince Whibbs, Jr.  
Executive Director, Re-Entry Alliance Pensacola, Inc.



June 26, 2024

## Addendum of HUD ESG Project Agreement

Opening Doors Northwest Florida, hereinafter referred to as "Grantee"

AND

Re-Entry Alliance Pensacola, Inc., hereinafter referred to as "Subrecipient"

### Background:

This addendum supplements the Memorandum of Understanding (MoU) dated July 13, 2023, between the Grantee and Subrecipient, regarding the allocation of funds for the HUD Emergency Solutions Grant for the July 1, 2023, to June 30, 2024, performance period.

### Amendment:

#### 1. Additional Funding Allocation:

Per this mutual agreement, the Grantee will provide additional funding to the Subrecipient to enhance operations and case/care management under the Emergency Shelter component (\$1,799.64) and HMIS capabilities (\$161.00). The total additional funding allocated under this addendum amounts to \$1,960.64.

#### 2. Utilization of Funds:

These additional funds shall be utilized exclusively for:

Emergency Shelter Operations: The costs of maintenance (including minor or routine repairs), rent, security, fuel, equipment, insurance, utilities, food, furnishings, and supplies necessary for the operation of the emergency shelter. Where no appropriate emergency shelter is available for a homeless family or individual, eligible costs may also include a hotel or motel voucher for that family or individual.

Case/ Care Management: Enhancing existing case/care management services to improve client outcomes and service delivery effectiveness.

HMIS (Homeless Management Information System) Contribution: Strengthening the HMIS infrastructure by contributing data to the HMIS designated by CoC FL-511, including the use of funds for eligible costs specified by HUD ESG regulation (24 CFR 576.107(a)(1)(i-x)).

**Timeline:**

The implementation of the above activities will commence immediately upon the execution of this addendum and shall be completed no later than June 30, 2024.

**Reporting Requirements:**

The Subrecipient agrees to provide a final report detailing the utilization of the additional funds, outcomes achieved, and any challenges faced. These reports shall be submitted to the Grantee by the 5<sup>th</sup> day of July 2024.

**Amendment to Original MoU:**

Except as expressly amended by this addendum, all other terms and conditions of the original MoU remain unchanged and in full force and effect.

**Governing Law:**

This addendum shall be governed by and construed per, but not limited to the laws of the U.S. Department of Housing and Urban Development and Department of Children and Families without regard to its conflict of law principles.

In witness whereof, the parties hereto have executed this Addendum by its duly authorized officer as of the date written above.

[NAME OF GRANTEE]

[NAME OF SUBRECIPIENT]

By: Serene Keiek  
Name: Serene Keiek, Interim Exec. Director  
Agency: Opening Doors Northwest Florida  
Date: 6/27/2024

By: Vince Whibbs  
Name: Vince Whibbs, Executive Director  
Agency: Re-Entry Alliance Pensacola, Inc.  
Date: 6/27/2024



Vince Whibbs &lt;vincewhibbs@gmail.com&gt;

---

**Information about MOU**

2 messages

**Martika Baker** <martikab@openingdoorsnwfl.org>

Wed, Sep 18, 2024 at 8:47 AM

To: Vince Whibbs &lt;vincewhibbs@gmail.com&gt;, Serene Keiek &lt;serenek@openingdoorsnwfl.org&gt;

Good Morning,

The REAP MOU will be released today.

Currently, REAP will be receiving \$31,078.40 in ESG funds with an opportunity to apply for additional funding through Challenge Grant in late September.

Join the CoC Membership

*Your voice and expertise matter to the people in our community.*

Organization Membership: Click here to join as an organization.

Individual Membership: Click here to join as an individual voting member -or- participant in the CoC

**Martika Baker**

(She/Her/Hers)

Director of Operations

 (850) 466-5379 **OpeningDoorsNWFL.org****Opening Doors Northwest Florida****Reach. Respond. Restore.**

The information contained in this transmission may contain privileged and confidential information, including client information protected by federal and state privacy laws. It is intended only for the use of the person(s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender by reply email and destroy all copies of the original message.

---

**Vince Whibbs** <vincewhibbs@gmail.com>

Wed, Sep 18, 2024 at 8:56 AM

To: Martika Baker &lt;martikab@openingdoorsnwfl.org&gt;

Cc: Serene Keiek &lt;serenek@openingdoorsnwfl.org&gt;

Awesome, thanks for the update!

[Quoted text hidden]

**FDOC CONFIRMATION  
OF REAP LOCATIONS  
IN ESCAMBIA  
AND SANTA ROSA  
COUNTIES  
(ESCAMBIA CONSORTIUM)**

**I. CONTRACTUAL PURCHASE ORDER TERM**

Unless otherwise specified, the Contractual Purchase Order begins on July 1, 2024, and shall end at midnight on June 30, 2025.

**II. SCOPE OF SERVICE**

**A. General Service Description/Purpose**

The FY 2024-2025 General Appropriation 763, \$650,000.00 (\$500,000.00 for Escambia County and \$150,000.00 for Santa Rosa County) in non-recurring general revenue funds to the Re-Entry Alliance Pensacola, Inc. ("REAP") to provide Re-Entry services and to operate the Re-Entry Portal of Pensacola ("the Portal") to assist ex-offenders with successful transition into the community after incarceration.

REAP, in partnership with local service providers, businesses, community organizations, and the Department of Corrections ("Department") will implement a Re-Entry program, the Portal, to serve approximately 200-250 formerly incarcerated inmates, ex-offenders, and offenders. Re-Entry program services shall include but are not limited to pre-release and post-release case management and support services in the following areas: transitional housing, assistance with securing permanent housing, clothing, food, work readiness, on-the-job training, life skills training, mentoring, family reunification, and job placement. The portal shall provide information and resources for offenders, ex-inmates, ex-offenders, and their families. Enrollment in the Re-Entry program is not a requirement to benefit from the Portal.

In the delivery of services under this Contractual Purchase Order, the Contractor shall provide program services, as described in the scope of services. The Contractor will provide information and referral program participants to other providers when the program participant's needs are outside of the organizational capabilities of the Contractor.

**B. Rules and Regulations**

1. The Contractor shall provide all services, in accordance with all Department' policies and procedures, applicable federal and state laws, rules, regulations, both current and/or revised. The Contractor and the Department shall work cooperatively to ensure service delivery complies with applicable, policies and procedures, laws, rules, and regulations.
2. The Contractor shall ensure that all staff providing services under this Contractual Purchase Order comply with both ethical and professional standards and the aforementioned policies and procedures, laws, rules, and regulations.
3. Should any of the above policies and procedures, laws, rules, and regulations change during the course of this Contractual Purchase Order term, the updated version shall take precedence.
4. The Contractor shall pay all costs associated with local, state, and federal licenses, permits, and/or inspections required to provide services. All required permits and licenses shall be current, maintained on site, and copies submitted to the Contract Manager, or designee.
5. The Contractor shall comply with the provisions of the Americans with Disabilities Act. This includes provisions referencing both employment and public service agencies (Titles I and II), as well as any other applicable provisions.

C. Communications

The parties will send Contractual Purchase Order communications in two (2) forms, routine and formal, as follows:

Routine: Routine communications include all normal written communications generated by either party relating to service delivery. Routine communications must be acknowledged by the receiving party within two (2) business days and responded to within 30 calendar days of receipt.

Formal: Formal communications are written communications that relate to significant issues such as breach of contractual purchase order, unsatisfactory performance, the assessment of financial consequences, or Contractual Purchase Order termination. Formal communications will be marked clearly as a "Formal Communication" and must be acknowledged by the Contractor upon receipt and responded to within seven (7) calendar days via email. The Department will use a date and numbering system to track formal communications.

The only persons authorized to use formal communications are the Department's Director of Administration, Chief of Contract Management and Monitoring, Procurement Director, Contract Manager and Contract Administrator, and the Contractor's Representatives. Other persons authorized to utilize formal communications must be agreed upon by both parties and identified, in writing, within 10 calendar days Contractual Purchase Order execution. Both parties must provide written notification of any subsequent changes to those authorized to use formal communications before issuing any formal communications from another person.

If an urgent problem arises, the Department will contact the Contractor, and the Contractor shall verbally respond to the Contract Manager within two (2) hours. If a non-urgent problem arises, the Department will contact the Contractor, and the Contractor shall verbally respond to the Contract Manager within 48 hours. The Contractor shall provide the Department all information and records that the Department deems necessary to respond to inquiries, complaints, or grievances from or about Offenders within three (3) business days of receiving the request.

D. Department's Responsibilities

1. The Department will provide the Contractor with applicable, Department policies and procedures and shall inform the Contractor of changes, which may affect the delivery of services to be provided, pursuant to this Contractual Purchase Order.

**REMAINDER OF THE PAGE INTENTIONALLY LEFT BLANK**



2. The Department will identify and provide to the Contractor a list of eligible program participants to assist in participant recruitment.
3. The Department may provide non-confidential records and social histories for inmates or offenders, presently or previously under the supervision, care, and custody of the Department, when such information is not otherwise protected by law.
4. Upon execution of the Contractual Purchase Order, the Department will provide a copy of all Department reporting forms, as necessary, to comply with Section I., L., General Reporting Requirements.
5. The Department shall complete Section I of the Community Supervision Program Referral Form, ("DC5-404"), referring program participants to the program, enter the information from Section I into the Offender Based Information System ("OBIS"), and forward a copy of the form to the Contractor.
6. The Department shall enter the information from Section II of the DC5-404 into OBIS when an individual is enrolled or denied enrollment.

E. Facility Locations and Service Times

1. Post-Release Service Locations

The Contractor shall provide the post-release services under this Contractual Purchase Order at the following locations:

Re-Entry Alliance Pensacola, Inc. (REAP)  
3610 West Moreno Street  
Pensacola, FL 32505

Re-Entry Alliance Pensacola, Inc. (REAP)  
909 Lynch Street  
Pensacola, FL 32505

Re-Entry Alliance Pensacola, Inc. (REAP)  
911 Lynch Street  
Pensacola, FL 32505

Re-Entry Alliance Pensacola, Inc. (REAP)  
301 North 'U' Street  
Pensacola, FL 32505

Re-Entry Alliance Pensacola, Inc. (REAP)  
911 North 'U' Street  
Pensacola, FL 32505

Re-Entry Alliance Pensacola, Inc. (REAP)  
916 North 'L' Street  
Pensacola, FL 32501

Re-Entry Alliance Pensacola, Inc. (REAP)  
530 West Strong Street  
Pensacola, FL 32501

Re-Entry Alliance Pensacola, Inc. (REAP)  
1010 West Blount Street  
Pensacola, FL 32501

Re-Entry Alliance Pensacola, Inc. (REAP)  
6341 Highway 90  
Milton, FL 32570

Re-Entry Alliance of Pensacola  
7008 North Palafox Street  
Pensacola, FL 32535

Re-Entry Alliance of Pensacola  
903 Blue Springs Drive  
Pensacola, FL 32505

(Main Office) Re-Entry Alliance of Pensacola, Inc. (REAP)  
1000 West Blount Street  
Pensacola, FL 32501

Re-Entry Alliance of Pensacola, Inc. (REAP)  
1551 West Moreno Street  
Pensacola, Florida 32505

Re-Entry Alliance of Pensacola, Inc. (REAP)  
809 North A Street  
Pensacola, FL 32501

Re-Entry Alliance of Pensacola, Inc. (REAP)  
10 Gail Drive  
Pensacola, FL 32505

Re-Entry Alliance of Pensacola, Inc. (REAP)  
606 Marlboro Street  
Pensacola, FL 32505

Re-Entry Alliance of Pensacola, Inc. (REAP)  
914 North L Street  
Pensacola, FL 32505

Re-Entry Alliance of Pensacola, Inc. (REAP)  
2984 Michael Drive  
Pensacola, FL 32505





# FLORIDA DEPARTMENT OF CORRECTIONS

GOVERNOR  
**RON DESANTIS**

SECRETARY  
**RICKY DIXON**

October 17, 2024

Vincent J. Whibbs, Jr., Executive Director  
Re-Entry Alliance Pensacola, Inc. (REAP)  
P.O. Box 13224  
Pensacola, Florida 32591

Re: Additional Service Location – C3D294, REAP **Formal Communication #003-24**

Dear Mr. Whibbs,

This formal communication is being sent to confirm the Department's receipt of your request to amend your existing Purchase Order to add a new site location. Purchase Order C3D294, Section II., E., 1., Facility Locations and Service Times, provides:

"Changes to the service locations and/or service times shall be approved in writing by the Department's Contract Manager, or designee. The Contractor shall request changes, both additions and/or deletions to the service location(s), at least 30 calendar days prior to the location change, by submitting a written notification to the Department's Contract Manager, or designee, with the following information: the estimated effective date, the address, and other relevant contact information for the new service location. The Department reserves the right to approve or deny the request."

Effective October 17, 2024, your organization is approved to add service location in Milton, Florida, and Pensacola, Florida. Services provided at a location before the approval date are not eligible for reimbursement. This formal communication serves as your official approval to provide post-release services at the following locations:

Re-Entry Alliance Pensacola (Santa Rosa Portal ) 5221 Admiral Halsey Rd Milton, Florida 32853	Re-Entry Alliance Pensacola, Inc. (REAP) 2820 Red Oak Drive Pensacola, Florida 32526
---	--

Sincerely,

Sarah McDonald  
OMC Manager

Cc: Amy Vanness, Assistant Chief, Bureau of Substance Use Treatment  
Brooke Young, Correctional Program Administrator, Bureau of Substance Use Treatment  
Kenyata Frazier, LCQAC, Bureau of Substance Use Treatment  
Tameka Thomas, GOCIII, Bureau of Contract Management and Monitoring



**Office of Re-Entry and Programs  
Bureau of Substance Use Treatment  
Re-Entry Alliance Pensacola, INC.  
Site Inspection Checklist**

<b>Agency Name and Contract Number:</b> Re-Entry Alliance Pensacola, Inc (REAP) - C3D294			<b>Date and Time of Site Visit:</b> October 1, 2024 at 11:00am CST	
<b>Program Site Address:</b> 5221 Admiral Halsey Rd, Milton, FL 32583			<b>Circuit Number:</b> 01	
<b>Primary Contact Person and Title:</b> Richard Lynch, Director of Operations			<b>Review Team Members:</b> Kenyata Frazier, LCQAC	
<b>Number of Program Capacity Site Can Accommodate:</b> 3			<b>Males:</b> <u>  X  </u>  <b>Females:</b> <u>          </u>	
<b>General Facility Information</b>				
<b>Acceptable</b>	<b>Not Acceptable</b>	<b>N/A</b>	<b>Site/Facility Requirements</b>	<b>If not acceptable, indicate reason/Additional Comments</b>
X			Facility has working electricity in all areas used by program participants?	
X			Facility has working air conditioning in all areas used by program participants?	Window units in each room.
X			Facility has a working heating system in all areas used by program participants?	Space heaters will be used for heating.
X			Facility has hot and cold running water in all areas used by program participants?	
X			Is there an operating smoke detector in each bedroom or does the facility have a central fire alarm system? (indicate which)	
X			Are all bathtubs and/or showers used by program participants in proper working order?	1 bathroom
X			Are all toilets used by program participants in proper working order?	

