

From: [Elizabeth Kissel](#)
To: [BCC Opioid Abatement](#)
Subject: FW: [EXTERNAL]REAP Opioid Abatement Strategy Application
Date: Monday, August 26, 2024 8:53:16 AM
Attachments: [REAP Opioid Abatement Strategy Application.pdf](#)
[REAP-2021-990.pdf](#)
[REAP-2022-990.pdf](#)
[image001.png](#)

Elizabeth Kissel

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From: Richard Lynch <richardlynch@reapreentry.org>
Sent: Friday, August 23, 2024 3:42 PM
To: opioid-abatement@myescambia.com
Cc: Vince Whibbs (personal) <vincewhibbs@gmail.com>; Elizabeth Kissel <ekissel@myescambia.com>
Subject: [EXTERNAL]REAP Opioid Abatement Strategy Application

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.

Good afternoon

Attached is the application for the Opioid Abatement Strategy grant funding.
Thank you

Richard J Lynch, MPM
Director of Operations
Re-Entry Alliance of Pensacola (REAP)
1000 West Blount Street
Pensacola, Florida 32501
(850) 332-6677

11. Completeness Checklist

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

<u>Application Forms and Attachments</u>	<u>Page #</u>
<u>Project Name</u> REAP's Opioid Abatement/Substance Abuse Support Program	
<u>Project Applicant:</u> Re-Entry Alliance Pensacola, Inc.	
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1. Applicant Information

Organization Name: Re-Entry Alliance Pensacola, Inc.	Authorized Organization Representative Name/Title: Vincent J. Whibbs, Jr.
Address: 1000 West Blount Street	Telephone: (850) 332-6677
City, State/Zip: Pensacola, FL 32501	Organization Website: https://www.reapreentry.org/
Contact Person Name/Title: Vincent J Whibbs, Jr. / Executive Director	Unique Entity ID (SAM #): T7V7PNSKJ489
Contract Person E-mail: vincewhibbs@gmail.com	Federal Employer ID #: 38-3908383

2. Project Information

Project Name: REAP's Opioid Abatement/Substance Abuse Support Program	
Project Address (<i>if different from organization address</i>): 1000 West Blount Street, Pensacola, FL 32501	
This is a/an: <input checked="" type="checkbox"/> New Project or <input type="checkbox"/> Expanded Project	
Total Funding Requested for this Project: \$302,100	
Number of Persons to be Served: 100+	
Project Type (<i>check as many as applicable below</i>):	
Medication Assisted Treatment	Education Program
Prevention	Recovery
Treatment (other than medication assisted) (specify model): _____	
Overdose Reversal Medication Distribution	Criminal Justice Training, Prevention, and Treatment
Other (please specify):	

Target Population (check as many as applicable below):	
<input checked="" type="checkbox"/> Chronically Homeless <input checked="" type="checkbox"/> Single Individuals <input checked="" type="checkbox"/> Victims of Domestic Violence <input checked="" type="checkbox"/> LGBTQI+ Individuals/Families/Youth <input checked="" type="checkbox"/> Other: Previously Incarcerated Individuals	<input type="checkbox"/> Families <input type="checkbox"/> Unaccompanied Youth (ages 18-24) <input checked="" type="checkbox"/> Veterans <input type="checkbox"/> Individuals with Severe and Persistent Mental Illness
Target Service Location (check as many as applicable below):	
<input checked="" type="checkbox"/> City of Pensacola <input checked="" type="checkbox"/> Town of Century	<input checked="" type="checkbox"/> Unincorporated Escambia County <input checked="" type="checkbox"/> All of Escambia County <input type="checkbox"/> Other: _____
Is this project using a mobile based treatment model? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

3. Certification

To the best of my knowledge, I certify that the information in this application is true and correct and that the document has been duly authorized by the governing body of the applicant. 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

Date: 08-21-2044

4. Project Description

Scope of the Project: After notification of selection, REAP will complete the Planning Phase as follows: within the first month, (1) the strategic plan will be finalized; (2) program director recruitment will be completed; (3) development of relationships with agencies that contribute to the opioid abatement program; and (4) initial contact with all individuals in our facilities will be made for recruitment/screening purposes. A vital component will be the establishment of specific objectives and outcomes expected to be achieved by REAP; establishment and declaration of timelines; development of monitoring methods to measure progress; the development of methodology for the identification and remediation of shortfalls; and the development of ways to identify and capitalize on successful aspects of the program.

Planning Phase: During the first sixty days following the contract execution, REAP will complete the following actions: (1) Development of the strategic plan that incorporates evidenced based programs, policies, and practices with measurable outcomes; (2) Development of a method of assuring continuity of information collected among facilities including, but not limited to, needs and risk assessments, including date administered, date validated, date modified; (3) Planning and developing meaningful and successful evidenced-based continuum of care programs; (4) Identification of data to be collected, collection method and how it will be analyzed; (5) Recruitment of Primary Counselor and/or Case Managers; (6) Identification of inpatient, outpatient and other substance use prevention programs that will be available to assist in the reintegration of the program participants, (7) Development of a formalized case management process which includes matching programs or services based on risk and needs identified through the validated assessment.

Work Plan: Following the announcement of the award, REAP will initiate and coordinate all actions required to fully comply with the program as required by the contract. The Work Plan envisions the following:

Recruitment of Program Participants: REAP will coordinate with local and state providers (FDOC, local county jails, CORE, Lakeview, local hospitals and partnering non-profits) to recruit individuals scheduled for release, date of release and transportation information. The case managers will make initial contact with those with mental health or substance abuse disorders, and open files. Working in coordination with the institutions and their release staff, REAP's case managers will use the validated needs assessment tool, supplemented by the assessment tool selected by REAP to develop an individualized Recovery Plan. Case managers will maintain contact with the release facility(s) to ensure a steady stream of individuals being released and reporting to REAP. We anticipate between 50 and 100 clients with prior or current substance use disorder will benefit from this program.

Intake Process: During the Intake Process, the case managers will assemble all documents, criminal history, medical records, and administer the evidence-based risk/needs assessment. The case manager will schedule the consultation with staff at Lakeview Center, following which the REAP case manager, Lakeview staff, and the client will develop an individualized substance recovery plan, including objectives, goals, and dates for completion.

Services: The Case Manager will ensure that the participants immediate "survival needs" are addressed and schedule any activities necessary to meet those needs. Identification, hygiene supplies, bedding, housing, emergency food and clothing will be provided by REAP, as well as assistance in applying for Food Stamps, Social Security, SSDI and VA benefits, all of which

should be completed within one week after the initial assessment. Thereafter, the Case Manager will meet with the participant as the situation demands. The case manager will arrange for any necessary transportation and meet with area service providers to ensure continuity of service. The case manager will conduct regular case follow-up daily for the first two weeks, followed by bi-weekly, weekly, bi-monthly and then monthly until the client has successfully completed the program.

Capabilities and Competencies

General: Re-Entry Alliance Pensacola, Inc. (“REAP”) was formed in 2013 at the suggestion of U.S. District Court Judge M. Casey Rodgers to provide a mentoring program for individuals on federal probation who regularly appeared before her Court. In 2014 REAP received approval from the I.R.S as a 501C (3) organization.

Working in close cooperation with area service providers and partners, REAP operates a full re-entry transitional program serving approximately 250 ex-offenders annually in its “Intensive Case Management Program.” This program is designed to address the immediate physical needs of the returning citizen; to identify and address his/her criminogenic risks and needs; to provide stable housing; and to assist in job readiness training and job placement. REAP operates eighteen (18) transitional houses, providing monitored housing for the 90+ individuals who are participating in the REAP Intensive Case Management Program at any given time. Program participants remain in the program for an average of six months. Since its inception, REAP has provided this transitional assistance to more than two thousand participants, with a recidivism rate of less than 10%, or more positively, a success rate greater than 90%. Of the

individuals being released from state prisons, it is estimated that more than 60% have some type of opioid/substance abuse history.

Staffing and Training: REAP has two case managers with BSW degrees. For the past two years, REAP has had fourteen interns from the Departments of Social Work and Criminal Justice from the University of West Florida as case managers. Discussions with University of West Florida have confirmed that we will continue to have interns working in our program, with UWF faculty providing any necessary training in the use of the sophisticated risk and needs assessment tools.

Program Design

The REAP's Opioid Abatement/Substance Abuse Support Program will address the individual's "substance abuse" through a multi-faceted clinical approach that incorporates a screening and diagnostic assessment, followed by both individualized counseling and recovery support services. The primary diagnosis that will be considered for the receiving of services is "substance use disorder." There will be no demographic distinctions other than those with the previously identified substance use disorder. Partner agencies will assist in providing the program's treatment services.

Behavioral health and substance use disorder clinical services will be provided by Lakeview Center and medical services will be provided by Community Health Northwest Florida. Treatment services will be facilitated by a licensed counselor (LCDC II, LPC, MSW or above) while recovery support services will be provided by a peer with lived experience such as Narcotics anonymous, AA, and/or celebrate recovery.

As previously mentioned, the assessment tool that is used is an adapted version of the Tobacco, Alcohol, Prescription medication, and other Substance use tool. The TAPS tool consists of a 4-item screen for tobacco, alcohol, illicit drugs, and non-medical use of prescription drugs, followed by a substance-specific assessment of risk level for individuals who screen positive. This assessment will occur once the participant has been flagged as an eligible participant and the eligible participant has expressed an interest in the program. This assessment will be completed by the appointed licensed counselor from the Lakeview Center.

The licensed counselor and the assigned case manager will collaborate with the participant to develop a case plan based on their assessment results and the goals as determined by the client, the treatment provider, and by the Lakeview Center medical provider. The case plan will define both the goals and the milestone objectives needed to accomplish those goals. This case plan will be revisited with regularity to assess the efficacy of the participant's treatment regimen.

Case plans will be written in a way that assumes participant transition to the community and will specify steps needed to be taken to ensure that continuity of care is achieved. This will be accomplished through the coordination of multiple treatment providers as well as family support. The case manager will perform duties in a way that assists program participants logistically with their transition, including transportation to the initial community treatment provider appointment (residential or otherwise) upon release. Regular check-ins will be facilitated by REAP staff post-release.

REAP is seeking priority consideration for the Escambia County's Opioid Abatement Strategy Grant Program. Escambia County is a hotspot for opioid overdoses and intravenous drug

use in the State of Florida. The number of people living with disabilities and people that are without health insurance in the area is high. Access to services for those without health insurance. Those living with disabilities and substance use disorders is limited and this program contemplates meeting individuals where they are and assisting them to access resources, particularly for the uninsured, for racial/ethnic minorities, and the LGBTQ community.

This project addresses potential inequities and barriers to equal opportunity and contributes to greater access to services for underserved and historically marginalized populations. Between 2022-2023, our area's demographic makeup was 55% male, 45% female, and the race and ethnicity breakdown was 74% white, 21.5% Black, and 3% Hispanic and Latino. Because of the racial and ethnic makeup of Escambia County, this project inherently targets these populations. Additionally, the case management provided to program participants by the case manager allows for expedited medical insurance enrollment/re-enrollment and for warm hand-offs to community treatment providers to ensure access to appropriate care. Lakeview and Community Health of Northwest Florida are committed to providing comprehensive, culturally competent, evidence-based treatment and recovery services.

Plan for Collecting Data

General: Program protocols with Escambia County Purchasing Department will be established to ensure that required data is consistent, accurate and timely. A unique identifier will be assigned to each participant to develop and maintain databases that allow for analysis of the individual participants. Each individual participant's progress will be documented and monitored by face-to-face meetings with the case manager. This will include monthly evaluation on attendance and success of program participation; cooperation with the clinical staff at Lakeview

Center, and attendance at regularly scheduled medical appointments; prompt completion of the annual screening questionnaire; appointment monitoring; disease education; and self-management support. Expected outcomes may include physical and mental health status; completion of program; completion of cognitive services; as well as others to be later identified. Indicators of success will include, but not limited to: (1) positive results in random drug testing; (2) employment success; (3) positive reporting from probation officers; (4) successful completion of the Program, if applicable; (5) the ability to package the findings to maximize impact across the Northwest Florida; (6) provision of information to the initiative as well as other decision makers on state recidivism comparative to the Initiative's; and (7) comparison of current with past performance to provide information on time to failure, re-use frequency, and re-use severity.

