

REAP
APPLICATION FORMS and ATTACHMENTS

<u>Project name:</u>	REAP'S NEW HORIZONS RECOVERY PROGRAM	
<u>Project Applicant:</u>	RE-ENTRY ALLIANCE PENSACOLA, INC.	
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b. Applicant's Annual Operating Budget		✓
c. Proof of 501c3 Status		✓
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f. Two most recent years financial Statements		✓

1. APPLICANT INFORMATION

Organization Name	Re-Entry Alliance Pensacola, Inc.	Authorized Representative	Vinnie Whibbs
Address	1000 West Blount St	Telephone	850-324-6667
City, State, Zip	Pensacola, Florida 32501	Organization Website	www.reapreentry.org
Contact Person Name, Title	Vinnie Whibbs Executive Director	Unique Entity ID #	T7V7PNSKJ489
Contact Person E-MAIL	vincewhibbs@gmail.com	Federal Employer ID #	38-3908383

2. PROJECT INFORMATION

Project Name	REAP's NEW HORIZONS RECOVERY PROGRAM	
Project Address	1000 West Blount Street Pensacola, Florida 32501	
This is a/an ___New ___XXX_ Expanded		
Total Funding Requested for this Project	\$237,690	
Number of Persons to be Served	200	
Project Type	See Below	
___XXX_ Medication Assisted Treatment	___XXX_ Education Program	
___XXX_ Prevention	___XXX_ Recovery	
___XXX_ Treatment	___XXX_ Criminal Justice Prevention & Treatment	
___XXX_ Overdose Reversal Medication		
_____ Other		
TARGET POPULATION		
Chronically Homeless	XXXXXX	Families XXXXX
Single Individuals	XXXXXX	Unaccompanied Youth
Victims of Domestic Violence		Veterans XXXXX
LG3TQI+	XXXXXX	Individuals with severe & Persistent Mental Illness
Other		
TARGET SERVICE LOCATION		
City of Pensacola	XXXXXX	Unincorporated Escambia County
Town of Century		All of Escambia County XXXXX
	Other	
Is this project using a mobile based treatment model	NO	

3. CERTIFICATION



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

RE-ENTRY ALLIANCE PENSACOLA, INC.

P.O. Box 13224
(850) 332-6677
Vinnie Whibbs, Executive Director

Pensacola, Florida 32591
www.reapreentry.org
Rich Lynch, Director of Operations

August 29, 2026

To the best of my knowledge, I certify that the information on 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 required, I also certify that I am aware that providing false information on the application can subject the individual to sign such 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 application submissions.

Authorized Organization Representative

Signature: _____

Typed Name: Vincent J. Whibbs, Jr.

Title: Executive Director

Date: 08/27/2026E

4. PROJECT DESCRIPTION

Recovery Housing is a critical component in supporting individuals on their journey to recovery. Research has demonstrated that recovery housing is associated with a variety of positive outcomes for residents, including decreased substance abuse, reduced likelihood of return to use, lower rates of incarceration, higher income, increased employment, and improved family relationships.

Recognizing that housing is a key component to support life in recovery, REAP is requesting renewal and expansive funding for its recovery housing, which offers a moderately structured daily schedule including life skills supports, linked with mutual support groups and clinical services in the community, peer and professional life skills training on site, and peer-recovery support services. REAP employs evidence-based practices that include the utilization of area medical service providers for outpatient treatment, that includes prescribing medications to treat mental health and substance use disorders. Using funds previously awarded by Escambia County, REAP currently operates two (2) recovery houses located in Pensacola, one for men and one for women. These houses are exclusively dedicated to providing housing, case management, and support services to justice-involved individuals struggling with substance use disorders. These houses are in addition to the twenty-two (22) houses that REAP currently operates as part of its Re-Entry Program.