X			Are all sinks used by program participants in proper working order?	
X			Facility has a fully equipped indoor kitchen which includes a stove and refrigerator in proper working order, and a dining area in which food may be prepared, served, and consumed?	
X			Are the exterior and interior of the facility maintained in a satisfactory state of repair and cleanliness?	
X			Is the site (building and grounds) maintained and free of trash, debris, or unsafe conditions?	
X			Is the facility located within 1000 feet of a school, childcare center, playground, or commercial establishment frequented primarily by children?	
X			Is there a procedure for regularly scheduled trash and garbage removal?	
X			Is the facility accessible to public transportation?	
X			Is there a procedure for vermin and pest control?	
X			Does the facility have a written evacuation plans, including diagrams posted in a conspicuous place for evacuation routes covering such emergencies as fire display, natural disaster, hurricanes, and severe weather?	
X			Is there a policy in place prohibiting firearms on the grounds of the facility?	
X			Is the facility ready for immediate occupancy?	

**Comments:** The facility is a 2 bedroom, 1 bathroom. This site is recommended for approval.

Signature: Kenyata Frazier  
Bureau of Substance Use Treatment Staff

Date: 10/07/2024



**Office of Re-Entry and Programs  
Bureau of Substance Use Treatment  
Re-Entry Alliance Pensacola, INC.  
Site Inspection Checklist**

<b>Agency Name and Contract Number:</b> Re-Entry Alliance Pensacola, Inc (REAP) - C3D294			<b>Date and Time of Site Visit:</b> October 1, 2024 at 11:30am CST	
<b>Program Site Address:</b> 2820 Red Oak Drive, Pensacola, FL 32526			<b>Circuit Number: 01</b>	
<b>Primary Contact Person and Title:</b> Richard Lynch, Director of Operations			<b>Review Team Members:</b> Kenyata Frazier, LCQAC	
<b>Number of Program Capacity Site Can Accommodate: 5</b>			<b>Males: <u>  X  </u></b>  <b>Females: <u>          </u></b>	
General Facility Information				
Acceptable	Not Acceptable	N/A	Site/Facility Requirements	If not acceptable, indicate reason/Additional Comments
X			Facility has working electricity in all areas used by program participants?	
X			Facility has working air conditioning in all areas used by program participants?	Central air and heating.
X			Facility has a working heating system in all areas used by program participants?	Central air and heating.
X			Facility has hot and cold running water in all areas used by program participants?	
X			Is there an operating smoke detector in each bedroom or does the facility have a central fire alarm system? (indicate which)	
X			Are all bathtubs and/or showers used by program participants in proper working order?	
X			Are all toilets used by program participants in proper working order?	



X			Are all sinks used by program participants in proper working order?	
X			Facility has a fully equipped indoor kitchen which includes a stove and refrigerator in proper working order, and a dining area in which food may be prepared, served, and consumed?	
X			Are the exterior and interior of the facility maintained in a satisfactory state of repair and cleanliness?	
X			Is the site (building and grounds) maintained and free of trash, debris, or unsafe conditions?	
X			Is the facility located within 1000 feet of a school, childcare center, playground, or commercial establishment frequented primarily by children?	
X			Is there a procedure for regularly scheduled trash and garbage removal?	
X			Is the facility accessible to public transportation?	
X			Is there a procedure for vermin and pest control?	
X			Does the facility have a written evacuation plans, including diagrams posted in a conspicuous place for evacuation routes covering such emergencies as fire display, natural disaster, hurricanes, and severe weather?	
X			Is there a policy in place prohibiting firearms on the grounds of the facility?	
X			Is the facility ready for immediate occupancy?	

**Comments:** The facility is a 5 bedroom, 1.5 bathroom. This site is recommended for approval.

Signature: Kenyata Frazier  
Bureau of Substance Use Treatment Staff

Date: 10/07/2024



Vince Whibbs &lt;vincewhibbs@gmail.com&gt;

---

**Updated MOU - Need to re-sign the main contract.**

1 message

**Martika Baker** <martikab@openingdoorsnwfl.org>

Wed, Oct 2, 2024 at 4:28 PM

To: Vince Whibbs &lt;vincewhibbs@reapreentry.org&gt;

Good Afternoon Mr. Whibbs,

I received feedback from DCF. We will need to update your MOU. Your original signature date still stands.


--

Join the CoC Membership

*Your voice and expertise matter to the people in our community.*Organization Membership: [Click here to join as an organization.](#)Individual Membership: [Click here to join as an individual voting member -or- participant in the CoC](#)**Martika Baker**

(She/Her/Hers)

Director of Operations

 (850) 466-5379 **OpeningDoorsNWFL.org****Opening Doors Northwest Florida****Reach. Respond. Restore.**

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Vince Whibbs &lt;vincewhibbs@gmail.com&gt;

## Notification of CoC Funding for Local Competition

1 message

**Martika Baker** <martikab@openingdoorsnwfl.org>

Tue, Oct 1, 2024 at 2:30 PM

To: Serene Keiek <serenek@openingdoorsnwfl.org>, Rocky Harrison <rharrison@90works.org>, Allison Hill <allison.hill@lifeviewgroup.org>, Tracie Hodson <tracie@favorhouse.org>, Vince Whibbs <vincewhibbs@reapreentry.org>

Hello CoC Project Applicants,

On behalf of Pensacola/Escambia and Santa Rosa Counties CoC (FL-511), this letter is to inform all CoC project applicants of the outcome of the local competition for the FY 2024 and FY 2025 Continuum of Care Competition (FR-6800-N-25).

The Project Review and Ranking Committee did not reject or reduce any projects during the local CoC competition. The rankings, scores, and funding amounts requested from HUD are listed for all project applicants as follows:

### Escambia and Santa Rosa Counties CoC

#### Local Competition Selection Results

Organization Name	Project Name	Component	Rank	Score	Status	Amount Request from HUD
Opening Doors NWFL	CoC Planning	Planning	Not Ranked	Not Scored	Accepted	\$ 147,060.00
Opening Doors NWFL	The Guardian 2024	SSO-CE	1	100	Accepted	\$ 291,509.00
Opening Doors NWFL	HMIS 2024	HMIS	2	100	Accepted	\$ 129,577.00
90Works	Project90 - FY24	PSH	3	62.75	Accepted	\$ 108,151.00
Lakeview Center, Inc.	Housing First 2024	PSH	4	57	Accepted	\$ 131,336.00
Opening Doors NWFL	ICARE PSH 2024	PSH	5	42.25	Accepted	\$ 42,888.00
FavorHouse NWFL	A New Beginning: RRH	RRH	6	74	Accepted	\$ 437,800.00
Opening Doors NWFL	HMIS Expansion 2024	HMIS	7	86.5	Accepted	\$ 64,809.00
Re-Entry Alliance Pensacola	Reducing Homelessness by Enhancing Rapid Rehousing	RRH	8	62.5	Accepted	\$ 290,373.00
						\$ 1,643,523.00

→ 290,373

This information is also available on the CoC Website at <https://openingdoorsnwfl.org/collaboration/coc-program-competition-2024>

Sincerely,

--

Join the CoC Membership

*Your voice and expertise matter to the people in our community.*

Organization Membership: Click here to join as an organization.

Individual Membership: Click here to join as an individual voting member -or- participant in the CoC



**Martika Baker**

(She/Her/Hers)

Director of Operations

(850) 466-5379

[OpeningDoorsNWFL.org](https://OpeningDoorsNWFL.org)

Opening Doors Northwest Florida

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Opening Doors \$673  
Favor House \$437  
Reap \$290  
Lakeview \$131  
90 Works \$108



FLORIDA  
DEPARTMENT of  
CORRECTIONS

Governor

**RON DESANTIS**

Secretary

**RICKY D. DIXON**

501 South Calhoun Street, Tallahassee, FL 32399-2500

<http://www.dc.state.fl.us>

July 17, 2024

Richard J. Lynch  
Reentry Alliance Pensacola, Inc.  
1000 West Blount Street  
Pensacola, Florida 32501

**RE: Escambia County's Opioid Abatement Strategy Grant Program, Reentry Alliance Pensacola, Inc. Substance Abuse Support Program**

Dear Mr. Lynch:

The Florida Department of Corrections (FDC) is pleased to provide this letter of support to Reentry Alliance Pensacola, Inc.

It is our understanding that Re-Entry Alliance Pensacola, Inc. (REAP) is requesting funding from Escambia County's Opioid Abatement Strategy Grant Program to continue providing reentry services to men and women, with a history of substance use disorders who have recently released from state prisons. Services will include standardized screening and assessment processes for substance abuse disorders; utilization of evidence-based pre- and post-release behavioral interventions that address individualized criminogenic risk factors. Additionally, medication-assisted treatment may be utilized under the direction of a Licensed Mental Health Practitioner as a part of the program. REAP intends to serve those post release inmates that will reside in Escambia and Santa Rosa counties.

Upon approval of funding, the FDC in collaboration with Reentry Alliance Pensacola, Inc. (REAP) will:

- Allow REAP staff access to eligible inmates for participant recruiting and program services,
- Where available, allow REAP staff to conduct training and program activities at correctional institutions, and,
- Provide release date of selected program participants.

This program supports FDC's mission to provide a continuum of services to meet the needs of those entrusted to our care, creating a safe and professional environment with the outcome of reduced victimization, safer communities, and an emphasis on the premium of life.

Sincerely,



Mark Tallent  
Chief Financial Officer





# FLORIDA DEPARTMENT OF CORRECTIONS

GOVERNOR  
RON DESANTIS

SECRETARY  
RICKY DIXON

15 July 2024

To Whom It May Concern,

I am writing to express my support for Re-Entry Alliance Pensacola (REAP) initiatives which aid in the transition of individuals from incarceration back into society in Northwest Florida. It is crucial to provide resources and support to help these individuals reintegrate successfully, contribute positively to our community, and reduce criminal recidivism. REAP has been providing the invaluable services and resources for those in need in our local community which allows for a successful transition.

REAP has consistently demonstrated their deep commitment to improving the lives of those reintegrating into society by providing transportation, housing, and basic necessities. These efforts have not only filled crucial gaps in services but have also fostered a sense of unity and resilience among residents.

REAP's dedication to self-sufficient and productive citizens is commendable and has made a tangible difference in reducing criminal recidivism. The program has been responsive to community needs and taken a proactive stance in finding sustainable solutions.

Furthermore, I have had the privilege of collaborating with REAP on inmates transitioning into society, and I have consistently been impressed by their professionalism, compassion, and unwavering dedication to serving others.

Please do not hesitate to reach out if I can provide further assistance or support in any way.

Respectfully,

James Cadden  
Correctional Probation Senior Supervisor  
3100 West Fairfield Drive  
Pensacola, FL 32505  
850-462-6316

GINGER BOWDEN MADDEN  
STATE ATTORNEY



OFFICE OF  
**STATE ATTORNEY**  
FIRST JUDICIAL CIRCUIT OF FLORIDA

July 24, 2024

To Whom It May Concern:

Please accept this letter of support for Re-Entry Alliance Pensacola, Inc. (REAP) and their grant applications for funding. This office supports the request and will work with REAP and other stakeholders such as local judiciary, law enforcement, criminal defense bar and jail officials to address issues involving incarceration and re-entry upon release.

ESCAMBIA COUNTY  
190 W Government St  
Pensacola, FL 32591  
(850) 595-4200

SANTA ROSA COUNTY  
6495 Caroline St  
Suite S  
Milton, FL 32570  
(850) 981-5500

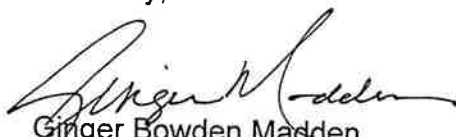
OKALOOSA COUNTY  
1804 Lewis Turner Blvd  
Suite 100  
Fort Walton Beach, FL 32547  
(850) 651-7260

WALTON COUNTY  
524 Hwy 90 East  
Ft. W. Funiak Springs, FL 32435  
(850) 892-8080

This office is responsible for the prosecution of individuals charged with felonies, misdemeanors and criminal traffic violations in Escambia County and the First Judicial Circuit. We currently operate a number of diversionary programs designed to divert appropriate individuals from the court process. We also participate with other agencies in specialty courts which are designed as an alternative to incarceration. If this grant is successful, it will provide additional support for needed re-entry programs and may lead to lower rates of recidivism and help reduce jail and prison admissions. This may in turn help reduce the high cost of incarceration.

I am pleased to have the opportunity to be involved with this process and support REAP's application.

Sincerely,

  
Ginger Bowden Madden  
State Attorney, First Judicial Circuit

GBM/jw



Kathaleen Cole  
Board Chair

Marcus L. McBride, PhD  
Chief Executive Officer

March 8, 2024

Dear Mr. Whibbs,

CareerSource Escarosa is pleased to provide this letter of support and commitment to Re-Entry Alliance Pensacola, Inc. (REAP) for the 2024 Homeless Veterans' Reintegration Program (HVRP), Incarcerated Veterans' Transition Program (IVTP), and the Homeless Women Veterans' and Homeless Veterans with Children Reintegration Grant Program (HWWHVWC).

It is our understanding that Re-Entry Alliance Pensacola, Inc. will use awarded funding to continue providing a re-entry program for Veterans and Veteran inmates scheduled for release as well as those who were recently released from incarceration located in Northwest Florida. The program will include standardized screening and assessment processes to determine their marketability and suitability for employment. Additionally, the funding will also support REAP's current employment and education program.

Upon approval of funding, CareerSource Escarosa in collaboration with Re-Entry Alliance Pensacola, Inc. will operationalize the following:

- Provide qualified REAP, Inc. staff and eligible inmates with access to CareerSource Escarosa and assist them with program enrollment and program services offered at CareerSource Escarosa.
- Allow REAP, Inc. staff to conduct training and other program activities at CareerSource Escarosa as organizational capacity permits; and
- Assist REAP, Inc. in obtaining outcome data for program participants.

This program supports HVRP's mission to provide a continuum of services to Veterans that meet the needs of those entrusted to our care, creating a safe and professional environment with the outcome of reduced victimization, safer communities, and an emphasis on the premium of life.

Sincerely,

A handwritten signature in black ink that reads "McL McBride". The signature is fluid and cursive, with the first name "McL" and last name "McBride" clearly distinguishable.