Tracking Program Participants: Beginning with participant enrollment, the assigned case manager will maintain a case file, including risk assessments, needs assessments, individualized Recovery Plan, recommended interventions, success of interventions, job history, all contacts with participant, and termination. Post termination follow-up and record-keeping will continue for a period of one year following graduation from the program. Data concerning post-termination status will be obtained from law enforcement records, from newspaper accounts, and from personal contact with participant or participant's next-of-kin as reflected in the case file. REAP acknowledges its responsibility to provide performance data related to the goals, objectives, and deliverables of the Program. Collection and organization of the data will be the responsibility of the Program Manager, working with the assigned case managers. Additionally, it is anticipated that additional University of West Florida interns will be assigned as part of their educational curriculum to assist in the collection and reporting of the data as required through the County's Performance Measurement Tool.

5. Quality of Service Questionnaire

The applicant shall provide a brief response to each question below:

1. Describe how the project aligns with Escambia County's Opioid Abatement Strategic Summary (Appendix 1).

This program will align with Escambia County's Opioid Abatement Strategy by arranging recovery; by providing access to housing and health care, by assisting with employment and job training, and peer support programs. REAP will also use evidence-based programs and strategies known to prevent drug use and promote healthy behavior and relationships and reduce risk factors, as well as adult education programs and public education campaigns.

2. Explain how your agency is actively participating in the Homeless Continuum of Care (CoC) and existing Behavioral Health systems in Escambia County, and how this project will integrate with those systems.

In 2021, REAP was identified as a sub-recipient of federal funding through Opening Doors of NWFL, Inc. to serve the area homeless. In July 2021, REAP opened The Lodges, a 52-bed emergency shelter for women and children. This facility remained at 100% effective occupancy during its operations. The Lodges provided housing in a congregate facility, evening meals, breakfast snacks, and supportive case management for each resident. REAP was also selected as a sub-recipient to operate a Rapid Rehousing Program which provided incentives to property owners and indirect assistance to homeless individuals while assisting them in transitioning to permanent housing.

In July 2022, REAP opened the Max-Well Respite Center which was funded by the City of Pensacola using American Recovery Plan Act funds. This is a 17,000-square-foot recently renovated facility with forty individual living spaces. The Max-Well Center has provided case management and transitional housing to more than nine hundred area

individuals that were homeless. Fully occupied since its opening, the Max-Well Center currently has a waitlist of more than two hundred applicants. REAP still operates the Max-Well Center and is currently funded by and is a partner with Opening Doors. REAP actively participates as a member of the Homeless Task Force and in the newly reorganized Continuum of Care.

3. Describe your procedure for assessing participant's needs and making client referrals to other service providers. Describe how you ensure that participants are connected to the services they request.

During the Intake Process, the case managers will assemble all documents, criminal history, medical records, and administer the evidence-based risk/needs assessment. Once the needs are established, the case manager will schedule a consultation with staff at Lakeview Center. At that time the REAP case manager, Lakeview staff, and the client will develop an individualized substance recovery plan, including objectives, goals, and dates for completion.

4. Describe how the project will provide connections to permanent supportive solutions, include the extent to which this project will connect client 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.

The Case Manager will ensure that the participants' immediate "survival needs" are addressed and schedule any actions necessary to meet those needs. Identification, registration, hygiene, bedding, housing, emergency food and clothing will be provided by REAP, as well as assistance in applying for Food Stamps, Social Security, SSDI and VA benefits, all of which should be completed within one week following intake. REAP will connect the client with

physical health care, mental health care, substance abuse treatment centers and provide the clients with locations of NA/AA meetings and a list of our faith-based partners that offer volunteer opportunities that will ensure their long-term stability.

5. Explain how your agency engages persons with lived experience (i.e., previously, or currently homeless, previously, or currently experiencing MH/SUD, etc.) and historically marginalized groups (i.e., black, indigenous, people of color, LGBTQ+ populations, etc.) in the design and evaluation of programs and services. Include the number of people engaged and their role.

REAP currently operates eighteen (18) houses (2 women's and 16 men's) providing housing for about ninety recently released individuals. At these houses, REAP provides transportation, work clothes, and job-related tools to assist its clients in securing full-time jobs. REAP anticipates adding additional housing dedicated to this program's participants.

REAP's operates the 40-room "Max-Well Respite Center", to help our community solve the ever-increasing problems of our area's homeless population. This facility serves men with children, women, women with children, Veterans, and families who are homeless. This program is funded by a grant from Opening Doors and utilizes facilities leased from Parks and Long.

REAP's program also includes providing information services to our community regarding prison reform; cooperating with other area service providers, working with the homeless population (many of whom have criminal records); and collaborating with local veteran's associations to provide necessary services to military Veterans.

REAP does not discriminate based on race, color, religion, sex, national origin, age, disability, or genetic information, as prohibited by the laws enforced by EEOC. We employ individuals with lived experiences including previous addiction and criminal histories. Since our opening have provided services for those that have lived experience as well as historically marginalized groups. Our Board of Directors has adopted a policy of commitment to a program embracing principles of diversity, equity and inclusion.

6. Explain your agency's experience providing services to individuals and families who have substance use or co- occurring disorders, including federal, state, and/or local government grant experience and capacity of the organization to administer the project and oversee all compliance requirements.

Re-Entry Alliance Pensacola, Inc. ("REAP") was formed in 2013 at the suggestion of U.S. District Court Judge M. Casey Rodgers to provide a mentoring program for individuals on federal and state probation who regularly appeared before her Court. In 2014 REAP received approval from the I.R.S as a 501C (3) organization. REAP initiated a demonstration project to provide a comprehensive reentry program designed to address the full range of challenges involved in helping previously incarcerated individuals make successful transitions back to the community.

Working in close cooperation with area service providers and partners, REAP operates a full re-entry transitional program serving approximately 250 ex-offenders annually in its "Intensive Case Management Program." This program is designed to address the immediate physical needs of the returning citizen; to identify and address his/her criminogenic risks and needs; substance use or co- occurring disorders, to provide stable housing; and to assist in job readiness training and job placement. REAP operates eighteen (18) transitional houses, providing monitored housing for the 90+ individuals who are participating in the REAP Intensive Case Management Program at any given time. Since its inception, REAP has provided this transitional assistance to more than 2200 participants, with a recidivist rate of less than 10%, or more positively, a success rate greater than 90%.

REAP's has considerable experience assisting clients who have struggled with substance abuse. We have established a path that aligns clients to service partners that link them to substance use disorder treatments and behavioral health services including counseling, case management, cognitive behavior training, life-skills training, job placement, and relapse

prevention services that will result in higher long-term recovery success rates. When it is determined to be appropriate, medication-assisted treatment services will be provided under contract with a local medical care provider.

7. Describe how your agency has worked to remove traditional barriers (i.e., no income, no insurance, no transportation, etc.) to services for individuals and families who have substance use or co-occurring disorders.

REAP currently operates eighteen (18) reentry houses and we operate the 40-room "Max-Well Respite Center" which helps us to address the basic need of housing. Once the client is stable, we work with them to find work to address the lack of income, sign them up with insurance through the American Cares Act and we provide transportation using our staff driver or provide bus passes for them to be able to travel to their jobs or appointments. For those eligible for federal entitlement programs, REAP will assist the client with the initial application and any follow-ups.

8. Describe how your agency evaluates program success.

REAP Program protocols with Escambia County will be established to ensure that required data is consistent, accurate, and timely. A unique identifier will be assigned to each participant to develop and maintain databases that allow for analysis of the participants. Each individual participant's progress will be documented and monitored by face-to-face meetings with the case manager. This will include bi-monthly evaluation on attendance and progress of program participation; cooperation with the clinical staff at Lakeview Center, and attendance at regularly scheduled medical appointments; prompt completion of the screening questionnaire; appointment monitoring; sobriety education; and self-management support.

Expected outcomes may include physical and mental health status; completion of program;

completion of cognitive services; as well as others to be later identified. Indicators of success will include, but not limited to: (1) positive results in random drug testing; (2) employment success; (3) individual's ability to remain sober; (4) the ability to package the findings to maximize impact in Escambia County; (5) comparison of current with past performance to provide information on the program's success.

9. Describe how the agency will continue to provide quality services in the community in the case of reduced or loss of funding.

REAP is committed to developing and operate programs to provide services to our most vulnerable populations. We will continue to work with our clients to provide the Opioid Abatement Program to them, to help reduce the number fatal overdoses, to reduce the number of emergency department visits, and to provide access to our substance use disorder prevention and treatment program. We will continue to explore other funding opportunities to continue the Opioid Abatement Program.

6. Ability to Complete Activities Outline

The applicant shall provide an outline that documents their ability to complete the funded activities in the allotted timeframe. This outline shall include:

Timelines of critical tasks to be accomplished for each proposed activity.

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

1. Notification of Award:

15 October 2024

The Executive Director: will develop the strategic plan, program director recruitment will be completed, develop relationships with agencies that contribute to the opioid abatement program, case managers will be hired, and the initial contact with all individuals in our facilities will be made for recruitment/screening purposes.

2. Project Start-up:

1 November 2024

During the first sixty days following the contract execution, REAP will complete the following actions: development of the strategic plan that incorporates evidenced based programs, policies, and practices with measurable outcomes; development of a method of assuring continuity of information collected among facilities including, but not limited to, needs and risk assessments, including date administered, date validated, date modified; planning and developing meaningful and successful evidenced-based continuum of care programs; identification of data to be collected, collection method and how it will be analyzed.

3. Design Phase Complete:

30 November 2024

A vital component will be the establishment of specific objectives and outcomes expected to be achieved by REAP; establishment and declaration of timelines; development of monitoring methods to measure progress; the development of methodology for the identification and remediation of shortfalls; and the development of ways to identify and capitalize on successful aspects of the program.

4. First Client Accepted and Assessed:

1 January 2025

The program director will oversee the program and will spend 100% of their time supervising, recruiting, screening participants for the program, and training staff. This individual's annual salary will be covered for the first 12 months of the contract.

Case Managers: will spend 100% of their time providing direct service to the participants. This individual's annual salary will be covered for the first 12 months of the contract.

5. Progress Report to Escambia County:

15 February 2025

Indicators of success will include, but not limited to positive results in random drug testing; employment success; positive reporting from probation officers; successful completion of the program, if applicable; the ability to package the findings to maximize impact across the Northwest Florida; provision of information to the initiative as well as other decision makers on state recidivism comparative to the Initiative's; and comparison of current with past performance to provide information on time to failure, re-use frequency, and re-use severity.

6. Program Assessment:

15 February 2025

Program protocols with Escambia County Purchasing Department will be established to ensure that required data is consistent, accurate and timely. Beginning with participant enrollment, the assigned case manager will maintain a case file, including risk assessments, needs assessments, individualized Recovery Plan, recommended interventions, success of interventions, job history, all contacts with participant, and termination.

7. Progress Report to Escambia County:

15 February 2025

Indicators of success will include, but not limited to positive results in random drug testing; employment success; positive reporting from probation officers; successful completion of the program, if applicable; the ability to package the findings to maximize impact across the Northwest Florida; provision of information to the initiative as well as other decision makers on state recidivism comparative to the Initiative's; and comparison of current with past performance to provide information on time to failure, re-use frequency, and re-use severity.

8. Quality Assurance:

15 April 2025

In this phase we will examine the various activities that REAP has undertaken to deliver the services and established during the design phase. If shortcomings are identified, corrective actions will be implemented to align with the program's goals and objectives.

9. Program Assessment:

15 July 2025

Program protocols with Escambia County Purchasing Department will be established to ensure that required data is consistent, accurate and timely. Beginning with participant enrollment, the assigned case manager will maintain a case file, including risk assessments, needs assessments,

individualized Recovery Plan, recommended interventions, success of interventions, job history, all contacts with participant, and termination.