Important to achieving overall program success is the collaboration with existing community service providers to provide holistic, wraparound support. REAP's program is designed to develop policies and procedures to facilitate seamless communication and collaboration among local probation officers, state prison classification/release officers, emergency responders, healthcare providers, behavioral health agencies, and community organizations through a "warm hand off program." This process includes initial contact with emergency responders and law enforcement officers, engagement with health care providers in emergency room settings, acceptance of participants by the CORE team for processing and necessary follow-up, and the ultimate placement of program participants in REAP's New Horizons Recovery Program.

Integral to REAP's New Horizons Recovery Program will be the following core principles: resident safety is the number one priority; expectations are clearly defined in a resident's handbook furnished to each resident describing policies, rules, procedures, and regulations which residents must adhere to and sign their acceptance; recovery is a process of change and requires continuous review and adjustments; the program may use medication assisted treatment (MAT) and the use of opioid-overdose reversal drugs when needed; the recognition that there is a prevalence of co-occurring mental health conditions and trauma among persons with substance use disorders; and the employment of peer support personnel to focus on the importance of social connections to achieve long-term recovery.

5. QUALITY OF SERVICE QUESTIONNAIRE

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

This program is designed to improve the overall health of Escambia County citizens, reduce the number of fatal drug overdoses, reduce the number of non-fatal drug overdose emergency room visits, and promote long-term recovery from substance use and co-occurring disorders. As such, it is in full alignment with several of the described opioid funding strategies in the 2026-2027 Escambia County Implementation Plan, including Treatment and Recovery, Prevention, and Criminal Justice:

(a) Treatment and Recovery:

REAP's program will connect program participants to outpatient substance use disorder (SUD) treatment providers to reduce opioid dependence and abuse within our community. Distinctively, REAP's program will focus on the needs of previously incarcerated individuals as well as justice-involved people with opioid-related dependencies. This program will highlight recovery assistance support structures, including the use of experienced case managers and peer support specialists; referrals to local health care providers; supportive transitional housing; and the creation of employment opportunities with local employers, together with job training services in cooperation with CareerSource EscaRosa.

(b) Prevention:

Prevention will be accomplished by the training of staff, client peers, and clients' family members with the use of Naloxone and long-acting opioid agonists, by increasing the availability of Naloxone to the personnel most likely to witness an opioid overdose, and by increasing the availability of effective treatment for opioid use disorder to minimize drug relapses and backsliding.

(c) Criminal Justice:

Candidates for this residential program will include individuals recently released from Florida State prisons and from the Escambia County Jail; individuals participating in one of the programs offered by the First Judicial Circuit Drug Court; and referrals from the Escambia County CORE program.

REAP maintains a strong working partnership with state and local county probation officers and the Escambia County CORE program. REAP often has direct referrals from these sources requesting aid in housing individuals with substance use disorders (SUD), and primarily opioid dependencies. REAP's Intensive Case Management Program, developed over the past 13 years, uses evidence-based methods that have proven successful in assisting participants with their reintegration into the community. Using these methods, REAP can easily provide recovery assistance to support the recovery of individuals struggling with drug dependencies by providing peer-to-peer therapy, case management, supportive transitional housing, attendance in group support meetings, and employment opportunities, all of which are essential for successful long-term recovery.

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.

REAP has been a member of the local COC-FL-511 for more than seven (7) years and has been a participant in the HMIS and Coordinated Entry system during that period. Several REAP team members are currently working on the reorganization of the local CoC-FL-511, including two who have been selected for membership on the CoC-FL-511 Leadership Council. Members of the REAP Team are regular participants in the annual Point-in-Time count. Members of REAP's Executive Committee were participants in the Northwest Florida Homeless Reduction Task Force. REAP's supporters are committed to making a substantial reduction in homelessness in our area, as evidenced by financial commitments by REAP Board members and supporters averaging more than \$100,000 in each of the last four (4) years.