Marcus L. McBride, PhD  
Chief Executive Officer

6913 N. 9th Avenue  
Pensacola, FL 32504  
p: 850.473.0939 | f: 850.473.0935  
careersourceescarosa.com



# 2025 BUDGET

REVENUE	RE-ENTRY 2025 YEAR	RE-ENTRY MONTH 2025	MAXWEL 2025 YEAR	MAXWELL MONTH 2025		AL'S 2025 YEAR	AL'S MONTH 2025	BCC 2025 YEAR	BCC MONTH 2025	CAMP 1 2025 YEAR	CAMP1 2025 MONTH	TOTAL YEAR 2025
FDOC-Escambia	480,000	40,000				13,500	1,125	18,000	1,500	0	0	
FDOC-SR Rosa	144,000	12,000					0	0	0	0	0	
GEO	9,600	800					00	0	00	0	0	
Program Fees	444,000	37,000	108,000	9,000		72,000	6,000	92,400	7,700	9,600	800	
United Way	2,400	200	36,000	3,000		0	0	0	0	0	0	
ESC/SR County		0				0	0	0	0	0	0	
O D Challenge		0	36,000	3,000		0	0	0	0	0	0	
O D RRH		0	290,373	24,197		0	0	0	0	0	0	
OD-ESG		0	33,600	2,800		0	0	0	0	0	0	
DOH-Food		0	48,000	4,000		0	0	0	0	0	0	
Contributions		0	51,000	4,250		0	0	0	0	0	0	
Miscell. Income	2,400	200					0	0	0	0	0	
Sale of Items	0	0					0	0	0	0	0	
Spec. Function			8,400	700			0	0	0	0	0	
TOTAL REVENUE	\$1,082,400	\$90,200	611,373	50,947		\$85,500	\$7,125	\$110,400	\$9,200	\$9,600	\$800	\$1,899,273
EXPENSES												
Landrum Pay	420,000	35,000										
MW Director			60,000	5,000		28,800	\$2,400	28,800	2,400	6,000	500	
MW C/Manag.			102,000	8,500								
MW Security			120,000	10,000								
Admin Allocation			86,400	7,200		14,400	\$1,200	14,400	1,200	4,800	400	
Special Pay												
United Way	6,000	500										
PERSONNEL	\$426,000	\$35,500	\$368,400	\$30,700		\$43,200	\$3,600	\$43,200	\$3,600	\$10,800	1,300	\$891,600
Fuel	15,000	1250										
Maint. & Repairs	7,200	600										
Auto Insurance	12,000	1,000										
TOTAL TRANS.	\$34,200	2,850	0	0		0	0	0	0	0	0	\$34,200



# RE-ENTRY ALLIANCE PENSACOLA, INC.

## 2025 BUDGET

EXPENSES (CONTINUED)	RE-ENTRY 2025 ANNUAL	MONTH 2025	MAXWELL 2025 ANNUAL	MAXWELL MONTH 2025	AL'S 2025 ANNUAL	AL'S MONTH 2025	BCC 2025 ANNUAL	BCC 2025 MONTH	CAMP 1 2025 ANNUAL	CAMP 1 2025 MONTH	TOTAL YEAR
Tents, tarps									1,200	100	
Prop. Owners RRH			175,000	14,584							
RRH Utility Deposits			45,650	3,804							
Rental Payments	180,000	15,000									
Utilities	90,000	7,500									
Workers' Expense	21,600	1,800	60,000	5,000	21,000	1,750	18,000	1,500			
Workers' Meals	3,000	250									
Material Purchases	36,000	3,000									
Sublet Repairs	2,400	200									
Housing Ins.	4,800	400									
Landfill Expense	600	50									
Real Estate Taxes	12,000	1,000									
<b>HOUSING/SITE</b>	<b>\$350,400</b>	<b>\$29,200</b>	<b>\$280,650</b>	<b>\$23,387</b>	<b>\$21,000</b>	<b>\$1,750</b>	<b>\$18,000</b>	<b>\$1,500</b>	<b>\$1,200</b>	<b>\$100</b>	<b>671,250</b>
<b>CLIENT NEEDS</b>	<b>6,000</b>	<b>500</b>	<b>\$7,200</b>	<b>\$600</b>	<b>----</b>	<b>----</b>	<b>\$0</b>	<b>\$0</b>	<b>\$600</b>	<b>\$50</b>	<b>13,800</b>
Office Rent & Util.	24,000	2,000	90,000	7,500							
Repairs & Impro.	600	50	18,000	1,500	12,000	1,000	2,400	200	240	20	
Cox Comm & Inter.	3,000	250	6,000	500	1,500	125					
Computer Service	8,400	700	2,400	200	2,700	225					
Legal & Accounting	3,000	250									
Office Supplies	7,200	600	1,200	100							
Janitorial			6,000	500							
Gen. Liability Ins.	15,000	1,250	30,000	2,500	6,000	500	6,000	500			
Insurance Allocation	24,000	2,000	12,000	1,000	16,200	1,350	3,600	300	240	20	
Postage & Shipping	600	50									
Marketing	3,600	300									
Travel & Meals	2,400	200									
SBA Loan Interest	7,200	600									
LOC Interest	3,600	300									
Bank/Ama Charges	1,200	100									
Food Service			18,000	1,500	120	10					
<b>OPERAT. EXPEN.</b>	<b>\$103,800</b>	<b>\$8,650</b>	<b>\$183,600</b>	<b>\$15,300</b>	<b>\$38,520</b>	<b>\$3,210</b>	<b>\$12,000</b>	<b>\$1,000</b>	<b>\$480</b>	<b>\$40</b>	<b>338,400</b>
<b>TOTAL EXPENSES</b>	<b>\$920,400</b>	<b>\$76,700</b>	<b>\$839,850</b>	<b>\$69,987</b>	<b>\$102,720</b>	<b>\$8,560</b>	<b>\$73,200</b>	<b>\$6,100</b>	<b>\$13,080</b>	<b>\$1,090</b>	<b>1,949,250</b>
<b>SURPLUS/DEFICIT</b>	<b>\$162,000</b>	<b>\$13,500</b>	<b>(\$228,477)</b>	<b>(\$19,040)</b>	<b>(\$17,220)</b>	<b>(\$1,435)</b>	<b>\$37,200</b>	<b>\$3,100</b>	<b>(\$3,480)</b>	<b>(\$290)</b>	<b>(\$49,977)</b>

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

DEPARTMENT OF THE TREASURY

Date: JUN 11 2014

RE-ENTRY ALLIANCE PENSACOLA INC  
C/O C REID BARRINEAU  
501 COMMENDENCIA ST  
PENSACOLA, FL 32502

Employer Identification Number:  
38-3908383  
DLN:  
17053003372034  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
May 10, 2013  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

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. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>RE-ENTRY ALLIANCE PENSACOLA, INC.</b>		
2 Business name/disregarded entity name, if different from above		
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. <b>1000 WEST BLOUNT STREET</b>		Requester's name and address (optional)
6 City, state, and ZIP code <b>PENSACOLA, FLORIDA 32501</b>		
7 List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
			-					
or								
Employer identification number								
3	8		-	3	9	0	8	3

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign this certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign  
Here

Signature of  
U.S. person ►

Date ►

1/1/2025

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

**If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.**



**From:** [Melinda Heim](#)  
**To:** [Home-ARP](#)  
**Cc:** [Vince Whibbs \(personal\)](#)  
**Subject:** [EXTERNAL]REAP-HOME-ARP-Letter of Support  
**Date:** Monday, January 6, 2025 3:19:48 PM  
**Attachments:** [image003.png](#)  
[REAP-Additional Letter of Support-HOME-ARP Application.pdf](#)

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**WARNING!** This email originated from an outside network. **DO NOT CLICK** links or attachments unless you recognize the sender and know the content is safe.

Madam or Sir:

I apologize for the additional email; however, the attached Letter of Support was inadvertently not included in the submission for the HOME-ARP grant sent at 3:00 pm today from Re-Entry Alliance Pensacola, Inc. (REAP). Would you please add it to our packet? Thank you in advance.

Regards,

Melinda Heim  
Executive Assistant / Office Manager  
Re-Entry Alliance Pensacola, Inc. (REAP)  
1000 West Blount Street  
Pensacola, Florida 32501  
850-332-6677



Re-Entry Alliance  
Pensacola, Inc.

**REAP  
FINANCIAL  
STATEMENTS  
2022  
ALL OPERATIONS**

# REAP

## P&L - incl accrued fees & reimbursements

	Jan - Dec 22
Income	
311 Grants & Contracts	
311A FDOC	411,110
311J FDOC Sath	18,675
311B GEO	11,602
Total 311 Grants & Contracts	441,387
312 Program Fees	
312C Fees from Clients	192,727
Total 312 Program Fees	192,727
314 Contributions	
314C United Way	12,500
314A Directors Cash	11,527
315 Annual Fund Drive Escambia	54,968
315A Other Contributors Cash	12,050
Total 314 Contributions	91,045
319 Interest Income	2
320 Thrift Store Operations	
320A Sales	53,123
320B Donations	600
440 Thrift Store Expenses	
440I Thrift insurance	(324)
411C Payroll T Store	(37,238)
440A Rent	(17,900)
440F Workers-Direct	(2,075)
440B Utilities	(8,028)
440O Office supplies	(150)
440E Supplies non office	(1,998)
440D Repairs	(675)
440G Vehicles, Mileage, Rentals	(4,368)
440C Maintenance	(12)
440I Marketing	(511)
Total 440 Thrift Store Expenses	(73,278)
Total 320 Thrift Store Operations	(19,555)
OD1 Opening Doors Admin Fee	
OD 1.5 ESG-CV Admin Fee 22-23	958
OD1 Opening Doors Admin Fee - Other	9,896
Total OD1 Opening Doors Admin Fee	10,855
Temporary Emergency Operations	
Temp Emerg. Revenue	
TE1 Opening Doors Payments	204,677
TE1.5 ESG-CV Lodges 22-23	49,988
TE4 Lodges - City of Pens	40,746
TEi4 Resident Fees	30,366
TE113 Interest income	0
Total Temp Emerg. Revenue	325,777
Temporary Emerg Expenses	
TE P1 Personnel	
TEp6 Night Clerk	(992)
TE P1 Personnel - Other	(163,324)
Total TE P1 Personnel	(164,316)
TE Transportation of Clients	
TEt3 Fuel	(910)
TEt9 Mileage	(476)
TEt6 Bus Passes & Uber	(1,104)
TEt4 Insurance	(647)
TEt5 Maintenance	(30)

	Jan - Dec 22
TEt1 Transportn of Clients	(64)
Total TE Transportation of Clients	(3,231)
TE Client Services	
TEc1 Client Hsg, Food & Needs	(83,473)
c2 Hotel & Motel Vouchers	(1,687)
TEc5 Lease Paymts & Occupancy	(55,000)
TEc14 Electricity	(1,233)
TEc16 Water & Sewer	(805)
Total TE Client Services	(142,199)
/TEa3 Administrative	
TEa13 Supplies-Non-Office	(1,554)
TEa12 Trash	(586)
TEa5 Cox Comm & Panhand. Alarm	(2,638)
TEa7 Office Supplies & Expens	(964)
TEa6 Computer Services	(1,575)
TEa21 Office supplies	(1,285)
TEa10 Travel & Meals	(30)
TEa11 Education & Training	(115)
TEa15 Repairs & Materials	(1,152)
TEa20 Property Insurance	(6,485)
TEa16 Start-Up & Contingency	(735)
Total /TEa3 Administrative	(17,120)
Total Temporary Emerg Expenses	(326,865)
Total Temporary Emergency Operations	(1,088)
Rapid Rehousing Operations	
RR1 Opening Doors Payments	190,940
Rapid Rehousing Expenses	
P1 Personnel	
P5 Other Personnel	(575)
P1 Personnel - Other	(50,142)
Total P1 Personnel	(50,717)
c1 Client Housing	
c4 Habitability Inspections	(30)
c5 Lease Payments to Landlord	(75,106)
C14 Landlord incentive fees	(43,769)
c6 Lease Security Payments	(33,321)
c8 Electricity Deposits	(4,321)
c10 Water & Sewer Deposits	(519)
c11 Utility Payments	(5,378)
C16 Client bills paid	(2,437)
C15 Furniture for clients	(14,979)
c13 Moving Costs	(414)
Total c1 Client Housing	(180,274)
a3 Administrative	
a12 Fuel	(133)
a2 Insurance	(1,996)
a5 Cox Communications	(682)
a6 Computer Services	(832)
a7 Office Supplies & Expenses	(1,132)
Total a3 Administrative	(4,776)
Total Rapid Rehousing Expenses	(235,766)
Total Rapid Rehousing Operations	(44,826)
Homeless Management Operations	
HM1 Opening Doors Payments	32,618
Homeless Management Expenses	
HMa3 Administrative	

	Jan - Dec 22	
HMa5 Insurance	(1,996)	
HMa12 Equipment Hardware	(95)	
HMc11 Utility Payments	(23,731)	
HMa6 Computer Services	(1,415)	
Total HMa3 Administrative	(27,237)	
Total Homeless Management Expenses	(27,237)	
Total Homeless Management Operations		5,381
Prevention Services		
PS1 Opening Door Payments	12,952	
Total Prevention Services		12,952
City funded operations		
PG1 Payments from City	543,190	
PGa Operation Expenses		
PGa4 Marketing	(76)	
PGa23 Office Supplies	(455)	
PGa14-Fuel	(1,413)	
PGa13-Cox Communications	(1,097)	
PGA1 Payroll	(51,723)	
PGc2-Motel Vouchers	(114,848)	
PGc3 SOS Camp One Client Needs	(11,768)	
PGt1 Transportation of Clients	(8,409)	
PGa18 Worker's Meals	(94)	
PGa22 SOS Camp One Utilities	(12,717)	
PGa21 Landfill	(62)	
PGa15 Repairs & Materials	(5,989)	
PGa17 Storage Unit	(6,467)	
PGa20 Insurance	(26,582)	
PGa19 Misc. Supplies	(5,236)	
PGa16 Start-Up & Contingency	(14,275)	
Total PGa Operation Expenses	(261,211)	
Total City funded operations		281,979
Maxwell Center Operations		
MX Revenue		
MX2 City payments	54,317	
MX 4 Resident Fees	15,640	
MX2 Community Support	50	
Total MX Revenue		70,007
MX Lease Payments to Owner	(103,720)	
Maxwell Ctr Expenses		
MX P1 Personnel		
MX1 Personnel	(81,887)	
Total MX P1 Personnel	(81,887)	
MX Transportation of Clients		
MXt3 Fuel	(23)	
MXt6 Bus Passes & Uber	(87)	
MXt11 Transportn of Clients	(195)	
Total MX Transportation of Clients	(305)	
MX Client Services		
MXc1 Client Hsg, Food & Needs	(21,119)	
Total MX Client Services	(21,119)	
MXa Administrative		
MXa12 Non Office Supplies	(1,757)	
MXa21 Electricity	(19,279)	
MXa22 Gas	(30)	
MXa23 Water & Sewer	(2,570)	
MXa24 Trash	(1,330)	

	Jan - Dec 22
MXa5 Commun & Alarm	(3,470)
MXa7 Office Supplies & Expens	(1,160)
MXa6 Computer Services	(434)
MXa9 Marketing	(566)
MXa15 Repairs & Materials	(4,579)
MXa20 Property Insurance	(7,248)
MXa16 Start-up & Contingency	(5,475)
Total MXa Administrative	(47,899)
Total Maxwell Ctr Expenses	(151,210)
Total Maxwell Center Operations	(184,923)
Nor Palafox Operations	
NP Revenue	
NP4 Resident Fees	4,850
Total NP Revenue	4,850
NP Expenses	
NP Interest Payments to Switzer	(2,500)
NP Transportation of Clients	
NPT4 Insurance	(4,823)
Total NP Transportation of Clients	(4,823)
NP Client Service	
NPc1 Client Hsg, Food & Needs	(20)
Total NP Client Service	(20)
NPa Administrative	
NPa25 Property Taxes	(243)
NPa21 Electricity	(1,769)
NPa22 Gas	(686)
NPa23 Water & Sewer	(290)
NPa9 Marketing	(20)
NPa15 Repairs & Materials	(1,915)
NPa16 Start-up & Contingency	(359)
Total NPa Administrative	(5,282)
Total NP Expenses	(12,625)
Total Nor Palafox Operations	(7,775)
Total Income	778,160
Gross Profit	778,160
Expense	
411 REAP Basic Personnel exp	
411A Payroll Drafts Landrum	457,704
1411A Landrum Milton	50,945
411B Nonemployee Wages (1099)	6,193
411D Payroll for other depts	21,939
411 REAP Basic Personnel exp - Other	175
Total 411 REAP Basic Personnel exp	536,956
412 Transportation	
412A Fuel	19,396
412B Maintenance & Repairs	6,004
412C Insurance Vehicles (net)	401
412D Mileage Reimbursement	83
Total 412 Transportation	25,884
413 Housing Expense	
413B Interest on Mortgage	176
413A Rental Payments	35,780
1413A-Milton Housing Rent-Bent	2,800
413G Utilities-Water & Sewer	15,831

	Jan - Dec 22
413F Utilities-Electricity	38,798
413J Utilities-Gas	3,887
1413F Electricity-Milton	1,041
1413G Milton Water Sewer Garba	95
413H BOP & Other Workers Exp	39,584
413L Worker Meais	6,956
413E Materials purchased	13,129
413I Sublet Repairs	5,692
413C Insurance - Housing	2,529
413K Property Taxes	3,306
Total 413 Housing Expense	169,606
414 Client Needs	13,453
415 Office Rent & Utilities	13,012
416 Office Repairs & Impr.	7,143
417 New Milton Project	
417a Office rent	14,400
417b Utilities & internet	7,257
417c Office supplies	30
Total 417 New Milton Project	21,688
418 Cox Commun/Internet	2,280
419 Computer Service	5,784
421 Office Supplies	6,626
420A Accounting, Tax Return	1,375
430 Insurance	19,906
422 Office Dues & Fees	69
421A Postage & Shipping	1,310
424 Marketing	4,784
425 Travel Expenses	620
426 Education	379
427A Corporate & Govt Fees	561
428 Bank & Amazon Charges	211
499 Reconciliation adjustments	(14,231)
Total Expense	817,417
Net Income	(39,258)



**REAP  
FINANCIAL  
STATEMENTS  
2023  
ALL OPERATIONS**

## FINANCIAL STATEMENT NOTE

In December 2023, Opening Doors of Northwest Florida, Inc. announced that REAP has received a Special Allocation of HUD Challenge Grant Funding, , in the approximate amount of \$163,218, which would be paid by end of the Fiscal Year 2023-2024, ending on June 30, 2024. This funding was accrued in the financial statements for 2023, reflecting a Net Loss for 2023 of \$130,451, as per the attached "Profit & Loss YTD", but was not shown on the attached Balance Sheet.