10. Program Assessment:

15 September 2025

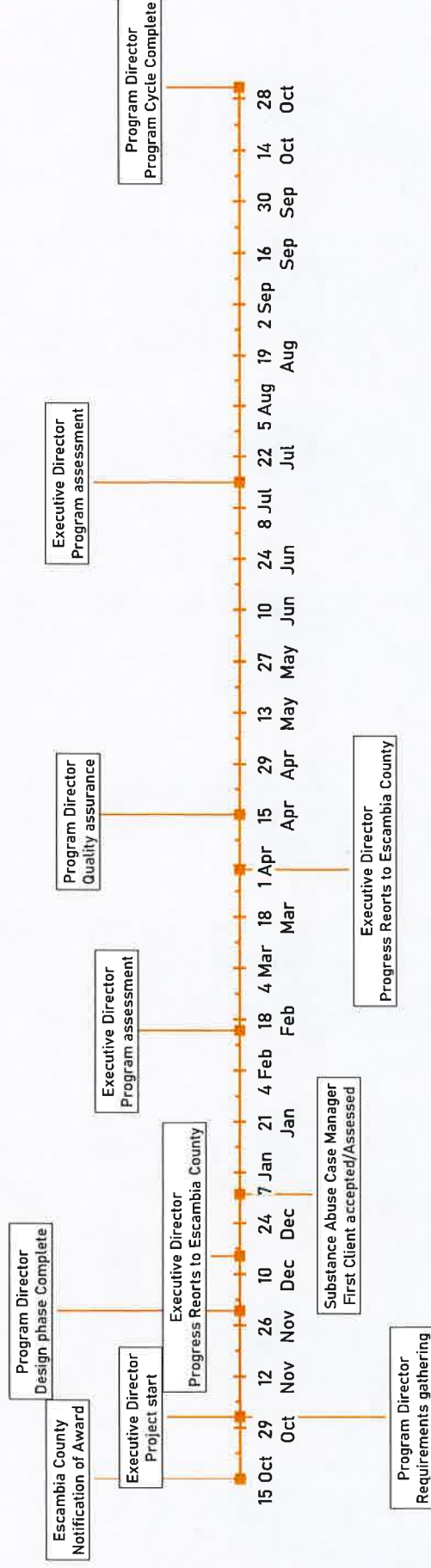
Program protocols with Escambia County Purchasing Department will be established to ensure that required data is consistent, accurate and timely. Beginning with participant enrollment, the assigned case manager will maintain a case file, including risk assessments, needs assessments, individualized Recovery Plan, recommended interventions, success of interventions, job history, all contacts with participant, and termination.

11. Program Cycle Complete:

31 October 2025

The program cycle will be completed, and an assessment will be conducted to determine if the program will be sustainable and if we will be able to continue the program. Upon completion of the program, REAP will document the results, and send the report to Escambia County.

PROJECT TIMELINE



Project Milestones

DATE	MILESTONE	ASSIGNED TO	POSITION
10/15/2024	Notification of Award	Escambia County	20
11/1/2024	Project start	Executive Director	10
11/1/2024	Requirements gathering	Program Director	-20
11/30/2024	Design phase Complete	Program Director	25
12/15/2024	Progress Reorts to Escambia County	Executive Director	4
1/1/2025	First Client accepted/Assessed	Substance Abuse Case Manager	-10
2/15/2025	Program assessment	Executive Director	15
3/31/2025	Progress Reorts to Escambia County	Executive Director	-15
4/15/2025	Quality assurance	Program Director	20
7/15/2025	Program assessment	Executive Director	20
10/31/2025	Program Cycle Complete	Program Director	10

7. Budget Narrative

PROPOSED BUDGET

1. PERSONNEL

- a. Program Director; Certified Addiction Specialist, minimum two years actual experience. \$55,000.
- b. Case Managers (2): \$45,000 each.
- c. Fringe Benefits: FICA, Unemployment Tax, Insurance: 20% of payroll=\$29,000 TOTAL

PERSONNEL: \$174,000/YR.

2. TRANSPORTATION

- a. Vehicle: \$450/month lease.
- b. Fuel: \$325 a month.
- c. Maintenance: \$100/month.
- d. Insurance: Collision, Comp. & Liability: \$400/month.

TOTAL TRANSPORTATION: \$15,300/YR.

3. OCCUPANCY

- a. Facility Rent: \$900/month.
- b. Utilities: \$600/month.
- c. Insurance: General Liability at \$400/month.
- d. Repairs, Janitorial, & Maintenance: \$200/month. TOTAL

OCCUPANCY: \$25,200/YR.

4. OFFICE & ADMINISTRATION

- a. Communications: \$100/month.
- b. Cox Cable & Internet: \$150/month.
- c. Office Administration: PIT accounting: \$1,000/month.
- d. Office Supplies, Copier, Paper: \$350/month. TOTAL

OFFICE & ADMINISTRATION: \$19,200/YR.

5. CLIENT NEEDS & SUPPORT

- a. Housing: \$2,550/month (\$425/month x 6 residents.)
- b. Client Needs: \$150/month: IDs, Food stamps, birth certificates, clothes.
- c. Tuition & job readiness training: \$3,000/month (\$500/month x 6 residents.) TOTAL

CLIENT NEEDS & SUPPORT: \$68,400/YR.

TOTAL EXPENSE: \$302,100

8. Budget Form

Complete each line as applicable to the proposed project.

Budget Template
Notice of Funding Availability
Complete ONLY BLUE fields. Do not edit grey fields.

Year 1 (Dates will be based on award date)		
Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
Program Director	1 Program Director	\$55,000
Case Management	2 Case Managers	\$90,000
Nursing Staff		
Peer Specialist Certifications		
Mobile Service Delivery Vehicles and Associated Costs (i.e. mileage, maintenance, etc.)		
Computers, Phones, and other equipment for program staff		
Program Related Supplies (i.e. harm reduction materials, PPE, medications)		
Fringe Benefits	Fringe Benefits for 3 Personnel	\$29,000
Other Expenses	Transportation	\$15,300
Other Expenses	Occupancy	\$25,200
Other Expenses	Client Needs and Support	\$68,400
Subtotal Requested		\$ 282,900
Admin Requested (max of 10%) (i.e. accounting costs, contract management costs, facility costs)		\$19,200
Total Amount Requested		\$ 302,100

10. Project Outcomes

Applicants must provide anticipated outcomes for each of the following performance measures.

Performance Measure	Baseline Data (<i>must include source</i>)	Desired Outcome	Describe the project component(s) that will be used, and how the outcome will be achieved and monitored.
1. Reduced number of fatal overdoses.	75		
2. Reduced number of EMS overdose responses.	3753		
3. Increase in substance use disorder treatment to reduce opioid overdoses.	25000 individuals seen by Lakeview annually		Our program will promote recovery by providing access to housing and health care, employment and job training, and peer support programs.
4. Increase in access to substance use disorder treatment programs.			The program Director and Case Managers will be interacting with our clients and be on call for any issues that may occur after hours.
5. Increase access to substance use prevention programs.			The program Director and Case Managers will be interacting with our clients and be on call for any issues that may occur after hours.
6. Increase in substance use disorder training, treatment, and prevention in the Criminal Justice Departments.			The Program Director will conduct training with our staff and conduct training with our clients suffering from substance abuse to enhance outreach and education on substance abuse prevention strategies.
9. OTHER: _____			
If awarded, applicants will be required to submit detailed reports include de-identified and de-duplicated demographic, service, health, and outcome data.			

Notice of Funding Availability (NOFA) for projects aligned with Escambia County's Opioid Abatement Strategy



**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



Sheriff Chip W. Simmons

ESCAMBIA COUNTY SHERIFF'S OFFICE

COURTESY

INTEGRITY

PROFESSIONALISM

May 1, 2023

To whom it may concern:

Please accept this letter as affirmation of our continued support for Re-Entry Alliance Pensacola (REAP) to participate in the U.S. Department of Justice FY 2023 Second Chance Act Community-based Re-entry Program Grant.

Our primary mission at the Escambia County Sheriff's Office is to make Escambia County a safer place to live, work, worship, and play. Therefore, we support efforts to make our criminal justice system safer, and more cost-effective. Re-Entry Alliance, Pensacola, mission is to improve the safety and quality of life in Northwest Florida enabling individuals returning from incarceration to be self-sufficient, crime-free productive citizens and neighbors.

For the past ten years, we have worked collaboratively with Re-Entry Alliance Pensacola, Inc. to accomplish mutual objectives. This collaboration has included general support, financial support, training, and general advice to REAP staff, volunteers, and program participants.

It is my understanding this grant will be directed to methods improving recidivism rates and re-entry services within Escambia County, and to work individually and collaboratively to support the development of programs designed to impact successful re-entry.

REAP has a case management system that includes re-entry coordination; development of formalized plans of care; needs, risk, and mental health assessments; and cognitive based services received during and after incarceration, among others.

As Sheriff of Escambia County, I support efforts to improve re-entry programs, together with Re-Entry Alliance Pensacola, Inc.

Sincerely,


Chip Simmons
Escambia County Sheriff

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. 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



Corrections & Detention®

MASTER SERVICE AGREEMENT – CONTINUUM OF CARE

THIS MASTER SERVICE AGREEMENT (the “Agreement”), dated as of FEBRUARY 3, 2021 is by and between **GEO Corrections & Detention, LLC (“GEO”)**, a Florida limited liability company, with its principal place of business at 4955 Technology Way, Boca Raton, Florida, and **RE-ENTRY ALLIANCE PENSACOLA, INC.**, a NOT-FOR-PROFIT corporation, with offices at “1000 WEST BLOUNT STREET, PENSACOLA, FLORIDA 32501”.

WHEREAS, **RE-ENTRY ALLIANCE PENSACOLA, INC.** has the capability and capacity to provide certain services; and

WHEREAS, **GEO** desires to retain **RE-ENTRY ALLIANCE PENSACOLA, INC.** to provide said services under the terms and conditions set forth herein, and **RE-ENTRY ALLIANCE PENSACOLA, INC.** is willing to perform such services.

NOW, THEREFORE, in consideration of the mutual covenants and agreements hereinafter set forth and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, **GEO** and **RE-ENTRY ALLIANCE PENSACOLA, INC.** (collectively, the “Parties”, and each, individually, a “Party”) agree as follows:

1. **Services.** **RE-ENTRY ALLIANCE PENSACOLA, INC.** shall provide to **GEO** the services (the “Services”) set out in the initial statement of work, attached and incorporated herein as **Exhibit A**, as well as those set out in any future statements of work to be issued by **GEO** and accepted by **RE-ENTRY ALLIANCE PENSACOLA, INC.** (each, a “Statement of Work”). Statements of Work shall be deemed accepted only if signed by an authorized representative of each Party. **RE-ENTRY ALLIANCE PENSACOLA, INC.** shall provide the Services:
 - a. In accordance with the terms and subject to the conditions set forth in this Agreement and each respective Statement of Work;
 - b. Using personnel of required skill, experience and qualifications;
 - c. In a timely, workmanlike and professional manner; and
 - d. In accordance with the generally recognized industry standards in **RE-ENTRY ALLIANCE PENSACOLA, INC.’s** field.
2. **Fees and Expenses.** For the Services to be performed hereunder, **GEO** will pay to **RE-ENTRY ALLIANCE PENSACOLA, INC.** a fee determined in accordance with the fee schedule set out in each Statement of Work. Unless otherwise provided in the Statement of Work, said fee will be payable within sixty days of receipt by **GEO** of an invoice from **RE-ENTRY ALLIANCE PENSACOLA, INC.** accompanied by documentation as reasonably requested by **GEO** evidencing all charges rendered to **GEO**-referred individuals as determined by **GEO**.
3. **Confidentiality.** All non-public, confidential or proprietary information of **GEO** or any of its

related entities ("Confidential Information"), including, but not limited to, specifications, samples, patterns, designs, plans, drawings, documents, data, and business operations, disclosed by **GEO** to **RE-ENTRY ALLIANCE PENSACOLA, INC.**, whether disclosed orally or disclosed or accessed in written, electronic or other form or media, and whether or not marked, designated or otherwise identified as "confidential," in connection with this Agreement is confidential, solely for **RE-ENTRY ALLIANCE PENSACOLA, INC.**'s use in performing this Agreement and may not be disclosed or copied unless authorized in writing by **GEO**. Confidential Information does not include any information that is or becomes generally available to the public other than as a result of **RE-ENTRY ALLIANCE PENSACOLA, INC.**'s breach of this Agreement.