REAP's primary service area is identical to CoC-511's targeted area. REAP currently has several service offices in Escambia County; has twenty (20) residential houses located in Escambia County and two (2) houses in neighboring Santa Rosa County; and a 12-person non-congregate facility located within the City of Pensacola limits. In cooperation with COC-FL-511, the City of Pensacola, Opening Doors of NWFL, Inc., and the Homeless Reduction Task Force of Northwest Florida, REAP has recently opened New Horizons Village Phase 1, a "Tiny Home Village" providing single-person shelters for fourteen (14) individuals, with an expected opening of an additional thirteen (13) units in Phase 2 later this year. Depending on availability, these units would be available to participants in the opioid abatement program. This program would not function as a provider of medical services but would collaborate very closely with area medical service providers, including Lakeview Center, Community Health Northwest Florida, Health and Hope Clinic, the CORE program, and area hospitals. REAP's program is structured to leverage our experienced

case managers to provide a “Warm Hand Off” to these service providers and our program participants.

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

For each of REAP’s program participants, an experienced Case Manager will be assigned to conduct the intake interview, administer a standardized Needs Assessment survey, and, jointly with the participant, develop an individualized recovery plan. A HIPAA-compliant file will be opened for each participant, using a mobile/web platform. The case manager will identify the essential services required to meet the participant's immediate needs (housing, food, clothing, identification, employment, medical and dental care). This will be coordinated through a “warm hand off” process in close cooperation with the CORE Team and previously engaged service providers. For individuals being released from state prisons or our local jail, REAP will request any available prior medical history related to documented drug use, in accordance with current HIPAA regulations.

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.

REAP’s case managers have been providing connections to permanent supportive solutions for more than a decade by serving as referral sources, transportation providers, and follow-up coordinators for more than 3,250 individuals returning from incarceration. Beginning in 2022, REAP provided these same services to more than 1,250 homeless individuals at the Max-Well Respite Center. REAP’s case managers understand that once immediate survival needs are addressed, attention must be focused on primary healthcare, substance use care, and mental health care. Typically, these needs are the most expensive to address. Unfortunately, far too many clients are reluctant to access these services because of the cost of the services, their addictive personalities, or their fear of repercussions. With innovative case managers and individualized interventions, many client-focused problems can be successfully addressed.

REAP proposes employing an innovative software platform that (1) incorporates easily accessible yet secure data management; (2) develops and records individual client recovery plans and generates necessary follow-up appointments; (3) promotes effective

referrals and follow-up with supportive agencies; and (4) employs a unique Learning Management System to address other recovery needs. As program participants progress in their recovery plan, the case managers and peer recovery specialists will assist participants in securing a permanent source of income and housing, resulting in sustained mental and physical health and self-sufficiency.

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 was founded on the principle that everyone deserves a "Second Chance." Of the 15 individuals currently on REAP's Team, 11 have had a lived history of incarceration or previous addiction, including 5 with a documented history of drug/alcohol addiction and a combined total of more than 35 years of successful recovery. REAP's 17-member Board of Directors fairly represents the diversity in our community. In the design of this program, REAP acknowledges the efficacy and importance of Peer Recovery Support to the program's overall success, and two of its staff are Certified Peer Support Specialists. Heavy reliance will be placed on peer support as a designed intervention to assist REAP's program participants in achieving and maintaining successful recoveries.

6. Explain how your agency's experience providing service 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.

Beginning with the first Impact 100 grant award received in 2014, REAP has consistently been awarded federal, state, and private foundation grants to provide services to men and women returning from incarceration as well as to members of the area's homeless population, the overwhelming majority of whom have substance use or co-occurring disorders. The total amount of these grants to date is more than \$4,000,000 from diverse sources, several of which are expected to continue. These grant awards require regular reporting, financial review, and compliance oversight. REAP is committed to providing all requested documentation to each granting source, complying with all reporting requirements, and undergoing regular site reviews, whether unannounced or periodically scheduled.

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

As part of the services provided to REAP's clients, our case managers assist in obtaining proper identification; assist in applications for Food Stamps, SSI, SSDI, and VA benefits; and provide referrals for Section 8 housing. Case managers also assist program participants in obtaining necessary medical, mental health, and dental care through no-cost or low-cost local health care providers. REAP sponsors regular informational programs regarding no cost/low-cost insurance for its clients and maintains a fleet of four (4) vehicles to help clients meet their transportation needs. REAP has averaged spending of more than \$400 per month during the current fiscal year on bus passes and anticipates expending more than \$14,000 in the current year as REAP's Street Outreach program moves into full operation.