RE-ENTRY ALLIANCE PENSACOLA, INC.

12/31/2023

PROFIT & LOSS YTD

INCOME

Re-Entry Basic Program	\$122,156
Bill Cross Center	\$ 21,413
Thrift Store Operations	(\$12,861)
Lodges Operations	(\$22,202)
Max-Well Respite Center Operations	(\$391,804)
Al's House Operations	(\$3,280) ✓
Sale of Donated Property	\$ 61,713 ✓
Special Income Opening Doors	\$163,218 <i>822,000 at 2</i>
Reconciliation Items	<u>(\$643)</u>

TOTAL INCOME (\$101,451)

OTHER EXPENSE NOT INCLUDED

Cost of Property Sold \$29,000

NET INCOME (\$130,451)

**REAP and related functions  
2023 summary P&L vs budget  
with selected highlights from 2022**

					Jan - Dec 23
Income					
				REAP basic program	
				REAP revenue	
				Grants & Contracts	
				FDOC Escambia	269,493
				FDOC Santa Rosa	147,950
				GEO	4,330
				Impact 100	0
				Opening Doors	0
				Barker	25,000
				United Way, ESC & SR funds	0
				Cares/COVID	0
				Escambia Sheriff	0
				Other grants & contracts	0
				Total Grants & Contracts	446,773
				Program fees	245,218
				Contributions	
				Directors cash	21,450
				Directors in kind	0
				Other contributors cash	146,934
				Other contributors in kind	0
				Total Contributions	168,384
				Sales of items	0
				Trailer rental income	5,000
				Interest income	0
				Misc. income	120
				Total REAP revenue	865,495
				REAP operational expenses	
				ReEntry payroll thru Landrum	(403,703)
				Employee pay deduct U Way	(2,490)
				Transportation	
				Transportation - fuel	(15,892)
				Transport - maint & repairs	(10,944)
				Transport -vehicle insurance	2,176
				Total Transportation	(24,660)
				Housing	
				Interest on mortgages	(102)
				Rental payments	(63,665)
				Utilities	(69,471)
				Workers expense	(46,635)
				Worker meals	(3,466)
				Materials purchased	(19,316)

**REAP and related functions**  
**2023 summary P&L vs budget**  
with selected highlights from C

					Jan - Dec 23	
				Sublet repairs	(9,813)	
				Housing insurance	(8,003)	
				Landfill	1,441	
				Property taxes	0	
				<b>Total Housing</b>	<b>(219,030)</b>	
				<b>Client needs</b>	<b>(5,422)</b>	
				<b>REAP admin &amp; other expenses</b>		
				Office rent & utilities	(16,128)	
				Office repairs & improvements	(4,180)	
				Cox Commun & internet	(3,733)	
				Computer service	(5,199)	
				Legal & accounting	(7,332)	
				Office supplies	(5,860)	
				Insurance non auto or housing	(29,825)	
				Postage & shipping	(631)	
				Marketing	(3,965)	
				Travel & meals	(875)	
				Education	(130)	
				SBA loan interest	(8,974)	
				Govt & corporate fees	(777)	
				Bank & Amazon charges	(426)	
				<b>Total REAP admin &amp; other expenses</b>	<b>(88,035)</b>	
				<b>Total REAP operational expenses</b>	<b>(743,340)</b>	
				<b>Total REAP basic program</b>	<b>122,155</b>	
				<b>Bill Cross operations</b>		
				<b>Bill Cross revenue</b>		
				Main house rental	0	
				Modular rental	0	
				Small house rentals	0	
				FDOC resident fees	67,889	
				Non-FDOC resident fees	7,567	
				In kind donations	0	
				Contributions	0	
				<b>Total Bill Cross revenue</b>	<b>75,456</b>	
				<b>Bill Cross expenses</b>		
				<b>Personnel</b>		
				Program director	(41,461)	
				Employment taxes, insur & admin	0	
				<b>Total Personnel</b>	<b>(41,461)</b>	
				<b>Site expenses</b>		
				Electric	(5,537)	
				Water/Trash	(420)	

**REAP and related func**  
**2023 summary P&L vs b**  
with selected highlights from I

				Jan - Dec 23	
			Internet / WiFi	0	
			Security camera, dig'l storage	0	
			<b>Total Site expenses</b>	(5,957)	
			<b>Office &amp; admininstrative</b>		
			Cox Commun & internet	0	
			Computer services	0	
			Mortgage interest - Switzer	(6,000)	
			Legal & accounting	0	
			Insurance	0	
			Office & administrative	(65)	
			Maintenance & repair	(560)	
			<b>Total Office &amp; admininstrative</b>	(6,625)	
			Miscellaneous & other	0	
			Contingency	0	
			<b>Total Bill Cross expenses</b>	(54,043)	
			<b>Total Bill Cross operations</b>	21,413	
			<b>Thrift store operations</b>		
			<b>Thrift store revenue</b>		
			General sales	62,852	
			Special donations	0	
			<b>Total Thrift store revenue</b>	62,852	
			<b>Thrift store expenses</b>		
			<b>Personnel</b>		
			Store manager	(46,344)	
			Sales assoc/housekeeping	0	
			NCBA associate	0	
			REAP workers	(70)	
			Taxes, benefits, insurance 23%	0	
			<b>Total Personnel</b>	(46,414)	
			<b>Thrift store other expenses</b>		
			Lease agreement	(11,700)	
			Thrift store utilities	256	
			Dumpster	(8,034)	
			Repairs & maintenance	(190)	
			Cox Commun & Internet	(529)	
			Supplies Office & Other	(36)	
			Thrift store insurance	0	
			Financial & admiin costs	(6,210)	
			U-Haul rentals	(2,371)	
			Thrift misc expenses	(486)	
			<b>Total Thrift store other expenses</b>	(29,300)	
			<b>Total Thrift store expenses</b>	(75,714)	

**REAP and related function**  
**2023 summary P&L vs b**  
with selected highlights from D

					Jan - Dec 23	
				Total Thrift store operations	(12,862)	
				Lodges operations		
				Lodges revenue		
				O Drs Emer Sol'ns ESG-CV3 23-24	1,566	
				O Drs Emer Shelter ESG 23-24	12,698	
				Opening Doors	69,772	
				O Doors RR direct client pmts	(1,350)	
				City of Pensacola ARPA	93,730	
				County funding ARPA	0	
				United Way-Lodges	55,921	
				Child Care Food Lodges	4,924	
				Programmatic income	28,762	
				Interest Income	0	
				Total Lodges revenue	266,023	
				Lodges expenses		
				Lodges personnel		
				Program director-EM	(41,654)	
				Senior case manage CS	(37,263)	
				Night clerks	(67,620)	
				Employment taxes, insur & admin	(37,805)	
				Total Lodges personnel	(184,342)	
				Other lodges expenses		
				Client laundry, IDS	(213)	
				Lease agreement	(44,095)	
				Lodges utilities	(19,341)	
				Fuel/Mileage	(20)	
				Repairs & maintenance	(2,879)	
				Janitorial	(3,296)	
				Lodge Dumpster	(3,746)	
				Computer Service	(2,235)	
				Cox Commun & Internet	(2,234)	
				Lodges insurance	(5,407)	
				Food service	(18,721)	
				Client needs lodges	(1,135)	
				Financial & admin costs	(561)	
				Miscellaneous	0	
				Total Other lodges expenses	(103,883)	
				Total Lodges expenses	(288,225)	
				Total Lodges operations	(22,202)	
				Maxwell respite ctr operations		
				Maxwell revenue		
				O Drs Emer Sol'ns ESG-CV3 23-24	13,772	



**REAP and related functions**  
**2023 summary P&L vs b**  
with selected highlights from 1

			Jan - Dec 23
		O Drs Emer Shelter ESG 23-24	9,334
		CHALLENGE trans services 23-24	18,612
		1-time coord entry grant 2023	19,500
		United Way-Respite Center	20,000
		City of Pensacola	47,697
		Opening Doors	0
		DVA housing fees	0
		Dept of Agric Food	0
		E F & S	0
		Hospital fees for respite care	0
		Child Care Food Maxwell	0
		Client program fees	76,670
		Contributions	0
		Interest Income	2
		Total Maxwell revenue <i>(only)</i>	• 205,587
		Maxwell expenses	
		Personnel	
		Administrative	(61,504)
		Program director	(55,523)
		Senior case manager	(97,968)
		Night clerks	(108,439)
		Employment taxes, insur & admin	(3,900)
		Total Personnel <i>OL</i>	• (327,334)
		Transportation expense ✓	(93)
		Respite care, client needs ✓	(1,585)
		Cox ✓	(6,073)
		Computer services ✓	(2,235)
		Lease agreement ✓	(149,340)
		Utilities, dumpster ✓	(45,107)
		Janitorial ✓	(7,233)
		Repairs & maintenance ✓	(4,497)
		Maxwell insurance ✓	(29,744)
		Food service ✓	(22,129)
		Financial, office & admin costs ✓	(2,022)
		Miscellaneous	0
		Total Maxwell expenses	(597,392)
		Total Maxwell respite ctr operations	(391,805)
		Camp One operations	
		Camp One revenue	
		Resident Fees	6,140
		Local govt funding	0
		In kind donations	0

**REAP and related functions**  
**2023 summary P&L vs budget**  
with selected highlights from

				Jan - Dec 23
			Contributions	0
			Total Camp One revenue	6,140
			Camp One expenses	
			Personnel	
			Program director	(25,615)
			Volunteer incentives	0
			Employment taxes, insur & admin	0
			Total Personnel	(25,615)
			Client needs	
			Client needs (various)	(491)
			Food expenses	(397)
			Total Client needs	(888)
			Site Expenses	
			Electric	(1,955)
			Water	(2,370)
			Dumpster	(4,450)
			Cell phone, solar charg. stat.	(392)
			Internet / WiFi	(110)
			Fence, foundation, hookup	0
			Tents, tarps, camp supplies	(487)
			Security camera, digi'l storage	0
			Total Site Expenses	(9,764)
			Office & admin	
			Cox Commun & internet	(768)
			Insurance	(7,078)
			Office & admin	(148)
			Maintenance & repair	(1,041)
			Total Office & admin	(9,035)
			Miscellaneous & other	0
			Contingency	0
			Camp One expenses - Other	0
			Total Camp One expenses	(45,302)
			Total Camp One operations	(39,162)
			Stubblefield/fPathways bldg ops	
			Stubblefield/fPathways revenue	
			Resident Fees	6,614
			PFC Building	0
			E F & S Program	0
			Local govt funding	0
			Total Stubblefield/fPathways revenue	6,614
			Stubblefield/fPathway expenses	
			Personnel	

**REAP and related functions**  
**2023 summary P&L vs budget**  
with selected highlights from

					Jan - Dec 23
				Program director	(23,506)
				Security guard / night duty	0
				Employment taxes, insur & admin	0
				<b>Total Personnel</b>	<b>(23,506)</b>
				<b>Vehicle expense</b>	
				Vehicle expense (various)	0
				Fuel	(119)
				Insurance	0
				Maintenance	0
				<b>Total Vehicle expense</b>	<b>(119)</b>
				<b>Site expenses</b>	
				Maintenance & repair, incl Health Auth.	17,913
				Gas	(111)
				Electric	(1,932)
				Water	0
				Dumpster	0
				Cell phone, solar charge stat.	0
				Internet / WiFi	0
				Security camera, dig'l storage	(1,040)
				<b>Total Site expenses</b>	<b>14,830</b>
				<b>Office &amp; administrative</b>	
				Cox Commun & internet	(240)
				Computer services	(196)
				Legal & accounting	0
				Insurance	0
				Office & administrative	(55)
				<b>Total Office &amp; administrative</b>	<b>(491)</b>
				Miscellaneous & other	0
				Contingency	(608)
				<b>Total Stubblefield/fPathway expenses</b>	<b>(9,894)</b>
				<b>Total Stubblefield/fPathways bldg ops</b>	<b>(3,280)</b>
				Reconciliation items	(643)
				Sale of REAP property	61,713
				<b>Total cash flow for year</b>	<b>(264,673)</b>
				Cost of REAP property sold	(29,000)
				<b>Net Income</b>	<b>(293,673)</b>

**REAP and related functions****Balance Sheet**

As of December 31, 2023

	Dec 31, 23
<b>ASSETS</b>	
Current Assets	
Checking/Savings	
The First Bank accounts	
REAP checking (75)	149,521
REAP debit (83)	101
Maxwell Holistic (4540)	548
Total The First Bank accounts	150,170
Total Checking/Savings	150,170
Other Current Assets	
Petty cash boxes	
REAP main office	1,018
Thrift store	100
Lodges	157
Maxwell Holistic	250
Total Petty cash boxes	1,525
Short term receivables	
Client & non-client loans	1,377
Total Short term receivables	1,377
Total Other Current Assets	2,902
Total Current Assets	153,071
Fixed Assets	
Housing	
Purchased	
7008 N Palafox (Bill Cross)	223,913
Total Purchased	223,913
Donated	
909 Lynch	12,500
911 Lynch	27,108
3610 Moreno	25,000
3747 W Gadsden ST	102,444
606 Marlboro ST	82,543
Total Donated	249,595
Total Housing	473,508
Total Fixed Assets	473,508
Other Assets	
Other assets	
Vehicles	38,017
Office furniture	3,163
Computers	1,490
Total Other assets	42,670
Total Other Assets	42,670
<b>TOTAL ASSETS</b>	<b>669,249</b>
<b>LIABILITIES &amp; EQUITY</b>	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Liabilities	
Short term liabilities	
Loan from Whibbs	65,000
The First Bank credit line	51,932

	Dec 31, 23
Total Short term liabilities	116,932
Federal Economic Injury (COVID)	149,900
Switzer mortgage (Bill Cross)	200,000
Madden mortgage (U ST)	1,788
Total Liabilities	468,620
Total Other Current Liabilities	468,620
Total Current Liabilities	468,620
Total Liabilities	468,620
Equity	
Donated property equity	183,299
Opening Balance Equity	311,059
Retained Earnings	(60)
Net Income	(293,669)
Total Equity	200,629
TOTAL LIABILITIES & EQUITY	669,249

**RE-ENTRY ALLIANCE PENSACOLA, INC.**  
**Minutes of Board of Directors Meeting**  
**1000 W Blount St. Pensacola, FL 32501**  
**June 26,2024**

Board Members Present	Board Members on Zoom	Board Members Absent
Dick Baker	Ron Johnson	Al Coby
Lois Benson	Andrea Roberts	Jack DeMoss
Fred Donovan	Sabrina Simpson	Joe Hammons
Liam Dunaway		Ed Holland
Britt Landrum		
Philomena Madden		
David McGee		
Ralph Peterson		
Al Stubblefield		

Also Present: Vince Whibbs, Executive Director  
Audra Francis, Administrative Assistant  
Richard Lynch, Director of Operations

**Welcome and Call to Order**

President Al Stubblefield called the meeting to order at 7:36 am and verified that a quorum was in attendance.