4. Term, Termination and Survival.

- a. This Agreement shall commence as of the Effective Date first shown above, and shall continue for so long as there remains an active Statement of Work, unless sooner terminated as provided herein.
- b. **GEO**, in its sole discretion, may terminate this Agreement or any Statement of Work at any time and without liability except for required payment for services rendered prior to the termination date, by providing at least sixty (60) days' prior written notice to **RE-ENTRY ALLIANCE PENSACOLA, INC.**
- c. Either Party may terminate this Agreement, effective upon written notice to the other Party (the "Defaulting Party"), if the Defaulting Party:
 - i. Materially breaches this Agreement, and such breach is incapable of cure, or with respect to a material breach capable of cure, the Defaulting Party does not cure such breach within five (5) days after receipt of written notice of such breach;
 - ii. Becomes insolvent or admits its inability to pay its debts generally as they become due;
 - iii. Becomes subject, voluntarily or involuntarily, to any proceeding under any domestic or foreign bankruptcy or insolvency law;
 - iv. Is dissolved or liquidated or takes any corporate action for such purpose;
 - v. Makes a general assignment for the benefit of creditors; or
 - vi. Has a receiver, trustee, custodian or similar agent appointed by order of any court of competent jurisdiction to take charge of or sell any material portion of its property or business.
- d. Upon expiration or termination of this Agreement, **RE-ENTRY ALLIANCE PENSACOLA, INC.** shall promptly:
 - i. Deliver to **GEO** all documents, work product and other materials, whether or not complete, prepared by or on behalf of **RE-ENTRY ALLIANCE PENSACOLA, INC.** in the course of performing the Services for which **GEO** has paid;
 - ii. Return to **GEO** all **GEO**-owned property, equipment or materials in its possession or control;
 - iii. Remove any **RE-ENTRY ALLIANCE PENSACOLA, INC.**-owned property, equipment or materials located at **GEO**'s locations;
 - iv. Deliver to **GEO**, all documents and tangible materials (and any copies) containing, reflecting, incorporating or based on **GEO**'s Confidential Information;
 - v. On a pro rata basis, repay all fees and expenses paid in advance for any Services which have not been provided;
 - vi. Permanently erase all of **GEO**'s Confidential Information from its computer systems;

- vii. Certify in writing to **GEO** that it has complied with the requirements of this Section 4.
 - e. The rights and obligations of the Parties set forth in Sections 3 and 4, and any right or obligation of the Parties in this Agreement which, by its nature, should survive termination or expiration of this Agreement, will survive any such termination or expiration of this Agreement.
5. Independent Contractor.
- a. It is understood and acknowledged that the Services which **RE-ENTRY ALLIANCE PENSACOLA, INC.** will provide to **GEO** hereunder shall be in the capacity of an independent contractor and not as an employee or agent of **GEO**. **RE-ENTRY ALLIANCE PENSACOLA, INC.** shall control the conditions, time, details and means by which **RE-ENTRY ALLIANCE PENSACOLA, INC.** performs the Services. **GEO** shall have the right to inspect the work of **RE-ENTRY ALLIANCE PENSACOLA, INC.** as it progresses, solely for the purpose of determining whether the work is completed according to the applicable Statement of Work.
 - b. **RE-ENTRY ALLIANCE PENSACOLA, INC.** has no authority to commit, act for or on behalf of the **GEO** or to bind **GEO** to any obligation or liability.
 - c. **RE-ENTRY ALLIANCE PENSACOLA, INC.** shall not be eligible for and shall not receive any employee benefits from **GEO** and shall be solely responsible for the payment of all taxes, FICA, federal and state unemployment insurance contributions, state disability premiums and all similar taxes and fees relating to the fees earned by **RE-ENTRY ALLIANCE PENSACOLA, INC.** hereunder.
6. Indemnification. **RE-ENTRY ALLIANCE PENSACOLA, INC.** shall indemnify, defend and hold harmless **GEO** and its officers, directors, employees, agents, affiliates, successors and permitted assigns (collectively, the "Indemnified Party") against any and all losses, damages, liabilities, deficiencies, claims, actions, judgments, settlements, interest, awards, penalties, fines, costs, or expenses of whatever kind, including reasonable attorneys' fees, and the costs of enforcing any right to indemnification under this Agreement and the cost of pursuing any losses relating to, arising out of, or resulting from any claim of a third party occurring in connection with **RE-ENTRY ALLIANCE PENSACOLA, INC.**'s negligence, willful misconduct or Breach of this Agreement. **RE-ENTRY ALLIANCE PENSACOLA, INC.** shall not enter into any settlement without **GEO**'s or the Indemnified Party's prior written consent.
7. Remedies.
- a. If **RE-ENTRY ALLIANCE PENSACOLA, INC.** violates any provision of this Agreement, **GEO** shall, be entitled to seek, in addition to any damages to which it is entitled immediate injunctive relief against **RE-ENTRY ALLIANCE PENSACOLA, INC.** prohibiting further actions inconsistent with **RE-ENTRY ALLIANCE PENSACOLA, INC.**'s obligations under this Agreement.
 - b. To the extent a Party is required to seek enforcement of this Agreement or otherwise defend against an unsuccessful claim of breach, the unsuccessful party shall be liable for all attorney's fees and costs incurred by the successful party to enforce the provisions of this Agreement.
 - c. All rights and remedies provided in this Agreement are cumulative and not exclusive, and

the exercise by either Party of any right or remedy does not preclude the exercise of any other rights or remedies that may now or subsequently be available at law, in equity, by statute, in any other agreement between the Parties or otherwise. Despite the previous sentence, the Parties intend that **RE-ENTRY ALLIANCE PENSACOLA, INC.**'s right to damages equal to its earned but unpaid fees is **RE-ENTRY ALLIANCE PENSACOLA, INC.**'s exclusive remedy for **GEO**'s payment breach.

8. **Compliance with Law.** **RE-ENTRY ALLIANCE PENSACOLA, INC.** is in compliance with and shall comply with all applicable laws, regulations and ordinances. **RE-ENTRY ALLIANCE PENSACOLA, INC.** has and shall maintain in effect all the licenses, permissions, authorizations, consents and permits that it needs to carry out its obligations under this Agreement.
9. **Entire Agreement.** This Agreement, including and together with any related exhibits, schedules, attachments and appendices, constitutes the sole and entire agreement of the Parties with respect to the subject matter contained herein, and supersedes all prior and contemporaneous understandings, agreements, representations and warranties, both written and oral, regarding such subject matter.
10. **Notices.** All notices, requests, consents, claims, demands, waivers and other communications under this Agreement (each, a "Notice", and with the correlative meaning "Notify") must be in writing and addressed to the other Party at its address set forth below (or to such other address that the receiving Party may designate from time to time in accordance with this Section). Unless otherwise agreed herein, all Notices must be delivered by personal delivery, nationally recognized overnight courier or certified or registered mail (in each case, return receipt requested, postage prepaid). Except as otherwise provided in this Agreement, a Notice is effective only on receipt by the receiving Party and if the Party giving the Notice has complied with the requirements of this Section.

**GEO CORRECTIONS &
DETENTION, LLC**

Address:	<u>4955 Technology Way,</u> <u>Boca Raton, FL 33431</u>
Attn:	<u>Craig Spatara</u>
Phone:	<u>561-443-1795</u>
Email:	<u>CSpatara@geogroup.com</u>

RE-ENTRY ALLIANCE PENSACOLA, INC.

Address:	<u>1000 WEST BLOUNT STREET,</u> <u>PENSACOLA, FLORIDA 32501</u>
Attn:	<u>VINCE WHIBBS, JR.</u>
Phone:	<u>850-324-6667</u>
Email:	<u>VINCEWHIBBS@GMAIL.COM</u>

11. **Severability.** If any term or provision of this Agreement is found by a court of competent jurisdiction to be invalid, illegal or otherwise unenforceable, such invalidity, illegality or unenforceability shall not affect any other term or provision of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction. Upon a determination that any term or provision is invalid, illegal or unenforceable, the Parties shall negotiate in good faith to modify this Agreement to effect the original intent of the Parties as closely as possible in order that the transactions contemplated hereby be consummated as originally contemplated to the greatest extent possible.

12. Amendments. No amendment to or modification of this Agreement is effective unless it is in writing and signed by an authorized representative of each Party.
13. Waiver. No waiver by any Party of any of the provisions of this Agreement shall be effective unless explicitly set forth in writing and signed by the Party so waiving. Except as otherwise set forth in this Agreement, no failure to exercise, or delay in exercising, any right, remedy, power or privilege arising from this Agreement shall operate or be construed as a waiver thereof, nor shall any single or partial exercise of any right, remedy, power or privilege hereunder preclude any other or further exercise thereof or the exercise of any other right, remedy, power or privilege.
14. Assignment. **RE-ENTRY ALLIANCE PENSACOLA, INC.** shall not assign, transfer, delegate or subcontract any of its rights or obligations under this Agreement without the prior written consent of **GEO**. Any purported assignment or delegation in violation of this Section shall be null and void. No assignment or delegation shall relieve **RE-ENTRY ALLIANCE PENSACOLA, INC.** of any of its obligations hereunder. **GEO** may at any time assign or transfer any or all of its rights or obligations under this Agreement to a related business entity without **RE-ENTRY ALLIANCE PENSACOLA, INC.**'s prior written consent.
15. Successors and Assigns. This Agreement is binding on and inures to the benefit of the Parties and their respective successors and permitted assigns.
16. Choice of Law. This Agreement, including all exhibits, schedules, attachments and appendices attached to this Agreement and thereto, and all matters arising out of or relating to this Agreement, is governed by, and is to be construed in accordance with, the laws of the State of Florida, without regard to the conflict of laws provisions thereof to the extent such principles or rules would require or permit the application of the laws of any jurisdiction other than those of the State of Florida.
17. Choice of Forum. Each Party irrevocably and unconditionally agrees that it will not commence any action, litigation or proceeding of any kind whatsoever against the other Party in any way arising from or relating to this Agreement, including all exhibits, schedules, attachments and appendices attached to this Agreement, and all contemplated transactions, in any forum other than the courts of the State of Florida sitting in Palm Beach County, and any appellate court from any thereof. Each Party irrevocably and unconditionally submits to the exclusive jurisdiction of such courts and agrees to bring any such action, litigation or proceeding only in the courts of the State of Florida sitting in Palm Beach County. Each Party agrees that a final judgment in any such action, litigation or proceeding is conclusive and may be enforced in other jurisdictions by suit on the judgment or in any other manner provided by law.
18. Counterparts. This Agreement may be executed in counterparts, each of which is deemed an original, but all of which together are deemed to be one and the same agreement. Notwithstanding anything to the contrary in Section 14, a signed copy of this Agreement delivered by facsimile, email or other means of electronic transmission is deemed to have the same legal effect as delivery of an original signed copy of this Agreement.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed as of the Effective Date by their respective officers thereunto duly authorized.

**GEO CORRECTIONS
& DETENTION, LLC**

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

By: _____

By:



Name: David Burch

Name: VINCE WHIBBS, JR.

Title: Divisional Vice President

Title: EXECUTIVE DIRECTOR

Exhibit A – Statement of Work

SOUTH BAY CORRECTIONAL AND REHABILITATION FACILITY

THIS STATEMENT OF WORK (“SOW”), dated FEBRUARY 3, 2021, is by and between **GEO Corrections & Detention, LLC** (“GEO”), a Florida limited liability company, with its principal place of business at 4955 Technology Way, Boca Raton, Florida, and **RE-ENTRY ALLIANCE PENSACOLA, INC.** a NOT-FOR-PROFIT corporation, with offices at “1000 WEST BLOUNT STREET, PENSACOLA, FLORIDA 32501”

WHEREAS, **RE-ENTRY ALLIANCE PENSACOLA, INC.** is a NOT-FOR-PROFIT organization providing TRANSITIONAL HOUSING for participants in ESCAMBIA COUNTY; and

WHEREAS, the **GEO CARE POST-RELEASE DEPARTMENT** will qualify returning citizens for the program, develop individualized release action plans prior to their departure from various **GEO** Facilities, and monitor the ongoing delivery of services after the returning citizen's release; and

WHEREAS, **RE-ENTRY ALLIANCE PENSACOLA, INC.** and **GEO** entered into a Master Service Agreement (the “Master Agreement”) on FEBRUARY 3, 2021 for the provision of SERVICES to individuals in ESCAMBIA COUNTY upon their departure from various **GEO** correctional facilities (each a “Facility”).

NOW, THEREFORE, the Parties agree as follows:

1. **RE-ENTRY ALLIANCE PENSACOLA, INC.'s Responsibilities.**
 - a. TRANSITIONAL HOUSING
2. **RE-ENTRY ALLIANCE PENSACOLA, INC.** will bill the **GEO CARE POST-RELEASE DEPARTMENT** for any months/days of service if a Payment Agreement is submitted from the **GEO CARE POST-RELEASE DEPARTMENT**. On the first day of every service month, **RE-ENTRY ALLIANCE PENSACOLA, INC.** will provide to the **GEO CARE POST-RELEASE DEPARTMENT** an invoice, on a provided template, itemizing the services provided to program participants during the previous service month.
3. **RE-ENTRY ALLIANCE PENSACOLA, INC.** will submit progress reports on request to each program participant's designated post release case manager and shall allow site visits upon request by a case manager with reasonable notice.
4. In the event a program participant is discharged from services for compliance issues, **RE-ENTRY ALLIANCE PENSACOLA, INC.** shall immediately notify the Director of the **GEO CARE POST-RELEASE DEPARTMENT**, or, if the Director is unavailable, the program participant's designated case manager. If the returning citizen is unable to return for service, **RE-ENTRY ALLIANCE PENSACOLA, INC.** will close the billing cycle using the date of departure and submit an invoice within 5 days for payment.