8. Describe how your agency evaluates program success.

REAP's Board of Directors has established a policy of identifying appropriate goals, conducting continuous program review, regularly evaluating outcomes, and continually seeking improvement in policies and procedures. This commitment to consistent program review and self-analysis is embodied in REAP's Quality Assurance Program, which requires semi-annual team meetings to foster proper attitudes that support improvement in delivery success, critical self-analysis, and a search for the highest quality of services rendered. With respect to this program, REAP has identified certain areas of concern, goals to be achieved, and metrics to evaluate program success. The specific interventions to be monitored, together with projected goals are included in the attached Paragraph 10.

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

Since its formation in 2013, REAP has shown sustained growth in total number of clients served, number of services provided, and financial stability. From a total budget of less than \$10,000 in 2014, REAP's operations have grown to a current-year budget of more than \$1,750,000, with continuous growth in the number of clients served, innovative programs, and substantial, regular increases in its Net Worth.

As programs have matured, REAP has identified new revenue sources to fund the expansion of existing programs and the addition of innovative programs. Its staff now numbers fifteen (15) full-time employees, supplemented by several interns and regular community service volunteers. Several years ago, REAP's Board approved a non-discrimination, inclusion, and equality policy. Today, REAP's staff represents the diversity of our community, resulting in broad-based community support for its programs. Over the past seven (7) years, as federal and community funding programs

have alternately expanded or contracted, REAP has evidenced the flexibility to continue its programs without interruption or reduction in service.

The REAP team is continually exploring additional sources of funding for existing programs, including CoC/Opening Doors Housing programs; WorkForce Housing programs; local and national foundations; and other State, County, and City housing programs.

While it is expected that our existing sources of revenue will continue, additional sources of revenue will be explored, our human resources will remain stable, and our services to our community will continue unabated. REAP's leadership team is committed to identifying new and additional sources of revenue to allow it to achieve its mission of improving the safety and quality of life in Northwest Florida by addressing the needs of marginalized, less fortunate individuals and those returning from incarceration, so that they can become self-sufficient and productive citizens and neighbors."

6. ABILITY TO COMPLETE ACTIVITIES OUTLINE

As this request is for a continuation and expansion of an existing program, REAP expects that the normal functions and activities of the initial year of funding will continue uninterrupted. In addition to the periodic reports previously made by REAP during the first year of operation, please consider the following:

1. Special Program Director Troy Watts (Master's degree) has now been relocated to 1551 West Blount St, Pensacola, Florida 32502 as base for operations. He has now been qualified as a Certified Peer Support Specialist.
2. Senior Case Manager Eddie Myrick (Master's degree) is now located in Special Programs' office.
3. Part-time Case Managers Lorrie McNally and Bianca Cardwell (BS-Social Work) have been employed and are on site at Special Programs' Office.
4. Peer Support Specialist Kizza Lopez (AA degree in Criminal Justice and Emergency Management) with additional certifications in Addiction Studies, Trauma and Addiction, and Understanding Sexual Violence. She is currently in process of receiving her certification as a Peer Support Specialist. Ms. Lopez resides in the Women's Recovery House.
5. REAP is currently operating two residences dedicated as Addiction Recovery houses, as follows: Women's Recovery House located at 809 N. A Street, on lease from Greater Little Rock Baptist Church; and Men's Recovery House 916 N. D Street, Pensacola.
6. Educational programs currently underway include Financial Management, Pathways to Recovery, AA, NA, and Celebrate Recovery. These optional programs are presented by current staff and by third party volunteer organizations on a weekly basis.
7. Close collaboration with Lakeview Center, CORE, Health and Hope Clinic, and area Emergency Hospitals continues to be a part of our daily regimen, to receive referrals and as providers of support and medical care when requested.
8. REAP has incorporated appropriate documentation at time of program intake which requires program applicants to consent to periodic unscheduled drug testing, a personal commitment to sobriety, and employment as part of a comprehensive transitional program to sobriety and self-sufficiency.