**Minutes**

The minutes of the January 24, 2024 meeting were approved with the exception of one misspelled word.

**Treasurer's Report and Financials**

The Treasurer reported that the financial situation has improved since the January meeting. He reviewed the finances, highlighting important changes and acknowledged the assistance of the Finance Committee which meets monthly.

Both the Treasurer and the Executive Director reviewed the status of REAP's Accounts Receivable. Because REAP depends on grants which are retroactively reimbursed, payment is often delayed and REAP is required to front-end expenses. The Executive Director reviewed

the procedure for receiving HUD money which he explained flows down to the local organization, Opening Doors, and is then allocated to REAP and various other non-profits.

### **Executive Director's Report**

Demand for REAP's services is constantly increasing. The organization is at a peak for serving more people than ever before. A very positive article appeared in the Pensacola News Journal. The Executive Director's Report is attached to these minutes.

### **Old Business**

The ED reported that Florida Legislature approved \$650,000 for FY 2024-25, but it has not yet been signed by the Governor. The Opening Doors Contracts for 24-25 are pending, and several "re-allocations" have also been requested. We have started receiving funding from DOH-Children's Food Program which should average \$4,000 per month. MOU are being drafted for the Recuperation Program at Max-Well.

### **New Business**

#### **a. Mortgage Payoff**

A **MOTION** was made by the Treasurer to pay off the existing mortgage on a property on North U Street in Pensacola, Florida. The motion passed unanimously.

#### **b. Grants Pending Motion**

A **MOTION to Authorize REAP to apply for and to execute contracts for grants from various entities after review by the Finance Committee** was made and seconded. The motion passed unanimously.

### **Next Meeting**

The Executive Director acknowledged that there was a long time between these Board meetings. He will schedule them monthly from now through the end of 2024.

### **Adjournment**

The President adjourned the meeting before 9:00 A.M.

A handwritten signature in blue ink, appearing to read "Philomena Madden", is written over a horizontal line.

Philomena Madden, REAP Secretary.

Minutes prepared and submitted by Philomena Madden and Vince Whibbs 7/5/2024.



**IVAN J. GODFREY Ph.D., D.P.Th., LCSW-R**  
8801 Pathstone Blvd Pensacola Florida 32526  
(845) 616-9029 [swissmvmnt39@gmail.com](mailto:swissmvmnt39@gmail.com)

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## **QUALIFICATIONS**

(Over 32 years experience in the field of Law Enforcement and Human Services Administration)  
(Creative interpersonal skills with staff /patient population and community)  
(Experienced at crisis intervention with D.O.C.S. / OMH employees and their families)

**PROFESSIONAL EXPERIENCE** – (*New York State Office of Mental Health*) (*Florida DOC*)

### **Psychologist Specialist Lead**

***Blackwater River C.F. Geo Group 5914 Jeff Ates Rd. Milton Fl. 32583***

*March -2023 - present*

As the Mental Health Clinical Director work as part of the management team, providing administrative guidance, consultation and mental health leadership to coordinate clinical needs and provide assessment and treatment of mental and emotional disorders of patients in a correctional setting. Assist with the development, implementation, coordination, promotion and evaluation of clinical services. Ensure that behavioral/mental health services delivered are, in compliance with, correctional mental health standards. Supervise non-psychiatric staff including counselors, social workers, re-entry and clerical support as assigned. Ensure that non-psychiatric staff are providing services within their scope of practice and under necessary supervision. Identify and develop clinical resources for use by staff in service delivery and enhancement of clinical skills of staff. Collaborate with Psychiatric Providers in the integration of psychiatric services into mental health programs for patients in need of services.

### **Associate Professor of Criminal Justice & Human Services**

***SUNY Ulster Community College***

***491 Cottekill Rd, Stone Ridge NY. 12484***

***Harbaugh Bldg RM # 120***

*2016 –teaching the following courses*

***Ethics in Criminal Justice***

***Understanding Crime & Criminal Behavior***

***Intro to Corrections***

***Contemporary Issues in Criminal Justice***

### **Assistant Professor of Criminal Justice & Behavioral Science**

***SUNY Delhi University***

***709 Evenden Tower***

***Delhi NY 13276***

*2014 – Teaching the following courses:*

***Introduction to Corrections (CJUS-200-11346)***

***Introductory Psychology (PSYC 100-10158)***

***Introduction to Criminal Justice (CJUS-100-10632)***

***Introduction to Sociology (SOC 100-11472)***

### **Director Criminal Justice Behavioral Health Services**

(September 2011- 2014) St. Johns Riverside Hospital at **Westchester County Dept. of Corrections**

The Director is responsible for the administration and provision of all St. Johns Riverside Hospital Behavioral Health Service programs in the Westchester County Jail, including the design and implementation of policies and procedures in accordance with OASAS regulatory and JCAHO standards. General duties include preparing statistical reports, maintaining awareness of the current trends in reimbursement such as Managed Care, Medicaid and Medicare. Offer appropriate staff support and education when delegating to better ensure optimal results, Clearly convey agency policies, OASAS regulations, and instructions to all staff, maintain awareness of resources available in the agency to support and actualize targeted plans, both programmatically and concerning staff development, Participate in agency and community committees, Orchestrate the overall operation of the program keeping abreast of its progress and effectively intervening to prevent unnecessary difficulties from arising, direct and supervise the department to ensure that quality services are provided in a fiscally effective and efficient manner.

### **Mental Health Treatment Team Leader**

*(March 2005-August 2011) OMH Hudson River Psychiatric Center*

Overall administrative responsibility for the day to day functioning of inpatient & outpatient clinical treatment teams and management of ward milieu, including the environment and treatment programs; provide administrative leadership to teams. Ensure ward based morning report occurs on wards as scheduled, chair treatment planning meetings for each team, coordinate the integration of discipline specific input and recommendations into the tx. Plans. Ensure compliance with medical record, risk management and quality assurance policies and procedures specifically related to the treatment plan section; oversee the development and implementation of ward programs, in concert with program manager, NAI and SW supervisor. Ensure communication with and input from evening and night shift staff in developing tx. plans, and active treatment programming schedules. Conduct patient centered tracers for documentation continuity, review and approve applications for retention, increased level of privilege and conditional release.

### **Mental Health Program Specialist**

*(January 2003-March 2005) New York State Office of Mental Health Bureau of Forensic Services.*

Oversee the relationship between OMH, DOCS, the Division of Parole and community providers as guided by an existing Memorandum of Understanding and Executive Law. Coordinate Division of Parole and Office of Mental Health Relationships working with DOCS Central office staff, Regional Mental Health Directors and Regional Parole Services program specialists to assure appropriate mental health training is available for parole officers and mental health service access for Inmates/persons with mental illness in the community. Assist regional AOT compliance specialist with community provider linkages and support services. Develop, Implement and evaluate policies and procedures which shape the mental health and substance abuse service delivery system and the provision of mental health treatment for the Department of correctional Services. Provide support at state and local level operations, with responsibility for geographic regions and functional areas. Provide on-going supervision for community provider administrative staff on standards of care improvements.

### **Mental Health Program Manager / ITU (Intensive Treatment Unit)**

*(August 2002 - January 2003) Mid-Hudson Forensic Psychiatric Center, New Hampton, NY.*

Responsibilities: Overall management, including assessment, evaluation and direct supervision of therapeutic interventions with a multi-disciplinary clinical treatment team in the pursuit of identified goals and objectives, to decrease patient frequency of physically threatening and assaultive behavior. Provide administrative oversight to clinical treatment team staff and their interaction with patients according to the individualized treatment plans. Conduct chart reviews and monitor time sensitive documentation related to patient program participation and discharge planning objectives.

### **Psychiatric Social Worker**

*(November 1999-August 2002) Mid-Hudson Forensic Psychiatric Center, New Hampton NY.*

As a member of an interdisciplinary treatment team provided a full range of social work services to mentally ill forensic patients including, therapeutic interventions for the purposes of stabilizing and restoring 730.50 competency for fitness status. Facilitate groups on medication management, the criminal justice system and chemical dependency.

### **Chemical Dependency Specialist**

*(December 2000 - September 2002) Ulster County Mental Health Department, Kingston, NY.*

Provide case management services, individual and family counseling, monitor client program participation and compliance in Community Corrections Program. Conduct suicide assessments for newly admitted/arrested jail detainees.

### **Case Manager**

*(January 1998 - April 1999) TASC of Orange County, Goshen, NY.*

Assess, evaluate and refer felony offenders for substance abuse treatment consideration, to an alternative to incarceration program. Monitor and document client progress in treatment and advocate for program participants when appropriate at court appearances before the Orange County Superior Court.

**Adjunct Professor**—SUNY Empire State College Behavioral Science Dept. Highland NY. Campus 2006-present  
Dutchess Community College Behavioral Science Dept. Poughkeepsie NY. Spring -2009  
Marist College Criminal Justice Dept. Poughkeepsie NY. Campus 2009-present

## PROFESSIONAL EXPERIENCE – NYS DEPT. OF CORRECTIONS

### Correction Counselor / ASAT Program Coordinator

*(October 1998 - November 1999) Taconic Correctional Facility, Bedford Hills, NY.*

Oversee administrative duties and supervision for (3) CASAC Counselors with the provision of substance abuse treatment services. Coordinate inmate assessments, evaluations and implementation of didactic 12-Step recovery model program. Oversee staff coordination of focus groups to address unique substance abuse issues for female inmate population. Assist inmates with socialization skills and human service referrals for transition to the community.

### Employee Assistance Program Coordinator

*(September 1989 - October 1998) Edgecombe Correctional Facility, New York, NY.*

Function as liaison between management and labor/Union, advocating for employees. Conduct assessments, evaluations and treatment referrals for staff. Work with staff to identify burn-out indicators. Provide community outreach services. Facilitate suicide prevention, crisis intervention and after-care for domestic violence victims. Counsel and support employee wellness initiatives. Work extensively with HMO's to assess employee appropriate levels of care.

### Network Program Coordinator *(June 1983 - September 1989) Bayview Correctional Facility, New York, NY.*

Oversee administration of therapeutic community program for female inmate population, provide counseling on life skills, substance abuse and facilitate group therapy. Conduct seminars on coping skills necessary for reintegration to the community. Facilitate workshops on accessing community-based support services. Provide educational seminars on smoking cessation, nutrition and STD's to prevent or reduce health risks and promote a healthy-lifestyle.

Correction Officer/Training Academy Instructor *(February 1979 - June 1998) Fishkill Correctional Facility, Fishkill, NY.* Conduct population counts, cell checks and searches. Supervise large groups of inmate details in completing mandatory work assignments. Document and review incident reports. Monitor and supervise prisoner visitation program.

## EDUCATION

D.P.Th Masters International University of Divinity, School of Theology, 2017

Concentration: **Practical Theology**

Ph. D California Coast University, School of Behavioral Science, 2005

Concentration: **Behavioral Psychology**

MSW, Yeshiva University, Wurzweiler School of Social Work, 1998

Concentration: **Clinical Social Work**

B.S., SUNY Empire State College, School of Labor Studies, 1995

Concentration: **Human Services**

Doctor of Arts Masters International University of Divinity

Concentration: **Interdisciplinary Christian Studies** - Graduation Date March 2016

NYS Department of Corrections Training Academy – Correction Officer Trainee graduate February 2<sup>nd</sup> 1979

## PROFESSIONAL DEVELOPMENT PROGRAMS

### *MENTAL HEALTH TRAININGS*

Anxiety/ Trauma / PTSD, Adult Domestic Violence, Suicide & Homicide, Work Place Violence and Anger Management, Coordinate Response to Critical Incidents, Suicide Prevention, Crisis Intervention and Stress Management, How to Blend Work and Family, Grieving Relationships.

## License/Certification

(Licensed Certified Social Worker)

(Certified Employee Assistance Professional - E.A.P.A.)

(Certified Municipal Police Instructor - D.C.J.S.)

(Certified Alcohol and Substance Abuse Evaluator - NYS - D.M.V.)

## AFFILIATIONS

(New York State Psychological Association)

(American Correctional Association - A.C.A., Mental Health Committee Member)

(American Psychological Association-APA.)

(America Association for Correctional and Forensic Psychology)  
(Re-Entry Task Force Ulster & Dutchess County)  
P.E.R.K.S. Program executive director

## **Published Work**

**Dr. Ivan Godfrey**

**Corrections and Beyond: My Story of Doing Time on the Other Side of the Bars**

Published Fulton Books 2021 ISBN 978-1-63985-245-1

**The Church's Role in Prisoner Re-entry:**

American Association of Christian Counselors BAACC Journal Oct 2012

**Never Going Back:** is a comprehensive/tangible guide for those individuals who are soon to be released as well as those previously released from prison and jail. Harcourt Brace publishing Aug 2016

**Dissertation: A Model of Treatment for Individuals Incarcerated with a Diagnosis of:** Co-occurring Disordered Substance Abuse & Mental Illness. California Coast University 2005

## **Speaking Engagements, Presentations & Community Work**

**2022 SUNY Ulster Diversity Equity & Inclusion Committee:** program moderator for the “**Domestic Terrorism Event**” Presentation with Catrina Doxsee Director and Associate Fellow, Transnational Threats Project

**2022 SUNY Ulster Writer Series** program moderator for: **FOR NANA KWAME ADJEI-BRENYAH** / New York Times Best-selling author of “Friday/Black”

**2022 Ulster County District Attorney Clegg's:** Post-Conviction Justice Unit (PCJU) Member

**2022 University at Albany School of Social Welfare Social Justice Committee Panel Presentation:** on Mass Incarceration: Mass Incarceration: Wrongful Convictions, Exonerations and the Impact on the Individual, Their Families and Communities

**2022 Member -** Ulster County Community College President Search Committee

**2021 Lifespring Adult Learning Community Saugerties NY. Restorative Justice:** The Criminal Justice System Response to Mass Incarceration Presentation Dr. Ivan Godfrey for Mentally Ill Population & Recidivism

**2021 Bard College Lifetime Learning Institute –** Presentation on Crime and The Injustice Criminal Justice System

**2021 Ulster County Restorative Justice Task Force –** Member

**2021 (J2CP) or Ulster County Jail2College Program –** Work in progress in collaboration with District Attorney Clegg's office & The Ulster county Sheriffs Department.