5. GEO's Responsibilities.
 - a. The **GEO CARE POST-RELEASE DEPARTMENT** will refer to **RE-ENTRY ALLIANCE PENSACOLA, INC.** returning citizens who have been released from various **GEO** correctional facilities and have been enrolled in the post release program.
 - b. Whenever possible, **GEO** will provide to **RE-ENTRY ALLIANCE PENSACOLA, INC.** 30 days' notice prior to placement of program participants; in no event will **GEO** provide less than 3 days' notice prior to placement.
6. Payment Terms. Upon **RE-ENTRY ALLIANCE PENSACOLA, INC.**'s submission of a Payment Agreement from the **GEO CARE POST-RELEASE DEPARTMENT** and an accompanying invoice, **GEO** will pay \$650.00 per program participant per month and a one-time \$100.00 administrative fee per participant. If a program participant is discharged before the service month is complete, a prorated daily rate of \$21.67 will be used to calculate payment. Absent extenuating circumstances, **GEO** will not pay for services invoiced beyond 90 days.
7. Term of SOW. This SOW will remain effective until terminated in writing by either Party and will automatically terminate upon termination of the Parties' Master Agreement.

Exhibit A – Statement of Work

MOORE HAVEN CORRECTIONAL AND REHABILITATION FACILITY

THIS STATEMENT OF WORK (“SOW”), dated FEBRUARY 3, 2021, is by and between **GEO Corrections & Detention, LLC (“GEO”)**, a Florida limited liability company, with its principal place of business at 4955 Technology Way, Boca Raton, Florida, and **RE-ENTRY ALLIANCE PENSACOLA, INC.** a NOT-FOR-PROFIT corporation, with offices at “**1000 WEST BLOUNT STREET, PENSACOLA, FLORIDA 32501**”

WHEREAS, **RE-ENTRY ALLIANCE PENSACOLA, INC.** is a NOT-FOR-PROFIT organization providing TRANSITIONAL HOUSING for men in ESCAMBIA COUNTY; and

WHEREAS, the **GEO CARE POST-RELEASE DEPARTMENT** will qualify returning citizens for the program, develop individualized release action plans prior to their departure from various **GEO** Facilities, and monitor the ongoing delivery of services after the returning citizen's release; and

WHEREAS, **RE-ENTRY ALLIANCE PENSACOLA, INC.** and **GEO** entered into a Master Service Agreement (the “Master Agreement”) on FEBRUARY 3, 2021 for the provision of SERVICES to individuals in ESCAMBIA COUNTY upon their departure from various **GEO** correctional facilities (each a “Facility”).

NOW, THEREFORE, the Parties agree as follows:

1. RE-ENTRY ALLIANCE PENSACOLA, INC.’s Responsibilities.
 - a. TRANSITIONAL HOUSING
2. **RE-ENTRY ALLIANCE PENSACOLA, INC.** will bill the **GEO CARE POST-RELEASE DEPARTMENT** for any months/days of service if a Payment Agreement is submitted from the **GEO CARE POST-RELEASE DEPARTMENT**. On the first day of every service month, **RE-ENTRY ALLIANCE PENSACOLA, INC.** will provide to the **GEO CARE POST-RELEASE DEPARTMENT** an invoice, on **RE-ENTRY ALLIANCE PENSACOLA, INC.** letterhead, itemizing the services provided to program participants during the previous service month.
3. **RE-ENTRY ALLIANCE PENSACOLA, INC.** will submit progress reports on request to each program participant’s designated post release case manager and shall allow site visits upon request by a case manager with reasonable notice.
4. In the event a program participant is discharged from services for compliance issues, **RE-ENTRY ALLIANCE PENSACOLA, INC.** shall immediately notify the Director of the **GEO CARE POST-RELEASE DEPARTMENT**, or, if the Director is unavailable, the program participant’s designated case manager. If the returning citizen is unable to return for service, **RE-ENTRY ALLIANCE PENSACOLA, INC.** will close the billing cycle using the date of departure and submit an invoice within 5 days for payment.

5. GEO's Responsibilities.
 - a. The **GEO CARE POST-RELEASE DEPARTMENT** will refer to **RE-ENTRY ALLIANCE PENSACOLA, INC.** returning citizens who have been released from various **GEO** correctional facilities and have been enrolled in the post release program.
 - b. Whenever possible, **GEO** will provide to **RE-ENTRY ALLIANCE PENSACOLA, INC.** 30 days' notice prior to placement of program participants; in no event will **GEO** provide less than 3 days' notice prior to placement.
6. Payment Terms. Upon **RE-ENTRY ALLIANCE PENSACOLA, INC.**'s submission of a Payment Agreement from the **GEO CARE POST-RELEASE DEPARTMENT** and an accompanying invoice, **GEO** will pay \$650.00 per program participant per month and a one-time \$100.00 administrative fee per participant. If a program participant is discharged before the service month is complete, a prorated daily rate of \$21.67 will be used to calculate payment. Absent extenuating circumstances, **GEO** will not pay for services invoiced beyond 90 days.
7. Term of SOW. This SOW will remain effective until terminated in writing by either Party and will automatically terminate upon termination of the Parties' Master Agreement.

Exhibit A – Statement of Work

BAY CORRECTIONAL AND REHABILITATION FACILITY

THIS STATEMENT OF WORK (“SOW”), dated FEBRUARY 3, 2021, is by and between **GEO Corrections & Detention, LLC (“GEO”)**, a Florida limited liability company, with its principal place of business at 4955 Technology Way, Boca Raton, Florida, and **RE-ENTRY ALLIANCE PENSACOLA, INC.** a NOT-FOR-PROFIT corporation, with offices at “**1000 WEST BLOUNT STREET, PENSACOLA, FLORIDA 32501**”

WHEREAS, **RE-ENTRY ALLIANCE PENSACOLA, INC.** is a NOT-FOR-PROFIT organization providing TRANSITIONAL HOUSING for men in ESCAMBIA COUNTY; and

WHEREAS, the **GEO CARE POST-RELEASE DEPARTMENT** will qualify returning citizens for the program, develop individualized release action plans prior to their departure from various **GEO** Facilities, and monitor the ongoing delivery of services after the returning citizen's release; and

WHEREAS, **RE-ENTRY ALLIANCE PENSACOLA, INC.** and **GEO** entered into a Master Service Agreement (the “Master Agreement”) on FEBRUARY 3, 2021 for the provision of SERVICES to individuals in ESCAMBIA COUNTY upon their departure from various **GEO** correctional facilities (each a “Facility”).

NOW, THEREFORE, the Parties agree as follows:

1. RE-ENTRY ALLIANCE PENSACOLA, INC.’s Responsibilities.
 - a. TRANSITIONAL HOUSING
2. **RE-ENTRY ALLIANCE PENSACOLA, INC.** will bill the **GEO CARE POST-RELEASE DEPARTMENT** for any months/days of service if a Payment Agreement is submitted from the **GEO CARE POST-RELEASE DEPARTMENT**. On the first day of every service month, **RE-ENTRY ALLIANCE PENSACOLA, INC.** will provide to the **GEO CARE POST-RELEASE DEPARTMENT** an invoice, on **RE-ENTRY ALLIANCE PENSACOLA, INC.** letterhead, itemizing the services provided to program participants during the previous service month.
3. **RE-ENTRY ALLIANCE PENSACOLA, INC.** will submit progress reports on request to each program participant’s designated post release case manager and shall allow site visits upon request by a case manager with reasonable notice.
4. In the event a program participant is discharged from services for compliance issues, **RE-ENTRY ALLIANCE PENSACOLA, INC.** shall immediately notify the Director of the **GEO CARE POST-RELEASE DEPARTMENT**, or, if the Director is unavailable, the program participant’s designated case manager. If the returning citizen is unable to return for service, **RE-ENTRY ALLIANCE PENSACOLA, INC.** will close the billing cycle using the date of departure and submit an invoice within 5 days for payment.

5. GEO's Responsibilities.
 - b. The **GEO CARE POST-RELEASE DEPARTMENT** will refer to **RE-ENTRY ALLIANCE PENSACOLA, INC.** returning citizens who have been released from various **GEO** correctional facilities and have been enrolled in the post release program.
 - c. Whenever possible, **GEO** will provide to **RE-ENTRY ALLIANCE PENSACOLA, INC.** 30 days' notice prior to placement of program participants; in no event will **GEO** provide less than 3 days' notice prior to placement.
6. Payment Terms. Upon **RE-ENTRY ALLIANCE PENSACOLA, INC.**'s submission of a Payment Agreement from the **GEO CARE POST-RELEASE DEPARTMENT** and an accompanying invoice, **GEO** will pay \$650.00 per program participant per month and a one-time \$100.00 administrative fee per participant. If a program participant is discharged before the service month is complete, a prorated daily rate of \$21.67 will be used to calculate payment. Absent extenuating circumstances, **GEO** will not pay for services invoiced beyond 90 days.
7. Term of SOW. This SOW will remain effective until terminated in writing by either Party and will automatically terminate upon termination of the Parties' Master Agreement.

Exhibit A – Statement of Work

GRACEVILLE CORRECTIONAL AND REHABILITATION FACILITY

THIS STATEMENT OF WORK (“SOW”), dated FEBRUARY 3, 2021, is by and between **GEO Corrections & Detention, LLC (“GEO”)**, a Florida limited liability company, with its principal place of business at 4955 Technology Way, Boca Raton, Florida, and **RE-ENTRY ALLIANCE PENSACOLA, INC.** a NOT-FOR-PROFIT corporation, with offices at “**1000 WEST BLOUNT STREET, PENSACOLA, FLORIDA 32501**”

WHEREAS, **RE-ENTRY ALLIANCE PENSACOLA, INC.** is a NOT-FOR-PROFIT organization providing TRANSITIONAL HOUSING for men in ESCAMBIA COUNTY; and

WHEREAS, the **GEO CARE POST-RELEASE DEPARTMENT** will qualify returning citizens for the program, develop individualized release action plans prior to their departure from various **GEO** Facilities, and monitor the ongoing delivery of services after the returning citizen's release; and

WHEREAS, **RE-ENTRY ALLIANCE PENSACOLA, INC.** and **GEO** entered into a Master Service Agreement (the “Master Agreement”) on FEBRUARY 3, 2021 for the provision of SERVICES to individuals in ESCAMBIA COUNTY upon their departure from various **GEO** correctional facilities (each a “Facility”).

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1. **RE-ENTRY ALLIANCE PENSACOLA, INC.'s Responsibilities.**
 - a. TRANSITIONAL HOUSING
2. **RE-ENTRY ALLIANCE PENSACOLA, INC.** will bill the **GEO CARE POST-RELEASE DEPARTMENT** for any months/days of service if a Payment Agreement is submitted from the **GEO CARE POST-RELEASE DEPARTMENT**. On the first day of every service month, **RE-ENTRY ALLIANCE PENSACOLA, INC.** will provide to the **GEO CARE POST-RELEASE DEPARTMENT** an invoice, on a provided template, itemizing the services provided to program participants during the previous service month.
3. **RE-ENTRY ALLIANCE PENSACOLA, INC.** will submit progress reports on request to each program participant's designated post release case manager and shall allow site visits upon request by a case manager with reasonable notice.
4. In the event a program participant is discharged from services for compliance issues, **RE-ENTRY ALLIANCE PENSACOLA, INC.** shall immediately notify the Director of the **GEO CARE POST-RELEASE DEPARTMENT**, or, if the Director is unavailable, the program participant's designated case manager. If the returning citizen is unable to return for service, **RE-ENTRY ALLIANCE PENSACOLA, INC.** will close the billing cycle using the date of departure and submit an invoice within 5 days for payment.

5. GEO's Responsibilities.
 - a. The **GEO CARE POST-RELEASE DEPARTMENT** will refer to **RE-ENTRY ALLIANCE PENSACOLA, INC.** returning citizens who have been released from various **GEO** correctional facilities and have been enrolled in the post release program.
 - b. Whenever possible, **GEO** will provide to **RE-ENTRY ALLIANCE PENSACOLA, INC.** 30 days' notice prior to placement of program participants; in no event will **GEO** provide less than 3 days' notice prior to placement.
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7. Term of SOW. This SOW will remain effective until terminated in writing by either Party and will automatically terminate upon termination of the Parties' Master Agreement.