REAP's experienced team members have developed processes and procedures to assist individuals recovering from addiction and are committed to assisting our program participants in their successful transition to a drug-free lifestyle. The team members take

pride in their being a part of the success that Escambia County is seeing in reversing trends of increasing addictions, and are dedicated to continuing their efforts.

7. BUDGET NARRATIVE

Revenue: The total amount requested under the Escambia County Opioid Abatement Strategy NOFA is \$237,690. This funding will be supplemented by \$31,320 from the Florida Department of Corrections, which provides partial reimbursement for housing of recently released individuals at the rate of \$14.50 per day. A portion of the contract with Florida Department of Corrections identifying the total funding is attached. For individuals who have been in the program for an extended period, they will be expected to pay some very minimum amounts as their program fees, which is projected to amount to total \$1,200 per month/\$14,400 for the year. It is also projected that REAP will receive some dedicated contributions for New Horizons Village at the rate of \$200 per month.

Expense:

- (a) Personnel: This program will be under the direction of an experienced Program Director who is expected to allocate 12.5% of his time to this program. Compensation charged to the Program Director is based on this percentage of salary, plus 23% for taxes and benefits. Two Case Managers will be employed full-time to provide intensive case management for the clients in house, plus 23 % for taxes and benefits. Certified Recovery Peer Specialist/house monitor compensation is based on \$15.00 per hour of compensated time plus 23% taxes and benefits.
- (b) Mobile Unit Expense: REAP will be providing the vehicle as REAP's in-kind contribution, with the budgeted amount only covering expected fuel costs and insurance.
- (c) Housing and Utilities Expense: REAP will renew one-year lease agreements for at least two residences (4/2 or 6/2) configuration at current market rental rates, plus utilities and insurance.
- (d) Other expenses: This projected amount is included to cover amounts to be paid to third-party medical service providers, client co-pay amounts, personal protective equipment, and other needs, together with minimum amounts for other supplies, marketing, and training.
- (e) Administrative Expense: This amount is based on 5% of the sub-total of all other listed expenses, excepting the amounts provided by REAP as in-kind contribution. It covers office facility use, office utilities, general liability insurance, Directors and Officers Insurance, bookkeeping and accounting, and other supplies.

Timeframes: REAP anticipates submitting monthly requests for reimbursements for expenses incurred each month by the 10th of the following month, and that the entire requested allocation will be expended in the year of operation.

Additional Services: REAP has developed a collaborative relationship with more than 30 local employers who could possibly assist program participants with employment. REAP also works closely with CareerSource EscaRosa for workforce development programs, because housing and regular source of income is crucial to long-term success. CREAPs case managers and peer support specialist will concentrate on keeping program participants earning living wages.

8. BUDGET TEMPLATE

REAP Opioid Abatement 2026 - 2027

Eligible Costs	Quantity and Description	Annual Assistance Requested
Case Management	Program Director PT/ \$55,000=\$13,800. Two (2) Case Managers \$42,480=\$84,960 Taxes and Benefits 23%= \$22,680. Total: \$121,440.	121,440
Peer Support Staff	Two (2) Part-time Peer Specialists \$25,000=\$50,000; Taxes and Benefits 23%= \$11,520. Total \$61,560 per year.	61,560
Peer Specialist Certifications	Certification Costs \$1,000	1,000
Mobile Service Delivery	Gasoline: \$200 per month= \$2,400; Auto Insurance +\$2,400	4,800
Program Related Supplies	Client needs including insurance, medical and dental co-pays; cost of MAT program; Cost of personal protective equipment, harm reduction costs estimated to be \$400 per month=\$4,800 .	4,800
Marketing and Educational Materials	Billboard, flyer, One (1) reception for emergency service providers, training programs, mobile unit graphics, building signage, projected to be \$200/month=\$2,400.	2,400
Other Expenses	Housing: A minimum of two (2) residential houses configured either 3/1 or 4/2 with total rental of \$3,750/month=\$45,000 per year. Utility service for both houses water sewer projected to be \$400 per month=\$4,800 per year; electrical service to be \$1,200 total per month = \$14,400 /month; Maintenance cost per year to be \$2,400; General liability insurance projected at \$9,600 per year.	76,200
Sub-total		272,200
Administrative Requested	5%	13,610