**2019 Excelsior College –** Consultant/Evaluator for the NYC Department of Correction Training Academy Curriculum

**2016 Criminal Justice Educators of New York State (CJEANYS) Annual Conference Panel Speaker on Mentally Ill inmate Treatment in the Criminal Justice System.**



2015 Assistance with the development and implementation (based on my relationship with the NYSDOCCS) of the **“SUNY Ulster College Prison Program at Shawangunk Correction Facility”**

2012 Monroe College Criminal Justice Conference Chair & Panel Moderator: Prisoner Re-Entry: **An Investment in Human Capital.**

2008 NYSOMH Bureau of Forensic Services Chief Program developer for **“Parole Violation Diversion Initiative”** Crisis Response Services for recurring forensic clients.

2007 Iris House “Women as the Face of Aids Summit” Presenter: **Women incarcerated in NYS Prison & the Spread of HIV.**

**2008 - The P.E.R.K.S. Executive Director (Prevention Education to Restore Kingston’s Spirituality)** program was conceived by Dr. Ivan Godfrey as a result of a personal commitment to work with youth after attending the Million Man March, and an identified need to address substance abuse & Juvenile Crime in the Kingston NY.

Re-Entry Alliance Pensacola, Inc.  
P.O. Box 13224  
Pensacola, FL 32591



## Filing Instructions

**Re-Entry Alliance Pensacola, Inc.**

**Exempt Organization Tax Return**

**Taxable Year Ended December 31, 2022**

**Date Due:** November 15, 2023

**Remittance:** None is required. Your Form 990 for the tax year ended 12/31/22 shows no balance due.

**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Scott, Holmes & Associates, P.A.  
801 West Garden St  
Pensacola, FL 32502

***Important:*** Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

**Other:** Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-TE****IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service  
Name of filer

For calendar year 2022, or fiscal year beginning ....., 2022, and ending .....20.....

Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**2022**

<b>RE-ENTRY ALLIANCE PENSACOLA, INC.</b>		EIN or SSN <b>38-3908383</b>
Name and title of officer or person subject to tax <b>DICK BAKER TREASURER</b>		

**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	<b>2,063,661</b>
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 V, 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 2022 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 **SCOTT, HOLMES & ASSOCIATES, P.A.** to enter my PIN **08383** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 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 2022 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 **11/15/23****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.

**59328180180**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 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

Date **11/15/23****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.

DAA

Form **8879-TE** (2022)

Form **990****Return of Organization Exempt From Income Tax**

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service**For the 2022 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**RE-ENTRY ALLIANCE PENSACOLA, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**P.O. BOX 13224**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**PENSACOLA****FL 32591****F** Name and address of principal officer:**DICK BAKER****2802 EAST STRONG ST.****PENSACOLA****FL 32503****D** Employer identification number**38-3908383****E** Telephone number**850-332-6677****G** Gross receipts \$ **2,063,661****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.

**J** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Website: **WWW.REAPREENTRY.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**H(c)** Group exemption number**L** Year of formation: **2013****M** State of legal domicile:**Part I Summary****1** Briefly describe the organization's mission or most significant activities:**RE-ENTRY OF INCARCERATED PRISONERS.****2** Check this box ☐ 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** **17****4** Number of independent voting members of the governing body (Part VI, line 1b)**4** **17****5** Total number of individuals employed in calendar year 2022 (Part V, line 2a)**5** **18****6** Total number of volunteers (estimate if necessary)**6** **80****7a** Total unrelated business revenue from Part VIII, column (C), line 12**7a** **0****b** Net unrelated business taxable income from Form 990-T, Part I, line 11**7b** **0****8** Contributions and grants (Part VIII, line 1h)

Prior Year

Current Year

**9** Program service revenue (Part VIII, line 2g)**571,409****503,928****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**452,688****1,559,731****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**47****2****12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**1,000****0****13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**1,025,144****2,063,661****14** Benefits paid to or for members (Part IX, column (A), line 4)**0****0****15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**0****0****16a** Professional fundraising fees (Part IX, column (A), line 11e)**410,484****618,843****b** Total fundraising expenses (Part IX, column (D), line 25)**0****0****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)**653,010****1,390,424****18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)**1,063,494****2,009,267****19** Revenue less expenses. Subtract line 18 from line 12**-38,350****54,394****20** Total assets (Part X, line 16)

Beginning of Current Year

End of Year

**21** Total liabilities (Part X, line 26)**322,568****574,498****22** Net assets or fund balances. Subtract line 21 from line 20**156,690****354,226****165,878****220,272****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

**DICK BAKER**

Date

Type or print name and title

**TREASURER****Paid****Preparer Use Only**

Print/Type preparer's name

**DONN G. SCOTT, C.P.A.**

Preparer's signature

Date

**11/15/23**Check ☐ if

self-employed

PTIN

**P00645283**

Firm's name

**SCOTT, HOLMES & ASSOCIATES, P.A.**

Firm's EIN

**59-3421405**

Firm's address

**801 WEST GARDEN ST  
PENSACOLA, FL 32502**

Phone no.

**850-444-9800**

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate Instructions.

Form **990** (2022)



**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:

**RE-ENTRY OF INCARCERATED PRISONERS.**

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 \$ **745,212** including grants of \$ ) (Revenue \$ **192,727** )**CLIENT HOUSING:**

**REAP SERVES FELONS ("CLIENTS") LEAVING INCARCERATION WHO USUALLY HAVE NO FUNDS OR SHELTER. WE RENTED 10 OLDER RESIDENCES AND DURING 2022 AVERAGED 550 RESIDENTS IN TRANSITIONAL HOUSING, ALLOWING THEM TO SLEEP, HAVE SEVERAL SETS OF WORKING CLOTHES, SHOWER AND PRESENT THEMSELVES FOR WORK, ALL OF WHICH IS NECESSARY TO ACHIEVE PRODUCTIVE LIVES AND NOT RETURN TO PRISON.**

4b (Code: ) (Expenses \$ **1,036,686** including grants of \$ ) (Revenue \$ **1,267,646** )**SEE SCHEDULE O**4c (Code: ) (Expenses \$ **73,278** including grants of \$ ) (Revenue \$ **53,723** )**THRIFT STORE OPERATIONS**

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

(Expenses \$ **61,025** including grants of \$ ) (Revenue \$ **45,635** )4e Total program service expenses **1,916,201**

## Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning

, and ending

38-3908383

RE-ENTRY ALLIANCE PENSACOLA, INC.

Net Asset / Fund Balance at Beginning of Year 165,878

## Revenue

Contributions	<u>503,928</u>	
Program service revenue	<u>1,559,731</u>	
Investment income	<u>2</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>0</u>	
<b>Total revenue</b>		<u>2,063,661</u>

## Expenses

Program services	<u>1,916,201</u>	
Management and general	<u>93,066</u>	
Fundraising		
<b>Total expenses</b>		<u>2,009,267</u>
<b>Excess / (deficit)</b>		<u>54,394</u>

Changes

Net Asset / Fund Balance at End of Year 220,272

## Reconciliation of Revenue

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
<b>Total revenue per return</b>	<u>2,063,661</u>

## Reconciliation of Expenses

Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
<b>Total expenses per return</b>	<u>2,009,267</u>

## Balance Sheet

	Beginning	Ending	Differences
Assets	<u>322,568</u>	<u>574,498</u>	
Liabilities	<u>156,690</u>	<u>354,226</u>	
Net assets	<u>165,878</u>	<u>220,272</u>	<u>54,394</u>

## Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date 11/15/23  
 Failure to file penalty \_\_\_\_\_

Form **990****Two Year Comparison Report****2021 & 2022**

For calendar year 2022, or tax year beginning

, ending

ame

Taxpayer Identification Number

**RE-ENTRY ALLIANCE PENSACOLA, INC.****38-3908383**

		2021	2022	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	210,392	127,920	-82,472
	2. Membership dues and assessments			
	3. Government contributions and grants	361,017	376,008	14,991
	4. Program service revenue	452,688	1,559,731	1,107,043
	5. Investment income	47	2	-45
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events			
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	1,000		-1,000
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>1,025,144</b>	<b>2,063,661</b>	<b>1,038,517</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	410,484	618,843	208,359
	17. Professional fundraising fees			
	18. Other professional fees	1,350	1,375	25
	19. Occupancy, rent, utilities, and maintenance	10,811	22,435	11,624
	20. Depreciation and Depletion			
	21. Other expenses	640,849	1,366,614	725,765
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>1,063,494</b>	<b>2,009,267</b>	<b>945,773</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>-38,350</b>	<b>54,394</b>	<b>92,744</b>
<b>Other Information</b>	24. Total exempt revenue	1,025,144	2,063,661	1,038,517
	25. Total unrelated revenue			
	26. Total excludable revenue	453,735	1,559,733	1,105,998
	27. Total assets	322,568	574,498	251,930
	28. Total liabilities	156,690	354,226	197,536
	29. Retained earnings	165,878	220,272	54,394
	30. Number of voting members of governing body	14	17	
	31. Number of independent voting members of governing body	14	17	
	32. Number of employees	19	18	
	33. Number of volunteers	80	80	



**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	<b>X</b>	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<b>X</b>	
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		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> 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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
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		<b>X</b>
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		<b>X</b>
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	<b>X</b>	
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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<b>X</b>
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		<b>X</b>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		<b>X</b>
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		<b>X</b>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
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		<b>X</b>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
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		<b>X</b>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
2 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		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	

**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		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		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	18
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
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)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
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?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
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?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
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? If "No," provide an explanation on Schedule O	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	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any 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 17	
b Enter the number of voting members included on line 1a, above, who are independent	1b 17	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
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	X
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	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9 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	X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
*9a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a X	
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 X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
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 X	
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (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.

State the name, address, and telephone number of the person who possesses the organization's books and records  
**DICK BAKER**  
**PENSACOLA**  
**2802 EAST STRONG ST.**  
**FL 32503**

**850-332-6677**

**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, box 6 of 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 (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) LOIS BENSON	1.00									
BOARD MEMBER	0.00	X						0	0	0
(2) VENESULIA CARR	1.00									
BOARD MEMBER	0.00	X						0	0	0
(3) AL COBY	1.00									
BOARD MEMBER	0.00	X						0	0	0
(4) JACK DEMOSS	1.00									
BOARD MEMBER	0.00	X						0	0	0
(5) WILLIAM DUNAWAY	1.00									
BOARD MEMBER	0.00	X						0	0	0
(6) JOE HAMMONS	1.00									
BOARD MEMBER	0.00	X						0	0	0
(7) ED HOLLAND	1.00									
BOARD MEMBER	0.00	X						0	0	0
(8) RON JOHNSON	1.00									
BOARD MEMBER	0.00	X						0	0	0
(9) BRITT LANDRUM, JR.	1.00									
BOARD MEMBER	0.00	X						0	0	0
(10) PHILOMENA MADDEN	2.00									
SECRETARY	0.00	X		X				0	0	0
(1) DAVID MCGEE	1.00									
BOARD MEMBER	0.00	X						0	0	0

**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			
(12) RALPH PETERSON	3.00									
VICE PRES	0.00	X		X				0	0	0
(13) ANDREA ROBERTS	1.00									
BOARD MEMBER	0.00	X						0	0	0
(14) SABRINA SIMPSON	1.00									
BOARD MEMBER	0.00	X						0	0	0
(15) FRED C. DONOVAN, SR.	1.00									
BOARD MEMBER	0.00	X						0	0	0
(16) AL STUBBLEFIELD	5.00									
PRESIDENT	0.00	X		X				0	0	0
(17) DICK BAKER	5.00									
TREASURER	0.00			X				0	0	0
(18) VINCE WHIBBS, JR.	40.00									
XEC DIRECTOR	0.00			X				0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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? If "Yes," complete Schedule J for such individual		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3	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? If "Yes," complete Schedule J for such person	4	X
	5	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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	376,008			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	127,920			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 15,000			
	h	<b>Total. Add lines 1a-1f</b>		503,928			
<b>Program Service Revenue</b>	2a	RAPID/TEMP HOUSING OPERATIONS	Business Code	900099	654,449	654,449	
	b	CITY FUNDED OPERATIONS		900099	543,190	543,190	
	c	CLIENT FEES		900099	192,727	192,727	
	d	MAXWELL CENTER		900099	70,007	70,007	
	e	THRIFT STORE		453310	53,723	53,723	
	f	All other program service revenue			45,635	45,635	
	g	<b>Total. Add lines 2a-2f</b>		1,559,731			
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)		2			2
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
	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			
	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						
<b>Scellaneous Revenue</b>	11a		Business Code				
	b						
	c						
	d	All other revenue					
	e	<b>Total. Add lines 11a-11d</b>					
12	<b>Total revenue. See instructions</b>		2,063,661	1,559,731	0	2	

**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				
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				
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	618,843	565,147	53,696	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	1,375		1,375	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
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.)				
12 Advertising and promotion				
13 Office expenses	6,626		6,626	
14 Information technology				
15 Royalties				
16 Occupancy	22,435		22,435	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	19,906	19,906		
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 TEMPORARY EMERG OPERATION	326,805	326,805		
b CITY FUNDED OPERATIONS	261,211	261,211		
c RAPID REHOUSING	235,766	235,766		
d MAXWELL CENTER	173,042	173,042		
e All other expenses	343,258	334,324	8,934	
25 Total functional expenses. Add lines 1 through 24e	2,009,267	1,916,201	93,066	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
<b>Assets</b>	1 Cash—non-interest-bearing	187,166	1	199,396
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	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	655	7	1,442
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 373,660		
	b Less: accumulated depreciation	10b	10c	373,660
	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 <b>Total assets. Add lines 1 through 15 (must equal line 33).</b>	322,568	16	574,498	
<b>Liabilities</b>	17 Accounts payable and accrued expenses		17	
	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	6,790	22	4,326
	23 Secured mortgages and notes payable to unrelated third parties	149,900	23	349,900
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26 <b>Total liabilities. Add lines 17 through 25.</b>	156,690	26	354,226
	<b>Net Assets or Fund Balances</b>	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		165,878	31	220,272
32 <b>Total net assets or fund balances</b>		165,878	32	220,272
33 <b>Total liabilities and net assets/fund balances</b>	322,568	33	574,498	

**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	2,063,661
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,009,267
3	Revenue less expenses. Subtract line 2 from line 1	3	54,394
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	165,878
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	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	220,272

**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 checked="" type="checkbox"/> Cash <input 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	2a	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 type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	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.	2c	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	
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 _____	3b	



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection

Name of the organization

**RE-ENTRY ALLIANCE PENSACOLA, INC.**

Employer identification number

**38-3908383****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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 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)						
<b>Total</b>						

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

Schedule A (Form 990) 2022

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 <b>Total.</b> Add lines 1 through 3						
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 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)						
13 <b>First 5 years.</b> 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					12	

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a <b>33 1/3% support test—2022.</b> 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		<input type="checkbox"/>
b <b>33 1/3% support test—2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a <b>10%-facts-and-circumstances test—2022.</b> 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		<input type="checkbox"/>
b <b>10%-facts-and-circumstances test—2021.</b> 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		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>



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

(Complete only if you checked the box on line 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	368,021	378,277	437,878	571,409	503,928	2,259,513
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	59,373	75,772	141,514	452,688	1,559,731	2,289,078
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	427,394	454,049	579,392	1,024,097	2,063,659	4,548,591
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	11,683	10,000			10,000	31,683
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	11,683	10,000			10,000	31,683
8 Public support. (Subtract line 7c from line 6.)						4,516,908

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Amounts from line 6	427,394	454,049	579,392	1,024,097	2,063,659	4,548,591
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9	6	33	47	2	97
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	9	6	33	47	2	97
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	1,846	925	225			2,996
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.)	429,249	454,980	579,650	1,024,144	2,063,661	4,551,684
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 2022 (line 8, column (f), divided by line 13, column (f))	15	99.24 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	98.80 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2022. 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	<input checked="" type="checkbox"/>	
b 33 1/3% support tests—2021. 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	<input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	<input type="checkbox"/>	

**Part IV Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

- 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?
- b A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

- 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? 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.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

- 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)? 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).