Exhibit A – Statement of Work

**BLACKWATER RIVER CORRECTIONAL AND REHABILITATION
FACILITY**

THIS STATEMENT OF WORK (“**SOW**”), dated FEBRUARY 3, 2021, is by and between **GEO Corrections & Detention, LLC (“GEO”)**, a Florida limited liability company, with its principal place of business at 4955 Technology Way, Boca Raton, Florida, and **RE-ENTRY ALLIANCE PENSACOLA, INC.** a NOT-FOR-PROFIT corporation, with offices at “**1000 WEST BLOUNT STREET, PENSACOLA, FLORIDA 32501**”

WHEREAS, **RE-ENTRY ALLIANCE PENSACOLA, INC.** is a NOT-FOR-PROFIT organization providing TRANSITIONAL HOUSING for men in ESCAMBIA COUNTY; and

WHEREAS, the **GEO CARE POST-RELEASE DEPARTMENT** will qualify returning citizens for the program, develop individualized release action plans prior to their departure from various **GEO** Facilities, and monitor the ongoing delivery of services after the returning citizen's release; and

WHEREAS, **RE-ENTRY ALLIANCE PENSACOLA, INC.** and **GEO** entered into a Master Service Agreement (the “**Master Agreement**”) on FEBRUARY 3, 2021 for the provision of SERVICES to individuals in ESCAMBIA COUNTY upon their departure from various **GEO** correctional facilities (each a “**Facility**”).

NOW, THEREFORE, the Parties agree as follows:

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 - a. TRANSITIONAL HOUSING
2. **RE-ENTRY ALLIANCE PENSACOLA, INC.** will bill the **GEO CARE POST-RELEASE DEPARTMENT** for any months/days of service if a Payment Agreement is submitted from the **GEO CARE POST-RELEASE DEPARTMENT**. On the first day of every service month, **RE-ENTRY ALLIANCE PENSACOLA, INC.** will provide to the **GEO CARE POST-RELEASE DEPARTMENT** an invoice, on a provided template, itemizing the services provided to program participants during the previous service month.
3. **RE-ENTRY ALLIANCE PENSACOLA, INC.** will submit progress reports on request to each program participant’s designated post release case manager and shall allow site visits upon request by a case manager with reasonable notice.
4. In the event a program participant is discharged from services for compliance issues, **RE-ENTRY ALLIANCE PENSACOLA, INC.** shall immediately notify the Director of the **GEO CARE POST-RELEASE DEPARTMENT**, or, if the Director is unavailable, the program participant’s designated case manager. If the returning citizen is unable to return for service, **RE-ENTRY ALLIANCE PENSACOLA, INC.** will close the billing cycle using the date of departure and submit an invoice within 5 days for payment.

5. GEO's Responsibilities.
 - a. The **GEO CARE POST-RELEASE DEPARTMENT** will refer to **RE-ENTRY ALLIANCE PENSACOLA, INC.** returning citizens who have been released from various **GEO** correctional facilities and have been enrolled in the post release program.
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6. Payment Terms. Upon **RE-ENTRY ALLIANCE PENSACOLA, INC.**'s submission of a Payment Agreement from the **GEO CARE POST-RELEASE DEPARTMENT** and an accompanying invoice, **GEO** will pay \$650.00 per program participant per month and a one-time \$100.00 administrative fee per participant. If a program participant is discharged before the service month is complete, a prorated daily rate of \$21.67 will be used to calculate payment. Absent extenuating circumstances, **GEO** will not pay for services invoiced beyond 90 days.
7. Term of SOW. This SOW will remain effective until terminated in writing by either Party and will automatically terminate upon termination of the Parties' Master Agreement.

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



July 20, 2024

To Whom It May Concern:

It is my pleasure to write this letter in strong support for Re-Entry Alliance Pensacola (REAP) to participate in the U.S. Department of Justice 2024-2025 Escambia County Opioid Abatement Strategy Grant.

Since its inception in 2014, REAP has been in the forefront of improving the safety and quality of life in Northwest Florida, helping people returning from incarceration to become self-reliant, responsible and productive citizens.

Our mission at Community Health Northwest Florida is founded on the belief that all human beings have a basic right and access to affordable, quality healthcare regardless of.

For years, Community Health has collaborated with Re-Entry Alliance Pensacola to reach, engage and impact justice-involved populations with unique and special needs.

To be sure, we undeniably support all efforts to treat, prevent or reduce opioid use disorder or the misuse of opioids in our communities.

Indeed, REAP is the perfect organization to receive the grant that focuses on ways to reduce recidivism and offers re-entry services to citizens in Escambia County.

They already have the framework to work individually and collaboratively in creating and developing programs to ease successful re-entry into the community.

Even more, REAP's case management system includes re-entry coordination, formalized plan of care, mental health and risk management assessments, and cognitive-based services during and after incarceration.

As the CEO of Community Health, I wholeheartedly support this effort to improve re-entry programs together with Re-Entry Alliance Pensacola, in collaboration with the Escambia County Sheriff's Office, the Florida Department of Corrections, people with operational responsibility for the Escambia County Jail and other key local service providers.

Sincerely,

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

Chandra Smiley, CEO

Community Health Northwest Florida



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 (HWWHVC).

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 "M L McBride".

Marcus L. McBride, PhD
Chief Executive Officer

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





1020 North New Warrington Road
Pensacola Florida 32506

<https://openingdoorsnwfl.org/>
Tax Identification Number 59-2909065

Office: (850) 439-3009
Fax: (850) 436-4656

Escambia County Administration Office
221 Palafox Place, 4th Floor, Pensacola, FL 32502

To Whom it May Concern

10 July 2024

Please accept this letter of support from the Lead Agency, Opening Doors NWFL, formerly the Escarosa Coalition on the Homeless. Thank you for your interest in providing critically needed Substance Abuse Recovery Services. We at Opening Doors are not only committed to be an active participant in referring Reentry Alliance Pensacola, Inc. to your program, but also provide coordinated entry access to HMIS (Homeless Management Information System) to support Escambia County's Opioid Abatement Strategy Program.

OPENING DOORS NWFL is very concerned about the safety, education, employment, and future success of our community's homeless in Escambia and Santa Rosa Counties.

Thank you for your efforts to make our community stronger by serving our most vulnerable citizens, our children.

Kindest Regards,

Serene Keiek Interim
Executive Director
serenek@openingdoorsnwfl.org
850-439-3009 ext. 106
Opening Doors Northwest Florida, Inc
www.openingdoorsnwfl.org

RE-ENTRY ALLIANCE PENSACOLA, INC.
CONSOLIDATED REVENUE & EXPENSE PROJECTION
1/1/2024 TO 12/31/2024
Revised 8/23/24

PROGRAM	PROJECTED REVENUE	PROJECTED EXPENSE	SURPLUS/DEFICIT
RE-ENTRY PROGRAMS	\$1,096,000.00	\$990,900.00	\$105,100.00
MAX-WELL RESPITE CENTER	\$551,986.00	\$653,265.00	(\$101,279.00)
TOTAL ABC	\$194,000.00	\$131,800.00	\$62,200.00
DONATIONS/CONTRIBUTIONS	\$50,000.00	0	\$50,000.00
TOTAL	\$1,814,220.00	\$1,673,100.00	\$116,021.00

Budget Consolidated 2024 082324

RE-ENTRY ALLIANCE PENSACOLA, INC.
RE-ENTRY BUDGET 2024

	ACTUAL 2023	2024 BUDGET ANNUAL
REVENUE		\$1,096,000
EXPENSE		
TOTAL PERSONNEL LANDRUM BILLING	\$403,703	\$600,000
TRANSPORTATION-FUEL	\$15,892	\$20,000
TRANSPORTATION-MAINT, & REP.	\$10,944	\$10,000
TRANSPORTATION -VEHICLE INS.	(\$2,176)	\$10,000
TOTAL TRANSPORTATION	\$24,660	\$35,000
HOUSING INTEREST ON MTG.	(102)	\$6,000
HOUSING RENTAL PAYMENTS	\$63,665	\$90,000
HOUSING UTILITIES W & SEWER	69,471	\$72,000
HOUSING-ELECTRICITY		INC..
HOUSING -GAS		INC.
HOUSING-OTHER WORKER EXPENSE	\$46,635	\$45,000
HOUSING-WORKER MEALS	\$3,466	\$1,000
HOUSING -MATERIALS PURCHASED	\$19,316	\$14,000
HOUSING-SUBLET REPAIRS	\$9,813	\$10,000
HOUSING-INSURANCE (LIABILITY)	\$8,003	\$8,000
HOUSING -PROPERTY TAXES	0	\$5,000
TOTAL HOUSING	\$219,030	\$251,000
CLIENT NEEDS	\$5,422	\$4,800
OFFICE RENT & UTILITIES	\$16,128	\$18,000
OFFICE REPAIRS & IMPROVEMENTS	\$4,180	\$7,000
COX COM.& INTERNET	\$3,733	\$6,000
COMPUTER SERVICES	\$5,199	\$6,000
LEGAL & ACCOUNTING	\$7,332	\$2,000
OFFICE SUPPLIES	\$5,860	\$7,000
INSURANCE	\$29,825	\$40,000
POSTAGE & SHIPPING	\$631	\$500
MARKETING	\$3,965	\$1,500
TRAVEL	\$875	\$500
EDUCATION	\$130	\$800
SBA INTEREST	\$8,974	\$10,000
CORPORATE FEES	\$777	\$600
BANK & AMAZON CHARGES	\$426	\$200
TOTAL OTHER EXPENSE	\$88,035	\$104,900
TOTAL EXPENSE	(\$743,340)	(\$990,900)
EXCESS REVENUE/EXPENSE	\$122,155	\$105,100

MAX-WELL RESPITE CENTER
BUDGET PROJECTED AUGUST 2024-DECEMBER 2024

MAX-WELL RESPITE CENTER	JULY 24 ACTUAL YTD	2024 PROJECTED
REVENUE		
OPENING DOORS ESG	217,235	\$254,735
OPENING DOORS SUPP.	0	\$37,500
UWWF	36,004	\$46,004
DEPT. OF HEALTH	24,502	\$47,002
CLIENT PROGRAM FEES	50,514	\$90,514
RECUPERATION PROG.	0	\$20,000
CONTRIBUTIONS	13,236	\$23,236
OTHER		
MAXWELL FUND RAISER	5,652	\$10,562
CONTRIBUTIONS TO REAP	22,343	
TOTAL REVENUE	369,486	\$551,986
PERSONNEL		
ADMINISTRATIVE		
PROGRAM DIRECTOR (1)	38,963	
ASSISTANT PROG. DIR.	22,803	
CASE MANAGER		
NIGHT CLERKS	75,532	
TOTAL PERSONNEL	137,298	259,798
OCCUPANCY		
LEASE AGREEMENT& TAX	67,112	
UTILITIES & DUMPSSTER	34,196	
JANITORIAL	3,293	
REPAIRS & MAINTENANCE	9,774	
TOTAL OCCUPANCY	114,375	196,875
OFFICE & ADMINISTRATIVE		
TRANSPORTATION EXP.		
RESPITE CARE	5,417	
COX	3,422	
COMPUTER SERVICES	1,481	
INSURANCE CHARGE	21,026	
INSURANCE-ALLOC	5,491	
FOOD SERVICE	9,737	
ADMIN, MAINTENANCE	63,844	
FINAN, OFFICE, ADM	13,174	
TOTAL OFFICE AND ADMIN.	123,592	196,592
TOTAL MAX-WELL EXPENSE	375,265	653,265
TOTAL REVENUE/EXPENSE	(5,779)	(\$101,279)

RE-ENTRY ALLIANCE PENSACOLA, INC
BUDGET 2024: AL'S HOUSE; BILL CROSS CENTER; CAMP ONE

REVENUE	2023 ACTUAL	2024 BUDGET ANNUAL
PROGRAMMATIC REVENUE		
RESIDENT FEES	67,889	\$87,000
FDOC HOUSING FEES	7,567	\$27,000
AL'S HOUSE 12@ \$500	6,614	\$72,000
CAMP ONE RESIDENT FEES	6,140	\$6,000
IN KIND DONATIONS		\$2,000
CONTRIBUTIONS		
TOTAL REVENUE	\$88,210	\$194,000
EXPENSES		
PROGRAM DIRECTOR	\$90,582	\$52,000
TAXES, BENEFITS & INS (23%)		\$12,000
TOTAL PERSONNEL	\$90,582	\$64,000
TOTAL VEHICLE EXPENSE	\$119	\$200
CLIENT NEEDS	491	\$600
FOOD	397	\$600
TOTAL CLIENT NEEDS	\$888	\$1,200
ELECTRIC	\$10,575	\$24,000
WATER	\$2,790	\$4,000
DUMPSTER	\$4,450	\$5,000
INTERNET/WIFI		\$1,800
CELL PHONE, CHARGING, SECURITY	\$392	\$1,200
TENT, TARPS, ETC.	\$487	\$300
RECOVERY ADJUSTMENT	(\$6,056)	--
TOTAL SITE EXPENSES	\$12,638	\$36,300
MORTGAGE INTEREST	\$6,000	\$6,000
COX COMMUNICATION	\$1,008	\$1,000
COMPUTER SERVICES	\$196	\$600
LEGAL & ACCOUNTING	0	\$500
INSURANCE	\$7,078	\$12,000
OFFICE & ADMINISTRATION	\$268	\$4,000
MAINTENANCE & REPAIR	\$1,601	\$6,000
TOTAL OFFICE EXPENSES	\$16,151	\$30,100
CONTINGENCY & OTHER	0	0
TOTAL EXPENSES	\$120,378	\$131,800
SURPLUS	(\$32,168)	\$62,200



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

85-8016554831C-2	10/03/2019	10/31/2024	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

RE-ENTRY ALLIANCE PENSACOLA INC
1000 W BLOUNT ST
PENSACOLA FL 32501-2304

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.