8. BUDGET TEMPLATE
REAP Opioid Abatement 2026 - 2027

TOTAL AMOUNT	Total of all expenses for 1 year	285,810
	Revenue from all other sources: FDOC residential payments for returning citizen housing, projected at \$2,610 per month+\$31,320 per year; program fees collected from clients projected at \$1,200 per month=\$14,400; donations projected at \$200 per month=\$2,400 per year	(\$48,120)
TOTAL AMOUNT REQUESTED		\$237,690.00

9. PROJECT OUTCOMES

2026-2027 for Escambia County

Performance Measure	Baseline Data	Desired Outcome	Describe the project components that will be used, and how the outcome will be achieved and monitored.
1. Reduced number of Fatal overdoses.	EMS reported 73 in 2023, 55 in 2024. Now down to 21/100,000 in 2025	Continued decrease in fatal overdoses, to no more than 20.	Increased use of MAT in appropriate cases; residential program with case management and peer support. Close cooperation with CORE, OD2A, and other Street Outreach Programs. Recruitment of participants from state prisons and county jail. Referral from REAP Street Outreach Program
2. Reduced number of EMS overdose responses.	EMS reported 4,201 in 2024, an increase of 4% over 2023	Decrease by 20% the number of EMS reported overdose responses, to no more than 2000.	Residential program with case management and peer support specialists designed to reduce the number of repeat overdoses. Assistance with transportation and increased use of mobile units to contact potential participants. Close cooperation with CORE, EMS, and Emergency Rooms; Increased use of MAT in appropriate cases
3. Increase in substance use disorder treatment to reduce opioid overdoses.	Total number of program participants in CORE program: 400 as reported by EMS.	Increase number of enrolled to 480 at end of reporting cycle, a 20% increase.	Case Management and peer support to maximize use of MAT, and use of recovery programs.
4. Increase in access to substance use disorder recovery programs.	Current statistics provided by EMS and CORE	Increase in number of participants by 20%.	Case Managers and Program Director to develop posters and flyers announcing availability of treatment programs.
5. Increase access to substance use prevention programs.	Current statistics provided by EMS and CORE	Increase in number of programs offered by 10%.	Case managers, Peer Support Specialists, and Program Director to make presentations at schools and civic clubs.
6. Increase in substance use disorder training, treatment, and prevention in the Criminal Justice Department.	Current statistics provided by EMS and CORE, ECSO, and PPD.	Increase in number of programs offered by 10%.	Case managers, Peer Support Specialists, and Program Director to coordinate programs with local law enforcement; coordinate available services with Drug Court programs; refine collaboration with State Attorney and Public Defender Offices.
7. Other	See statement below.		

9. PROJECT OUTCOMES

2026-2027 for Escambia County

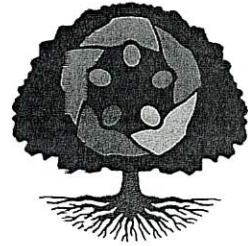
The REAP proposed program is specific and measurable: Over the years, REAP has developed a philosophy of establishing measurable goals and objectives. We adhere to the principle that “If you can’t measure it, you can’t control it.” In addition to the Project Outcomes listed above in Section #10 hereafter, REAP will assess its performance by utilizing several additional objectives and goals, as follows:

- (a) Number of prospective client interviewed/contacted. **Goal: 15 per month.**
- (b) Number of clients admitted to program. **Goal: 3 per month.**
- (c) Occupancy percentage for each house. **Goal: 75% occupancy.**
- (d) Average length of residency. **Goal: 3 months.**
- (e) Percentage of clients maintaining sobriety for three (3) months. **Goal: 50%.**
- (f) Percentage of clients in full compliance with program policies and procedures. **Goal: 50%.**

REAP will submit reports on all outcomes, including these performance measures, as requested by Escambia County.