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

- 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?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
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 ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ 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? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
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	<b>Adjusted Net Income</b> (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	<b>Total</b> (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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

**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.)

**PART III, LINE 12 - OTHER INCOME DETAIL**

**INTEREST** \$ 0

**OTHER** \$ 0



**Schedule B**  
**(Form 990)****Schedule of Contributors**

OMB No. 1545-0047

**2022**Department of the Treasury  
Internal Revenue ServiceAttach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

**RE-ENTRY ALLIANCE PENSACOLA, INC.****38-3908383**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( **3** ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- <sup>1</sup>
- /
- <sub>3</sub>
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000
- exclusively*
- for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year

\$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization

RE-ENTRY ALLIANCE PENSACOLA, INC.

Employer identification number

38-3908383

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AL STUBBLEFIELD P.O. BOX 13224 PENSACOLA FL 32591	\$ 10,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	BOB BARKER COMPANY FOUNDATION 134 NORTH MAIN STREET FUQUAY-VARINA NC 27526	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ALLEN TURNER FOUNDATION P.O. BOX 3426 AUBURN AL 36831-3426	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	LANDRUM FOUNDATION 4050 BEDEVERE DRIVE PENSACOLA FL 32514	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	G. EDISON HOLLAND 4850 MANOLETE DRIVE PENSACOLA FL 32504	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MICHAEL CARRO 186 N. PALAFOX ST PENSACOLA FL 32502	\$ 5,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection

Name of the organization

Employer identification number

**RE-ENTRY ALLIANCE PENSACOLA, INC.****38-3908383****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.

	(a) Donor advised funds	(b) Funds and other accounts
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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? ☐ Yes ☐ No

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)? ☐ Yes ☐ No

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.

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 d ☐ Loan or exchange program  
 b ☐ Scholarly research e ☐ Other  
 c ☐ Preservation for future generations

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:

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

	Amount
1c	
1d	
1e	
1f	

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

**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:

- (i) Unrelated organizations  
 (ii) Related organizations

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

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

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		323,521		323,521
c Leasehold improvements				
d Equipment		4,653		4,653
e Other		45,486		45,486
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				373,660



**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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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 XIII** Supplemental Information *(continued)*

**SCHEDULE L**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Transactions With Interested Persons**Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27,  
28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**Open To Public  
Inspection

ne of the organization

RE-ENTRY ALLIANCE PENSACOLA, INC.

Employer identification number

38-3908383

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
PHILOMENA MADDEN	BOARD MEMBER											
(1) HOUSE PURCHASE			X		16,500	4,326		X	X		X	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b>						\$ 4,326						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				



## Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

## Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022****Open to Public  
Inspection**

Name of the organization

**RE-ENTRY ALLIANCE PENSACOLA, INC.**

Employer identification number

**38-3908383****FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT**

BEGINNING IN LATE 2021, REAP ACCEPTED RESPONSIBILITY TO ASSIST IN ADDRESSING THE NEEDS OF AREA HOMELESS PERSONS, AS A NEW PART OF ITS OVERALL PROGRAM ASSISTING MARGINALIZED PERSONS. IN JULY 2022, REAP OPENED THE MAX-WELL RESPITE CENTER, PROVIDING HOUSING, MEALS, AND CASE MANAGEMENT FOR 75 PREVIOUSLY UNHOUSED PERSONS. REAP COMPLETED THE OCCUPANCY OF THE BILL CROSS CENTER ON PROPERTY PURCHASED FROM LUTHERAN SERVICES OF FLORIDA, WHICH PROVIDES SINGLE ROOM OCCUPANCY FOR 14 UNHOUSED PERSONS. IN FEBRUARY 2022, REAP OPENED CAMP ONE, A SAFE OUTDOOR CAMPING AREA FOR INDIVIDUALS PREVIOUSLY LIVING IN AN UNPERMITTED CAMPGROUND. REAP CONTINUED OPERATION OF THE LODGES, AN EMERGENCY SHELTER FACILITY FOR WOMEN AND CHILDREN WHICH OPENED IN 2021. BEGINNING IN EARLY 2022, THE CITY OF PENSACOLA, USING FEDERALLY-PROVIDED COVID-19 FUNDS, PROVIDED FUNDING TO REAP TO RUN CAMP ONE, THE MAX-WELL CENTER, AND CONTINUED OPERATION OF THE LODGES. THESE THREE FACILITIES PROVIDED HOUSING, MEALS, AND CASE MANAGEMENT TO OUR AREA'S HOMELESS POPULATION. THESE PROGRAMS ARE SIMILAR TO THE REAP RE-ENTRY PROGRAM WHICH PRIMARILY WORKS WITH CLIENTS RECENTLY RELEASED FROM STATE PRISONS. TOGETHER, REAP PROGRAMS SERVING RETURNING CITIZENS AND AREA HOMELESS PROVIDED MORE THAN 50,000 NIGHT STAYS AND MEALS TO THIS POPULATION DURING 2022. ALL OF REAP'S PROGRAMS ARE TRANSITION ORIENTED, IN THAT THE PROGRAMS ARE DESIGNED TO HELP INDIVIDUALS TRANSITION FROM INCARCERATION OR HOMELESSNESS TO SELF-SUFFICIENCY AND INDEPENDENCE.

**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS****OTHER CLIENT NEEDS:**

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

Schedule O (Form 990) 2022

Name of the organization

Employer identification number

RE-ENTRY ALLIANCE PENSACOLA, INC.

38-3908383

OUR CLIENTS ARRIVE WITHOUT MONEY, AND CORRESPONDINGLY, WITHOUT MEDICINE, HYGIENE ITEMS, FOOD CLOTHING, REQUIRED IDENTIFICATION OR REGISTRATIONS FOR FOOD STAMPS, VETERANS BENEFITS, ETC. ESPECIALLY PRIOR TO OUR GETTING THEM INTO SOME TYPE OF PAYING EMPLOYMENT, WE ARE ABLE TO PROVIDE THEM WITH AN INITIAL SUPPLY OF FOOD, FOOD VOUCHERS, LISTS OF FOOD KITCHENS AND TIME, SEVERAL SETS OF CLOTHING, BOOTS, COSTS FOR VARIOUS REGISTRATIONS AND INITIATION OF BENEFITS PROGRAMS. THIS ALL LEADS TO THE ABILITY TO WORK DAILY WITH PROPER HYGIENE AND CLOTHING. IN 2022, OVER 550 ARRIVED IN OUR PROGRAM FOLLOWING INCARCERATION WITH THOSE NEEDS WHICH WE COULD PROVIDE.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 COPY OF THE RETURN IS CIRCULATED TO THE BOARD MEMBERS FOR REVIEW.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY CIRCULATED ANNUALLY FOR BOARD SIGNATURES.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 24E - OTHER EXPENSES

## DESCRIPTION

	TOT/PROG SERVICE	MGT & GENERAL	FUNDRAISING
HOUSING	\$ 155,375	\$ 0	\$ 0
THRIFT STORE	\$ 73,278	\$ 0	\$ 0
HOMELESS MANAGEMENT			

Name of the organization

Employer identification number

RE-ENTRY ALLIANCE PENSACOLA, INC.

38-3908383

\$	27,237	\$	0	\$	0
----	--------	----	---	----	---

## TRANSPORTATION

\$	25,884	\$	0	\$	0
----	--------	----	---	----	---

## MILTON PROJECT

\$	21,688	\$	0	\$	0
----	--------	----	---	----	---

## CLIENT NEEDS AND SERVICES

\$	13,453	\$	0	\$	0
----	--------	----	---	----	---

## NORTH PALAFOX

\$	12,625	\$	0	\$	0
----	--------	----	---	----	---

## COMPUTER SERVICES

\$	0	\$	5,784	\$	0
----	---	----	-------	----	---

## PUBLIC RELATIONS

\$	4,784	\$	0	\$	0
----	-------	----	---	----	---

## POSTAGE AND SHIPPING

\$	0	\$	1,310	\$	0
----	---	----	-------	----	---

## TRAVEL

\$	0	\$	620	\$	0
----	---	----	-----	----	---

## LICENSES &amp; TAXES

\$	0	\$	561	\$	0
----	---	----	-----	----	---

## EDUCATION

\$	0	\$	379	\$	0
----	---	----	-----	----	---

## BANK CHARGES

\$	0	\$	211	\$	0
----	---	----	-----	----	---

## DUES &amp; SUBSCRIPTIONS

\$	0	\$	69	\$	0
----	---	----	----	----	---

## TOTAL

\$	334,324	\$	8,934	\$	0
----	---------	----	-------	----	---

**Federal Statements****Taxable Interest on Investments**

<u>Description</u>		<u>Amount</u>	<u>Unrelated</u>	<u>Exclusion</u>	<u>Postal</u>	<u>Acquired after</u>	<u>US</u>
			<u>Business</u>	<u>Code</u>	<u>Code</u>	<u>6/30/75</u>	<u>Obs (\$ or %)</u>
BANK INTEREST		\$ <u>2</u>		14			
TOTAL		\$ <u><u>2</u></u>					

245 Re-entry Alliance Pensacola, Inc.  
38-3908383  
FYE: 12/31/2022

## Federal Statements

11/15/2023 4:43 PM

### Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
HOUSING	\$ 155,375	\$ 155,375		
THRIFT STORE	73,278	73,278		
HOMELESS MANAGEMENT	27,237	27,237		
TRANSPORTATION	25,884	25,884		
MILTON PROJECT	21,688	21,688		
CLIENT NEEDS AND SERVICES	13,453	13,453		
NORTH PALAFOX	12,625	12,625		
COMPUTER SERVICES	5,784		5,784	
PUBLIC RELATIONS	4,784	4,784		
POSTAGE AND SHIPPING	1,310		1,310	
TRAVEL	620		620	
LICENSES & TAXES	561		561	
EDUCATION	379		379	
BANK CHARGES	211		211	
DUES & SUBSCRIPTIONS	69		69	
TOTAL	\$ 343,258	\$ 334,324	\$ 8,934	\$ 0



245 Entry Alliance Pensacola, Inc.

38-3908383

FYE: 12/31/2022

## Federal Statements

11/15/2023 4:3 PM

Schedule A, Part III, Line 1(e)

Description	Amount
FDOC	\$ 353,708
FDOC (SATH)	22,300
GEO	8,923
OTHER	15,000
CONTRIBUTIONS	91,045
OPENING DOOR	12,952
TOTAL	<u>\$ 503,928</u>

Schedule A, Part III, Line 2(e)

Description	Amount
CLIENT FEES	\$ 192,727
THRIFT STORE	53,723
RAPID/TEMP HOUSING OPERATIONS	654,449
HOMELESS MANAGEMENT OPERATION	40,785
CITY FUNDED OPERATIONS	543,190
MAXWELL CENTER	70,007
NORTH PALAFOX	4,850
TOTAL	<u>\$ 1,559,731</u>

Schedule A, Part III, Line 7a - Support from Disqualified Persons

Donor Name	2018	2019	2020	2021	2022
AL STUBBLEFIELD	\$	\$	\$	\$	\$ 10,000
FRED DONOVAN		10,000			
AL STUBBLEFIELD	11,683	10,000			
TOTAL	<u>\$ 11,683</u>	<u>\$ 10,000</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 10,000</u>

245 Re-Entry Alliance Pensacola, Inc.  
38-3908383  
FYE: 12/31/2022

11/15/2023 4.33 . M

## Federal Statements

### Schedule A, Part III, Line 10a(e)

Description	Amount
BANK INTEREST	\$ 2
TOTAL	\$ 2



# Saltmarsh

Saltmarsh, Cleaveland & Gund  
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

November 13, 2024

Re-Entry Alliance Pensacola  
1000 West Blount Street  
Pensacola, FL 32501

Dear REAP:

Enclosed is the organization's 2023 Exempt Organization return.

We prepared return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

The instructions for filing an attached to your copy of the return.

Sincerely,

Molly Murphy, CPA

*Since 1944*

[www.saltmarshcpa.com](http://www.saltmarshcpa.com)

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2023

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**Prepared For:**

Re-Entry Alliance Pensacola  
1000 West Blount Street  
Pensacola, FL 32501

---

**Prepared By:**

Saltmarsh, Cleaveland and Gund  
900 North 12th Avenue  
Pensacola, FL 32501

---

**Amount Due or Refund:**

Not applicable

---

**Make Check Payable To:**

Not applicable

---

**Mail Tax Return and Check (if applicable) To:**

Not applicable

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**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2024



Form **8879-TE****IRS E-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning \_\_\_\_\_, 2023, and ending \_\_\_\_\_, 20 \_\_\_\_\_

**2023**Department of the Treasury  
Internal Revenue Service**Do not send to the IRS. Keep for your records.****Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

**RE-ENTRY ALLIANCE PENSACOLA**

EIN or SSN

**38-3908383**Name and title of officer or person subject to tax **DICK BAKER  
TREASURER****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.**

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <b>1,704,178.</b>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

**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 2023 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 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 **SALTMARSH, CLEVELAND AND GUND** to enter my PIN **90752**  
ERO firm name Enter five numbers, but  
do not enter all zeros

as my signature on the tax year 2023 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 2023 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

**Part III Certification and Authentication**

Date

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

**56429910006**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 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 **MOLLY MURPHY, CPA** Date **11/13/24**

**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 instructions.

Form **8879-TE** (2023)

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2023**Open to Public  
Inspection

For the 2023 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

RE-ENTRY ALLIANCE PENSACOLA

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

1000 WEST BLOUNT STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

PENSACOLA, FL 32501

**F** Name and address of principal officer: DICK BAKER

2802 EAST STRONG ST, PENSACOLA, FL 32503

**D** Employer identification number

38-3908383

**E** Telephone number

850-324-6667

**G** Gross receipts \$ 1,733,178.**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: WWW.REAPREENTRY.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: 2013 **M** State of legal domicile: FL**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>RE-ENTRY OF INCARCERATED PRISONERS.</u>			
	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)	17	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	17	
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	29	
	6	Total number of volunteers (estimate if necessary)	0	
		7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b		Net unrelated business taxable income from Form 990-T, Part I, line 11	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 503,928.	Current Year 1,011,474.
	9	Program service revenue (Part VIII, line 2g)	1,559,731.	659,989.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2.	32,715.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,063,661.	1,704,178.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	618,843.	1,054,864.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,390,424.	760,053.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,009,267.	1,814,917.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	54,394.	-110,739.
	20	Total assets (Part X, line 16)	Beginning of Current Year 574,498.	End of Year 669,248.
	21	Total liabilities (Part X, line 26)	354,226.	468,988.
22	Net assets or fund balances. Subtract line 21 from line 20	220,272.	200,260.	