State of Florida

Chief Financial Officer
Department of Financial Services
Bureau of Accounting
200 East Gaines Street
Tallahassee, FL 32399-0354
Telephone: (850) 413-5519 Fax: (850) 413-5550

Substitute Form W-9

In order to comply with Internal Revenue Service (IRS) regulations, we require Taxpayer Identification information that will be used to determine whether you will receive a Form 1099 for payment(s) made to you by an agency of the State of Florida, and whether payments are subject to Federal withholding. The information provided below must match the information that you provide to the IRS for income tax reporting. Federal law requires the State of Florida to take backup withholding from certain future payments if you fail to provide the information requested.

Taxpayer Identification Number (FEIN): 38-3908383
IRS Name: RE-ENTRY ALLIANCE PENSACOLA INC

Address: P.O. BOX 13224
PENSACOLA, FL
32591-0000

Attention Of: VINCE WHIBBS, JR

Business Designation: Not For Profit

Certification Statement:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer information **AND**
2. 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 failure to report all interest or dividends, **or**
 - (c) the IRS has notified me that I am no longer subject to backup withholding **AND**
3. I am a U.S. citizen or other U.S. person (including U.S. resident alien)

Preparer's Name: VINCE WHIBBS
Preparer's Title: EXECUTIVE DIRECTOR
Phone: 850-324-6667
Email: vincewhibbs@reapreentry.org

Date Submitted: 11/21/2022

Active Doing Business As names submitted on the Substitute Form W-9:

REAP

16. RE-ENTRY ALLIANCE PENSACOLA, INC. (REAP) CALENDAR YEARS R2020-2024 YTD

DESCRIPTION	2020	2021	2022	2023	7/31/24 YTD
REVENUE					
CONTRACTS & GRANTS	437,878	571,409	503,928	712,796	646,493
SERVICE REVENUE	141,514	452,688	1,559,731	607,087	373,522
INVESTMENT	33	47	2	0	0
FOUNDATIONS & CONTRIB.				168,384	13,256
OTHER	1,225	1,000		61,713	
TOTAL INCOME	580,650	1,025,144	2,063,661	1,549,980	1,033,271
EXPENSE					
SALARIES AND WAGES	248,558	410,484	618,843	1,054,865	499,230
OTHER EXPENSES	200,042	653,010	1,390,424	788,045	415,464
TOTAL EXPENSE	448,600	1,063,494	2,009,267	1,842,910	914,694
NET CHANGE	\$132,050	(\$38,350)	\$54,394	(\$293,673)*	\$118,577

*The reason for the substantial loss reflected in 2023 was the expiration of COVID-19 and ARPA funding for Fiscal Year 2023-2024. A substantial re-allocation of HUD/DCF funds occurred in December 2023, which was not received until June 2024. Funding for similar programs was restored for Fiscal Year 24-25, as reflected in 2024 YTD.

REAP and related functions
Summary P&L by Quarter
January through December 2023

	<u>Jan - Mar 23</u>	<u>Apr - Jun 23</u>	<u>Jul - Sep 23</u>	<u>Oct - Dec 23</u>	<u>TOTAL</u>
Ordinary Income/Expense					
Income					
REAP basic program	(32,006)	(30,383)	139,007	45,537	122,156
Bill Cross operations	3,292	6,882	6,854	4,384	21,413
Thrift store operations	(2,754)	376	(5,333)	(5,150)	(12,861)
Lodges operations	32,148	(4,977)	(46,306)	(3,068)	(22,202)
Maxwell respite ctr operations	(76,576)	(132,511)	(94,300)	(88,416)	(391,804)
Camp One operations	(11,118)	(12,282)	(12,495)	(3,264)	(39,161)
Stubblefield/Pathways bldg ops	(4,705)	(6,454)	(21,631)	29,509	(3,280)
Reconciliation Items	(843)	0	0	0	(843)
Sale of REAP property	0	61,713	0	0	61,713
Total Income	<u>(92,360)</u>	<u>(117,636)</u>	<u>(34,204)</u>	<u>(20,468)</u>	<u>(264,669)</u>
Net Ordinary Income	(92,360)	(117,636)	(34,204)	(20,468)	(264,669)
Other Income/Expense					
Other Income					
Cost of REAP property sold	0	(29,000)	0	0	(29,000)
Total Other Income	<u>0</u>	<u>(29,000)</u>	<u>0</u>	<u>0</u>	<u>(29,000)</u>
Net Other Income	0	(29,000)	0	0	(29,000)
Net Income	<u>(92,360)</u>	<u>(146,636)</u>	<u>(34,204)</u>	<u>(20,468)</u>	<u>(293,669)</u>

2

REAP Financials Summary

	Dec-22 actual YTD	Dec-22 variance YTD
REAP core operations		(+ is good for bottomline)
Grants & contracts	453,887	(105,863)
Total contributions	78,545	8,545
Client fees	192,727	27,727
REAP operational expenses	817,413	(172,913)
Net, REAP core operations	(92,252)	(245,502)
Additional REAP operations		
Emergency Shelter operations	(1,087)	(19,087)
Rapid Rehousing operations	(44,826)	(57,826)
Homeless Management operations	5,381	(5,119)
Opening doors admin fee	10,854	(2,056)
Thrift store operations (<i>now closed</i>)	(19,556)	(13,556)
City Homeless programs	97,057	73,057
Prevention Services	12,952	12,952
North Palafox Center	(7,775)	(7,775)
Net, Additional REAP operations	53,000	(19,410)
Net. REAP core & addit'l operations	(39,252)	(264,912)

Balance Sheet		
Assets		
Cash accounts	198,944	
Receivables	105,702	
Owned houses & N Palafox Ctr	323,521	
Other assets	37,058	665,225
Liabilities		
Fed Econ. Injury Loan	149,900	
Switzer mortgage, N Palafox Ctr	200,000	
Madden mortgage	4,326	354,226
Net Assets		310,999

Form

990Department of the Treasury
Internal Revenue Service**FL HURRICANE IAN DR-4673-FL**
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 for instructions and the latest information.

OMB No. 1545-0047

2021
Open to Public
Inspection**A For the 2021 calendar year, or tax year beginning**, and ending


Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization RE-ENTRY ALLIANCE PENSACOLA, INC.		D Employer identification number 38-3908383	
	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		E Telephone number 850-332-6677	
	F Name and address of principal officer: AL STUBBLEFIELD P.O. BOX 13224 PENSACOLA FL 32591		G Gross receipts \$ 1,025,144	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ N/A				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
L Year of formation: 2013				M State of legal domicile:

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: RE-ENTRY OF INCARCERATED PRISONERS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	19
	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	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	437,878	571,409
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33	47
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,225	1,000
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	580,650	1,025,144
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		248,558	410,484
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		200,042	653,010
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	448,600	1,063,494	
19 Revenue less expenses. Subtract line 18 from line 12	132,050	-38,350	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	363,315	322,568
	22 Net assets or fund balances. Subtract line 21 from line 20	159,087	156,690
		204,228	165,878

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 1/05/23	
	AL STUBBLEFIELD Type or print name and title		PRESIDENT	
Preparer Use Only	Print/Type preparer's name DONN G. SCOTT, C.P.A.		Preparer's signature	
	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	
	Firm's address ▶ 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.

DAA

Form **990** (2021)

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 \$ **575,814** including grants of \$) (Revenue \$ **159,686**)**CLIENT HOUSING:**

REAP SERVES FELONS ("CLIENTS") LEAVING INCARCERATION WHO USUALLY HAVE NO FUNDS OR SHELTER. WE RENTED 10 OLDER RESIDENCES AND DURING 2021 AVERAGED 725 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 \$ **82,103** including grants of \$) (Revenue \$ **52,881**)**THRIFT STORE OPERATIONS**4c (Code:) (Expenses \$ **364,927** including grants of \$) (Revenue \$ **240,121**)

IN JULY OF 2021, WITH FUNDING FROM THE CARES ACT, REAP OPENED THE LODGES, WHICH IS A WOMEN AND CHILDREN'S TRANSITIONAL SHELTER HOUSED IN FACILITIES LEASED FROM THE SALVATION ARMY. ON A TYPICAL NIGHT, REAP PROVIDES A SAFE HOME, AN EVENING MEAL, AND A BREAKFAST SNACK TO MORE THAN 45 HOMELESS WOMEN AND CHILDREN. DURING THIS TIME, THIS AMOUNTED TO MORE THAN 15,500 NIGHT STAYS AND 15,000 MEALS PROVIDED TO PREVIOUSLY UNSHELTERED WOMEN AND CHILDREN. THE FACILITY IS PROTECTED WITH 24/7 SECURITY. FULL TIME STAFFING AT THE LODGES INCLUDES TWO EXPERIENCED CASE MANAGERS AND THREE PART-TIME STAFF AND SECURITY PERSONS.

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

(Expenses \$ **38,055** including grants of \$) (Revenue \$)4e Total program service expenses **1,060,899**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
a 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
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d 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
25b 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):		
28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
28b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
28c 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
35b 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 ComplianceCheck 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		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c 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	19
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	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	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	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
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
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	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? 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
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a 14	
b Enter the number of voting members included on line 1a, above, who are independent	1b 14	
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?	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)
 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 ►

AL STUBBLEFIELD
PENSACOLA

P.O. BOX 13224

FL 32591

850-332-6677

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

Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (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) JACK DEMOSS	1.00									
BOARD MEMBER	0.00	X						0	0	0
(3) WILLIAM DUNAWAY	1.00									
BOARD MEMBER	0.00	X						0	0	0
(4) JOE HAMMONS	1.00									
BOARD MEMBER	0.00	X						0	0	0
(5) RON JOHNSON	1.00									
BOARD MEMBER	0.00	X						0	0	0
(6) BRITT LANDRUM, JR.	1.00									
BOARD MEMBER	0.00	X						0	0	0
(7) PHILOMENA MADDEN	2.00									
SECRETARY	0.00	X		X				0	0	0
(8) DAVID MCGEE	1.00									
BOARD MEMBER	0.00	X						0	0	0
(9) SEAN PARKER	1.00									
BOARD MEMBER	0.00	X						0	0	0
(10) RALPH PETERSON	3.00									
VICE PRES	0.00	X		X				0	0	0
(11) ANDREA ROBERTS	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) FRED C. DONOVAN, SR.	1.00									
BOARD MEMBER	0.00	X						0	0	0
(13) AL STUBBLEFIELD	5.00									
PRESIDENT	0.00	X		X				0	0	0
(14) DICK BAKER	5.00									
TREASURER	0.00			X				0	0	0
(15) VINCE WHIBBS, JR.	40.00									
EXEC 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**

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

	Yes	No
3		X
4		X
5		X

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

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

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 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	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	361,017			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	210,392			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 33,935			
	h	Total. Add lines 1a-1f		571,409			
Program Service Revenue			Business Code				
	2a	RAPID/TEMP HOUSING OPERATIONS	900099	231,218	231,218		
	b	CLIENT FEES	900099	159,686	159,686		
	c	THRIFT STORE	453310	52,881	52,881		
	d	HOMELESS MANAGEMENT OPERATION	900099	8,903	8,903		
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		452,688				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		47			47
	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						
Other Revenue			Business Code				
	11a	OTHER		1,000			1,000
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		1,000				
12	Total revenue. See instructions		1,025,144	452,688	0	1,047	

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
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	410,484	410,484		
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	1,350	675	675	
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	12,330	12,330		
14 Information technology				
15 Royalties				
16 Occupancy	10,811	10,811		
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	23,986	23,986		
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	187,621	187,621		
b RAPID REHOUSING	172,539	172,539		
c HOUSING	107,269	107,269		
d THRIFT STORE	81,088	81,088		
e All other expenses	56,016	54,096	1,920	
Total functional expenses. Add lines 1 through 24e	1,063,494	1,060,899	2,595	0
25 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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	270,494	1	187,166
	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	640	7	655
	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 134,747		
	b Less: accumulated depreciation	10b	10c	134,747
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	363,315	16	322,568	
Liabilities	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	9,187	22	6,790
	23 Secured mortgages and notes payable to unrelated third parties	149,900	23	149,900
	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 Total liabilities. Add lines 17 through 25	159,087	26	156,690
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds	204,228	31	165,878
	32 Total net assets or fund balances	204,228	32	165,878
33 Total liabilities and net assets/fund balances	363,315	33	322,568	

Part XI Reconciliation of Net AssetsCheck 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	1,025,144
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,063,494
3	Revenue less expenses. Subtract line 2 from line 1	3	-38,350
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	204,228
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	165,878

Part XII Financial Statements and ReportingCheck 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 Single Audit Act and OMB Circular A-133?		
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization

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)						
Total						

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

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4						
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 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	256,832	368,021	378,277	437,878	571,409	2,012,417
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	74,645	59,373	75,772	141,514	452,688	803,992
3 Gross receipts from activities that are not an unrelated trade or business under section 513	2,515					2,515
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	333,992	427,394	454,049	579,392	1,024,097	2,818,924
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	7,000	11,683	10,000			28,683
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	7,000	11,683	10,000			28,683
8 Public support. (Subtract line 7c from line 6.)						2,790,241

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Amounts from line 6	333,992	427,394	454,049	579,392	1,024,097	2,818,924
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		9	6	33	47	95
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	95
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.)	2,218					2,218
13 Total support. (Add lines 9, 10c, 11, and 12.)	336,210	429,249	454,980	579,650	1,024,144	2,824,233
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	98.80 %
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	97.55 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
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.		
11a		
11b		
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.		
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.		
1		
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?		
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.		
1		
2		
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.		
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.		
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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

- 7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D – Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2021 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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

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

\$ 0

OTHER

\$ 2,218

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service▶ **Attach to Form 990 or Form 990-PF.**▶ **Go to www.irs.gov/Form990 for the latest information.****2021**

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 33¹/₃% 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).