10: REQUIRED ATTACHMENTS

- a. Documentation of Locations
- b. Applicant's Annual Operating Budget
- c. Proof of 501C3 status.
- d. Current W-9
- e. 2023 and 2024 Federal Income Tax Returns
- f. 2 Most recent years Financial Statements



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

RE-ENTRY ALLIANCE PENSACOLA, INC.

P.O. Box 13224
(850) 332-6677
Vinnie Whibbs, Executive Director

Pensacola, Florida 32591
www.reapreentry.org
Rich Lynch, Director of Operations

August 29, 2026

10a: DOCUMENTATION OF LOCATIONS

1. REAP'S MAIN OFFICE: is located at 1000 West Blount Street, Pensacola, Florida 32501.
2. REAPS WOMEN'S RECOVERY HOUSE: is located at 809 A Street, Pensacola, Florida 32501.
3. REAP'S MEN'S RECOVERY HOUSE: is located at 916 North D Street, Pensacola, Florida 32501.
4. REAP's SPECIAL PROGRAM OFFICE: is located at 1551 West Blount Street, Pensacola, Florida 32501.

REAP 2026 +
Budget for year (1/9/26)
 January through December 2026

		Jan - Dec 26	before
Income			
	FDCC GEO & PRIDE	760,000	
	Program fees, non pallets	410,000	440,000
	Program fees, pallet clients	30,000	0
	Contributions	100,000	
	Al's House non client revenue	79,500	
	Op Doors Chalg Hsg non client	142,800	
	New Horizons Vill non client rev	50,400	
	Esc-Cd. ST Outreach non client	121,089	
	Escambia Co. Opiod non client	249,788	
	Total Income	1,943,577	
Expense			
	Re-Entry		
	Personnel ReEntry	260,300	
	ReEntry rental payments	182,000	192,000
	Utilities - ReEntry	120,000	
	Property & liab insur - ReEntry	60,000	
	Repairs & maint - ReEntry	24,000	
	Property taxes	10,000	0
	Admin prorate (68%) - ReEntry	190,000	
	Total Re-Entry	846,300	
	Al's House		
	Personnel Al's	10,000	
	Utilities - Al's	12,000	
	Repair & maintenance AL's	6,000	
	Insurance-Al's	6,000	
	Admin prorate (8%) - Al's	22,400	
	Total Al's House	56,400	
	Street Outreach		
	Personnel - Outreach	97,568	
	Auto expense - Outreach	5,000	
	Insurance - Outreach	6,000	
	Bus passes - Outreach	14,000	
	Admin prorate (8%) Outreach	22,400	
	Total Street Outreach	144,968	
	New Horizons Village (pallets)		
	Personnel - New Horizons	32,400	
	Utilities - New Horizons	18,000	
	Repairs & maint - New Horizons	21,600	
	Insurance - New Horizons	6,000	
	Admin prorate (8%) New Horizons	22,400	
	Total New Horizons Village (pallets)	100,400	
	Opening Doors Challenge		
	Personnel - OD Challenge	42,800	
	Housing - OD Challenge	100,000	
	Total Opening Doors Challenge	142,800	

2026 REAP Budget
 Revised with NHV

REAP 2026 +
Budget for year (1/9/26)
January through December 2026

		Jan - Dec 26	before
	Office & Administrative		
	Personnel - O&A	222,000	
	Insurance - O&A	18,000	
	Repairs & maintenance - O&A	6,000	
	Utilities - O&A	9,600	
	Interest mortgages credit line	8,000	0
	Office & Admin -Misc, other	16,000	24,000
	Total Office & Administrative	279,600	
	Opioid Abatement Program		
	Personnel - Opioid	182,960	
	Housing, rentals - Opioid	25,680	
	Utilities - Opioid	15,000	
	Printer/computer- Opioid	0	
	Office & admin - Opioid	22,708	
	Medical & contracted svcs - Opioid	0	
	Certification- Opioid	0	
	Other, Misc PLS DETAIL IN MEMO	41,440	
	Total Opioid Abatement Program	287,788	
	Pens Motor Lodge Repurposing		
	Personnel - Motor L	0	
	Housing		
	Utilities - Motor L	0	
	Repairs & maint - Motor L	0	
	Insurance - Motor L	0	
	Office supplies, etc - Motor L	0	
	Total Housing	0	
	Total Pens Motor Lodge Repurposing	0	
	Total Expense	1,858,256	
	Net Income	85,321	