**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		Date			
	DICK BAKER, TREASURER					
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MOLLY MURPHY, CPA		MOLLY MURPHY, CPA	11/13/24		P00985783
	Firm's name		Firm's EIN			
	SALTMARSH, CLEVELAND AND GUND		59-2922169			
Use Only	Firm's address		Phone no.			
	900 NORTH 12TH AVENUE PENSACOLA, FL 32501		850-435-8300			

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form **990** (2023)



**Part III** Statement of Program Service Accomplishments

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

☒ X

- 1 Briefly describe the organization's mission:

RE-ENTRY OF INCARCERATED PRISONERS.

- 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 \$ 740,517. including grants of \$ ) (Revenue \$ 335,855. )

IN 2023, REAP CONTINUED OPERATION OF THE MAX-WELL RESPITE CENTER, PROVIDING MEALS, HOUSING AND CASE MANAGEMENT SERVICES TO AN AVERAGE OF 75 WOMEN AND CHILDREN EACH NIGHT, FOR A TOTAL OF 27,375 NIGHT-STAYS AND 68,435 MEALS. ACTING AS AN EMERGENCY SHELTER OPERATION FOR FREEZING COLD WEATHER AND HURRICANE EVENTS, REAP PROVIDED AN ADDITIONAL 525 NIGHT-STAYS, AND 700 MEALS.

4b (Code: ) (Expenses \$ 640,047. including grants of \$ ) (Revenue \$ 261,282. )

IN 2023, REAP EXPANDED THE NUMBER OF HOUSES UTILIZED IN OUR RE-ENTRY HOUSING PROGRAM TO A TOTAL OF 18. ON AVERAGE, REAP PROVIDED HOUSING TO 75 RETURNING CITIZENS EACH NIGHT FOR A TOTAL OF 27,375 NIGHT-STAYS. THESE INDIVIDUALS RECEIVED BASIC NECESSITIES, SUPPORTED HOUSING, JOB REFERRAL ASSISTANCE, AND CASE MANAGEMENT, RESULTING IN A 92% SUCCESS RATE, OR AN 8% RATE OF RECIDIVISM, CONSIDERABLY BETTER THAN MOST RE-ENTRY PROGRAMS.

4c (Code: ) (Expenses \$ 75,713. including grants of \$ ) (Revenue \$ 62,852. )

THRIFT STORE OPERATIONS

- 4d Other program services (Describe on Schedule O.)

(Expenses \$ 24,660. including grants of \$ ) (Revenue \$ 0. )

4e Total program service expenses 1,480,937.

**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 <b>Section 501(c)(3) organizations.</b> 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
0a 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? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

**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		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		



**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b> 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 29		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation on Schedule O	3b		
<b>4a</b> 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)?	4a		X
<b>b</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).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	7a		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	7d		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	9a		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	11a		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a		
<b>b</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		
<b>c</b> Enter the amount of reserves on hand	13c		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
<b>15</b> 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 the instructions and file Form 4720, Schedule N.	15		X
<b>16</b> 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
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any 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**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	17			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
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	X
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	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 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	X

**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?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c		
13 Did the organization have a written whistleblower policy?		X
14 Did the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b		

**Section C. Disclosure**

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (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

**DICK BAKER - 850-324-6667**  
**2802 EAST STRONG ST, PENSACOLA, FL 32503**

**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 the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of 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 (list any hours for related organizations below 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) ALBERT STUBBLEFIELD PRESIDENT	5.00	X		X				0.	0.	0.
(2) RALPH PETERSON VICE PRESIDENT	3.00	X		X				0.	0.	0.
(3) PHILOMENA MADDEN SECRETARY	2.00	X		X				0.	0.	0.
(4) DICK BAKER TREASURER	5.00	X		X				0.	0.	0.
(5) JOSEPH HAMMONS BOARD MEMBER	1.00	X						0.	0.	0.
(6) DAVID MCGEE BOARD MEMBER	1.00	X						0.	0.	0.
(7) H. BRETT LANDRUM, JR. BOARD MEMBER	1.00	X						0.	0.	0.
(8) RONALD JOHNSON BOARD MEMBER	1.00	X						0.	0.	0.
(9) FRED DONOVAN, SR. BOARD MEMBER	1.00	X						0.	0.	0.
(10) JACK DEMOSS BOARD MEMBER	1.00	X						0.	0.	0.
(11) WILLIAM DUNAWAY BOARD MEMBER	1.00	X						0.	0.	0.
(12) ANDREA ROBERTS BOARD MEMBER	1.00	X						0.	0.	0.
(13) LOIS BENSON BOARD MEMBER	1.00	X						0.	0.	0.
(14) VENESULIA CARR BOARD MEMBER	1.00	X						0.	0.	0.
(15) G. EDISON HOLLAND BOARD MEMBER	1.00	X						0.	0.	0.
(16) SABRINA SIMPSON BOARD MEMBER	1.00	X						0.	0.	0.
(17) ALVIN COBY BOARD MEMBER	1.00	X						0.	0.	0.





**Part VIII** Statement of RevenueCheck 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	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	558,870.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	452,604.			
	g Noncash contributions included in lines 1a-1f	1g	\$ 183,299.			
	h Total. Add lines 1a-1f		1,011,474.			
Program Service Revenue	2 a <u>RAPID/TEMP HOUSING OPE</u>	Business Code	900099	371,040.	371,040.	
	b <u>MAXWELL CENTER</u>		900099	137,887.	137,887.	
	c <u>RESIDENT FEES</u>		900099	88,210.	88,210.	
	d <u>THRIFT STORE</u>		453310	62,852.	62,852.	
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		659,989.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2.		2.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a	(i) Real (ii) Personal			
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities (ii) Other	61,713.		
	b Less: cost or other basis and sales expenses	7b		29,000.		
	c Gain or (loss)	7c		32,713.		
	d Net gain or (loss)		32,713.		32,713.	
	8 a 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					
	9 a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10 a 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	11 a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		1,704,178.	659,989.	0.	32,715.	



**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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
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				
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				
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	1,054,864.	813,402.	241,462.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	7,332.		7,332.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	3,965.		3,965.	
13 Office expenses	11,501.	1,276.	10,225.	
14 Information technology	7,629.		7,629.	
15 Royalties				
16 Occupancy	21,349.		21,349.	
17 Travel	25,535.	24,660.	875.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	15,342.	6,000.	9,342.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	36,903.	7,078.	29,825.	
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 RAPID/TEMP HOUSING OPER	329,165.	329,165.		
b MAXWELL CENTER OPERATIO	270,057.	270,057.		
c THRIFT STORE	29,299.	29,299.		
d OTHER EXPENSES	1,976.		1,976.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,814,917.	1,480,937.	333,980.	0.
6 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
<b>Assets</b>	1 Cash - non-interest-bearing	199,396.	1	151,693.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	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	1,442.	7	1,377.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 516,178.		
	b Less: accumulated depreciation	10b 0.	10c	516,178.
	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 <b>Total assets. Add lines 1 through 15 (must equal line 33)</b>	574,498.	16	669,248.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses		17	
	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	4,326.	22	1,990.
	23 Secured mortgages and notes payable to unrelated third parties	349,900.	23	466,998.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26 <b>Total liabilities. Add lines 17 through 25</b>	354,226.	26	468,988.
<b>Net Assets or Fund Balances</b>	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	0.	29	0.
	30 Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
	31 Retained earnings, endowment, accumulated income, or other funds	220,272.	31	200,260.
	32 <b>Total net assets or fund balances</b>	220,272.	32	200,260.
33 <b>Total liabilities and net assets/fund balances</b>	574,498.	33	669,248.	

**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	1,704,178.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,814,917.
3	Revenue less expenses. Subtract line 2 from line 1	3	-110,739.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	220,272.
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	90,727.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	200,260.

**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 checked="" type="checkbox"/> Cash <input 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 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.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		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		

Form 990 (2023)



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

RE-ENTRY ALLIANCE PENSACOLA

Employer identification number

38-3908383

**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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 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		
<b>Total</b>						

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 <b>Total.</b> Add lines 1 through 3						
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 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First 5 years.</b> 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 <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a <b>33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b <b>33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>



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

(Complete only if you checked the box on line 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	378,277.	437,878.	571,409.	503,928.	1011474.	2902966.
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	75,772.	141,514.	452,688.	1559731.	659,989.	2889694.
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	454,049.	579,392.	1024097.	2063659.	1671463.	5792660.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	10,000.			10,000.	10,000.	30,000.
<b>b</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						0.
<b>c</b> Add lines 7a and 7b	10,000.			10,000.	10,000.	30,000.
<b>8 Public support.</b> (Subtract line 7c from line 6.)						5762660.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6	454,049.	579,392.	1024097.	2063659.	1671463.	5792660.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6.	33.	47.	2.	2.	90.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	6.	33.	47.	2.	2.	90.
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	925.	225.				1,150.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	454,980.	579,650.	1024144.	2063661.	1671465.	5793900.

**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** ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	99.46 %
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15	16	99.24 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	.00 %
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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 on line 12 of 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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**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? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
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? 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
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)? 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).		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

**Section E. Type III Functionally Integrated Supporting Organizations**

	Yes	No
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? 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.		
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? 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.		
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? If "Yes" or "No" provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			



## 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.)

## 2023

\*\*\* Not Open to Public Inspection \*\*\*

Total to Schedule A,  
Part III, Line 7a .....

**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

**RE-ENTRY ALLIANCE PENSACOLA**

Employer identification number

**38-3908383**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization	Employer identification number
RE-ENTRY ALLIANCE PENSACOLA	38-3908383

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STUBBLEFIELD FAMILY FOUNDATION 4691 BOHEMIA PLACE PENSACOLA, FL 32501	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	LANDRUM FAMILY FOUNDATION 4050 BEDEVERE DRIVE PENSACOLA, FL 32514	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	FRED AND SUSIE DONOVAN, SR. 502 NORTH 20TH AVENUE PENSACOLA, FL 32501	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	G. EDISON HOLLAND 4850 MANOLETE STREET PENSACOLA, FL 32504	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JAMES AND SHIRLEY CRONLEY 1000 W. BLOUNT ST. PENSACOLA, FL 32501	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	BASKERVILLE DONOVAN ENGINEERS 1000 W. BLOUNT ST. PENSACOLA, FL 32501	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
RE-ENTRY ALLIANCE PENSACOLA	38-3908383

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	TURNER FAMILY FOUNDATION 1000 W. BLOUNT ST. PENSACOLA, FL 32501	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	JOE AND SUSAN STORY 1000 W. BLOUNT ST. PENSACOLA, FL 32501	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	CHARLES AND SUSAN MICHAELS 1000 W. BLOUNT ST. PENSACOLA, FL 32501	\$ 6,940.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	FELLOWSHIP OF PSALMS 44: 1-4 1000 W. BLOUNT ST. PENSACOLA, FL 32501	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	BOB BARKER COMPANY FOUNDATION 134 NORTH MAIN STREET FUQUAY-VARINA, NC 27526	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	DOLORES BAUER 1000 W. BLOUNT ST. PENSACOLA, FL 32501	\$ 183,299.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



Employer identification number

38-3908383

## Part II

[illegible]

Name of organization

Employer identification number

**RE-ENTRY ALLIANCE PENSACOLA**

38-3908383

**Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**  
Open to Public  
Inspection

Name of the organization

RE-ENTRY ALLIANCE PENSACOLA

Employer identification number

38-3908383

**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.

	(a) Donor advised funds	(b) Funds and other accounts
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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? ☐ Yes ☐ No

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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.

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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, 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 in 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:

(i) Unrelated organizations?

(ii) Related organizations?

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

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

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		473,508.		473,508.
c Leasehold improvements				
d Equipment		4,653.		4,653.
e Other		38,017.		38,017.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				516,178.



**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. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**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. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**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, line 15, col. (B))	

**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) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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 ☐





**SCHEDULE L**

(Form 990)

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

RE-ENTRY ALLIANCE PENSACOLA

Employer identification number

38-3908383

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

**Part II Loans to and/or From Interested Persons**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) PHILOMENA MAD	BOARD ME	HOUSE PU	X		16,500.	1,990.		X	X		X	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$ 1,990.						

**Part III Grants or Assistance Benefiting Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

SEE PART V FOR CONTINUATIONS

**Part IV Business Transactions Involving Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

**SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS:**

(A) NAME OF PERSON: PHILOMENA MADDEN

(B) RELATIONSHIP WITH ORGANIZATION: BOARD MEMBER

(C) PURPOSE OF LOAN: HOUSE PURCHASE

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

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Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

RE-ENTRY ALLIANCE PENSACOLA

Employer identification number

38-3908383

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	2	183,299.2	PROPERTIES DONATED
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it  
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X
33		

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

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

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

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

Schedule M (Form 990) 2023

## Part II

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page.



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

RE-ENTRY ALLIANCE PENSACOLA

Employer identification number  
38-3908383

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

DURING 2023, REAP RECEIVED AN AVERAGE OF 18 INDIVIDUALS RETURNING FROM  
INCARCERATION AND MORE THAN 300 UNHOUSED INDIVIDUALS RECEIVED  
ASSISTANCE WITH THEIR TRANSITION TO SELF-SUFFICIENCY.

EXPENSES \$ 24,660. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

A COPY OF THE RETURN IS CIRCULATED TO THE BOARD MEMBERS FOR REVIEW.

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

CONFLICT OF POLICY IS CIRCULATED ANNUALLY FOR BOARD SIGNATURES.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST.

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

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

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

**Part I - Identification**

Type or Print	Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
	RE-ENTRY ALLIANCE PENSACOLA	38-3908383
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	1000 WEST BLOUNT STREET	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	PENSACOLA, FL 32501	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of DICK BAKER

2802 EAST STRONG ST - PENSACOLA, FL 32503

Telephone No. 850-324-6667

Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
☒ calendar year 20 23 or  
☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2024)



Department of the Treasury  
Internal Revenue Service  
Ogden, UT 84201-0074

Notice	CP211A
Tax period	December 31, 2023
Notice date	June 3, 2024
Employer ID number	38-3908383
To contact us	Phone 877-829-5500
Page 1 of 1	

065474.587376.156113.17115 1 AV 0.507 372



RE-ENTRY ALLIANCE PENSACOLA INC  
REAP  
PO BOX 13224  
PENSACOLA FL 32591



065474

Important information about your December 31, 2023, Form 990

## We approved your Form 8868, Application for Automatic Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your  
December 31, 2023, Form 990, Return of  
Organization Exempt From Income Tax.  
Your new due date is November 15, 2024.

### What you need to do

File your December 31, 2023, Form 990 by November 15, 2024, electronically. The IRS will not accept Form 990 filed on paper for tax years ending on or after July 31, 2020. You may use software offered by visiting [IRS.gov/eomefproviders](https://www.irs.gov/eomefproviders).

### Additional information

- Visit [IRS.gov/cp211a](https://www.irs.gov/cp211a).
- Go to [IRS.gov/charities](https://www.irs.gov/charities) or call 877-829-5500 to learn more about electronic filing requirements.
- Keep this notice for your records.