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	BOB BARKER COMPANY FOUNDATION 134 NORTH MAIN STREET FUQUAY-VARINA NC 27526	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ALLEN TURNER FOUNDATION P.O. BOX 3426 AUBURN AL 36831-3426	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ESCAMBIA COUNTY DISCRETIONARY FUND 221 PALAFOX PLACE, STE 400 PENSACOLA FL 32502	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	UNITED WAY OF WEST FLORIDA 1301 W GOVERNMENT STREET PENSACOLA FL 32502	\$ 24,740	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	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.)
6	LYNDON WAYNES 7811 NORTH BLUE ANGEL PARKWAY PENSACOLA FL 32526	\$ 35,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

RE-ENTRY ALLIANCE PENSACOLA, INC.

Employer identification number

38-3908383**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	HOUSE 301 N U STREET	\$ 35,000	03/05/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.

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

OMB No. 1545-0047

2021Open 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 7/25/06, 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
 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 on Part XIII ☐

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Term endowment ☐ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (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		99,608		99,608
c Leasehold improvements				
d Equipment		4,653		4,653
e Other		30,486		30,486
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				134,747

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)

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).

This image shows a single sheet of white paper with horizontal 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 from a notebook or a standard sheet of stationery. There is no handwriting or other markings on the page.

**SCHEDULE M
(Form 990)****Noncash Contributions**

OMB No. 1545-0074

2021**Open To Public
Inspection**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 for instructions and the latest information.

Name of the organization

Employer identification number

RE-ENTRY ALLIANCE PENSACOLA, INC.**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	1	33,935	FMV
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 three 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

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) 2021

DAA

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization

RE-ENTRY ALLIANCE PENSACOLA, INC.

Employer identification number

38-3908383**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS****OTHER CLIENT NEEDS:**

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 2021, OVER 225 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.

Federal Statements

Taxable Interest on Investments

Description						US Obs (\$ or %)
	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	
	\$ 47			14		
TOTAL	\$ 47					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
TRANSPORTATION	\$ 16,982	\$ 16,982		
OFFICE	9,729	9,729		
MILTON PROJECT	9,630	9,630		
CLIENT NEEDS AND SERVICES	5,463	5,463		
HOMELESS MANAGEMENT	4,767	4,767		
COMPUTER SERVICES	4,449	4,449		
OTHER TRANSPORTATION	1,531	1,531		
SALES TAX	1,015	1,015		
LICENSES & TAXES	926		926	
PUBLIC RELATIONS	530	530		
POSTAGE AND SHIPPING	487		487	
BANK CHARGES	398		398	
TRAVEL	109		109	
TOTAL	\$ 56,016	\$ 54,096	\$ 1,920	\$ 0

Federal Statements

Schedule A, Part III, Line 1(e)

Description	Amount
FDOC	\$ 314,545
FDOC (SATH)	27,550
SBA CARES ACT	18,922
BARKER FOUNDATION	50,000
GEO	31,918
OTHER	17,256
CONTRIBUTIONS	111,218
TOTAL	\$ 571,409

Schedule A, Part III, Line 2(e)

Description	Amount
CLIENT FEES	\$ 159,686
THRIFT STORE	52,881
RAPID/TEMP HOUSING OPERATIONS	231,218
HOMELESS MANAGEMENT OPERATION	8,903
TOTAL	\$ 452,688

Schedule A, Part III, Line 3(e)

Description	Amount
TOTAL	\$ 0

Federal Statements

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

Donor Name	2017	2018	2019	2020	2021
AL STUBBLEFIELD	\$	\$		\$	\$
FRED DONOVAN	7,000	11,683	10,000		
AL STUBBLEFIELD					
TOTAL	7,000	11,683	10,000	0	0

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

Description	Amount
	\$ 47
TOTAL	\$ 47

Schedule A, Part III, Line 11

Description	Amount
OTHER	\$ 1,000
LESS: DEDUCTIONS	-1,000
TOTAL	\$ 0

Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning

, and ending

38-3908383

RE-ENTRY ALLIANCE PENSACOLA, INC.

Net Asset / Fund Balance at Beginning of Year

204,228

Revenue

Contributions 571,409Program service revenue 452,688Investment income 47

Capital gain / loss _____

Fundraising / Gaming: _____

Gross revenue _____

Direct expenses _____

Net income _____

Other income 1,000

Total revenue

1,025,144

Expenses

Program services 1,060,899Management and general 2,595

Fundraising _____

Total expenses

1,063,494

Excess / (deficit)

-38,350

Changes _____

Net Asset / Fund Balance at End of Year

165,878

Reconciliation of Revenue

Total revenue per financial statements _____

Less:

Unrealized gains _____

Donated services _____

Recoveries _____

Other _____

Plus:

Investment expenses _____

Other _____

Total revenue per return 1,025,144

Reconciliation of Expenses

Total expenses per financial statements _____

Less:

Donated services _____

Prior year adjustments _____

Losses _____

Other _____

Plus:

Investment expenses _____

Other _____

Total expenses per return 1,063,494

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>363,315</u>	<u>322,568</u>	
Liabilities	<u>159,087</u>	<u>156,690</u>	
Net assets	<u>204,228</u>	<u>165,878</u>	<u>-38,350</u>

Miscellaneous Information

Amended return

Return / extended due date 11/15/22

Failure to file penalty _____

Form 990	Two Year Comparison Report	2020 & 2021
For calendar year 2021, or tax year beginning , ending		

Name

Taxpayer Identification Number

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

		2020	2021	Differences
Revenue	1. Contributions, gifts, grants	1. 139,643	210,392	70,749
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 298,235	361,017	62,782
	4. Program service revenue	4. 141,514	452,688	311,174
	5. Investment income	5. 33	47	14
	6. Proceeds from tax exempt bonds	6.		
	7. Net gain or (loss) from sale of assets other than inventory	7.		
	8. Net income or (loss) from fundraising events	8.		
	9. Net income or (loss) from gaming	9.		
	10. Net gain or (loss) on sales of inventory	10.		
	11. Other revenue	11. 1,225	1,000	-225
	12. Total revenue. Add lines 1 through 11	12. 580,650	1,025,144	444,494
Expenses	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14.		
	15. Compensation of officers, directors, trustees, etc.	15.		
	16. Salaries, other compensation, and employee benefits	16. 248,558	410,484	161,926
	17. Professional fundraising fees	17.		
	18. Other professional fees	18.	1,350	1,350
	19. Occupancy, rent, utilities, and maintenance	19. 6,104	10,811	4,707
	20. Depreciation and Depletion	20.		
	21. Other expenses	21. 193,938	640,849	446,911
	22. Total expenses. Add lines 13 through 21	22. 448,600	1,063,494	614,894
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 132,050	-38,350	-170,400
Other Information	24. Total exempt revenue	24. 580,650	1,025,144	444,494
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 142,772	453,735	310,963
	27. Total assets	27. 363,315	322,568	-40,747
	28. Total liabilities	28. 159,087	156,690	-2,397
	29. Retained earnings	29. 204,228	165,878	-38,350
	30. Number of voting members of governing body	30. 14	14	
	31. Number of independent voting members of governing body	31. 14	14	
	32. Number of employees	32. 17	19	
	33. Number of volunteers	33. 80	80	

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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 for the latest information.**2022**

Name of filer

RE-ENTRY ALLIANCE PENSACOLA, INC.

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.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2,063,661
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.

Form **8879-TE** (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**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	X	
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
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 ComplianceCheck 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	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	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	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
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	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? 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	Section 501(c)(21) organizations. 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**

	1a	17	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.		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
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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 If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b	X
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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.
- 0** State the name, address, and telephone number of the person who possesses the organization's books and records

DICK BAKER
PENSACOLA

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FL 32503

850-332-6677

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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
(11) 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									
EXEC 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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		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		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 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	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	Total. Add lines 1a-1f		503,928			
	Program Service Revenue			Business Code			
2a		RAPID/TEMP HOUSING OPERATIONS	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		Total. Add lines 2a-2f		1,559,731			
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					
	6a	Gross rents	6a				
		Less: rental expenses	6b				
		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		
		Less: cost or other basis and sales exps.	7b				
		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				
		Less: direct expenses	8b				
		Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
Less: direct expenses		9b					
Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances	10a					
	Less: cost of goods sold	10b					
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	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 Total assets. Add lines 1 through 15 (must equal line 33)	322,568	16	574,498	
Liabilities	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 Total liabilities. Add lines 17 through 25	156,690	26	354,226
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions			27	
28 Net assets with donor restrictions			28	
Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds		165,878	31	220,272
32 Total net assets or fund balances		165,878	32	220,272
33 Total liabilities and net assets/fund balances	322,568	33	574,498	

Part XI Reconciliation of Net AssetsCheck 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 ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1 Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ 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:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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?
- 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

	Yes	No
2a		X
2b		X
2c		
3a		
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 for instructions and the latest information.

OMB No. 1545-0047

2022Open 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)						
total						

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 Total. 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 Public support. 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 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

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 33 1/3% support test—2022. 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 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2022. 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 10%-facts-and-circumstances test—2021. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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
9 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 ☒
- 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 ☐
- 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 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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.

	Yes	No
2a		
2b		
3a		
3b		

- 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.

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

RE-ENTRY ALLIANCE PENSACOLA, INC.

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 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 $\frac{1}{3}$ % 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) (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 for instructions and the latest information.

OMB No. 1545-0047

2022Open to Public
Inspection

Name of the organization

RE-ENTRY ALLIANCE PENSACOLA, INC.

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
 b Permanent endowment %
 c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (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)*

Supplemental information area with horizontal lines for text entry.

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 for instructions and the latest information.

OMB No. 1545-0047

2022Open To Public
Inspection

Name 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		X		16,500	4,326	X		X		X	
(1)	HOUSE PURCHASE		X		16,500	4,326	X		X		X	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$ 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)				

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

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

RE-ENTRY ALLIANCE PENSACOLA, INC.

Employer identification number

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

Schedule O (Form 990) 2022

Page 2

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 & TAXES

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

EDUCATION

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

BANK CHARGES

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

DUES & SUBSCRIPTIONS

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

TOTAL

\$	334,324	\$	8,934	\$	0
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PAGE 2 OF 2

Schedule O (Form 990) 2022

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		\$ 2		14			
TOTAL		\$ 2					

Federal Statements

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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			
POSTAGE AND SHIPPING	1,310	4,784	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 Re-Entry Alliance Pensacola, Inc.
38-3908383
FYE: 12/31/2022

Federal Statements

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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					
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

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Federal Statements

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

Description	Amount
BANK INTEREST	\$ 2
TOTAL	\$ 2

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>

Total revenue2,063,661**Expenses**

Program services	<u>1,916,201</u>
Management and general	<u>93,066</u>
Fundraising	

Total expenses2,009,267**Excess / (deficit)**54,394

Changes

Net Asset / Fund Balance at End of Year220,272**Reconciliation of Revenue**

Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	<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	
Total expenses per return	<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

Name

Taxpayer Identification Number

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

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