REAP 2026

REVENUE & EXPENSE PROJECTIONS

REVENUE

I. REVENUE	ANNUAL	MONTHLY	START
a. FDOC, GEO, & PRIDE:	\$760,000	\$62,500	7/1/25
b. Program Participants Fees	\$ 440,000	\$36,666	7/1/25
c. Contributions: Directors & Individuals	\$ 100,000	\$ 8,333	7/1/25
d. Al's House Revenue	\$ 79,500	\$ 5,000	
e. Opening Doors Challenge Housing	\$ 142,800	\$11,833	1/1/26
f. Pallet Shelter Village	\$ 50,400	\$ 4,200	1/1/26
g. Escambia County Street Outreach	\$ 121,089	\$10,000	1/1/26
h. Escambia County Opioid Abatement	<u>\$249,788</u>	<u>\$20,815</u>	1/1/26
TOTAL REVENUE	\$1,943,577	\$161,964	7/1/2025

EXPENSE

	ANNUAL	
1. RE-ENTRY (\$1,300,000)		
a. Personnel		
i. Rich Lynch Program Director	\$ 65,000	
ii. John Burke: Men's Senior Case Man.	\$ 54,000	
iii. Eddie Myrick: Men's Case Manager	\$ 54,000	REVENUE: \$1,200,000
iv. Lorrie McNally: Women's Case Man.	\$ 37,300	
v. P/T Intern: Kirsten Walker	\$ 15,000	
vi. Transportation-Paul Kennedy	\$ 35,000	
b. Re-Entry Rental Payments	\$192,000	
c. Re-Entry Utilities	\$120,000	
d. Property & GL Insurance	\$ 60,000	
e. Repairs and Maintenance Expense	\$ 24,000	
f. Admin Prorate (68%)	<u>\$190,000</u>	
TOTAL RE-ENTRY	\$846,300	
2. AL'S HOUSE		
a. Personnel		
i. Troy Watts (P/T)	\$ 5,000	REVENUE:\$79,500
ii. Kevin Eason (F/T)	\$ 5,000	
b. Utility Expense	\$12,000	
c. Maintenance & Repair	\$ 6,000	
d. Insurance	\$ 6,000	
e. Admin Prorate (8%)	<u>\$22,400</u>	
TOTAL AL'S HOUSE	\$56,400	
3. STREET OUTREACH (\$120,000)		
a. Personnel		
i. Troy Watts: Program Director: (P/T)	\$20,000	REVENUE: \$121,089
ii. Kevin Eason: Outreach & Shelter Dir.	\$35,000	
iii. P/T Street Outreach Office Case	\$15,000	
iv. Contracted Certified Addict. Spec.	\$27,568	
b. Auto Expense	\$ 5,000	
c. Insurance	\$ 6,000	

d. Bus Passes	\$14,000	
e. Amin Prorate (8%)	<u>\$22,400</u>	
TOTAL STREET OUTREACH	\$142,400	
4. PALLET SHELTER VILLAGE (\$54,000)		
a. Personnel		
i. Troy Watts (P/T)	\$10,000	REVENUE: \$50,400
ii. Kevin Eason (P/T)	\$22,400	
b. Utility Expense	\$18,000	
c. Maintenance & Repair	\$21,600	
d. Insurance	\$ 6,000	
e. Admin Prorate (8%)	<u>\$22,400</u>	
TOTAL PALLET SHELTER	\$100,400	
5. OPENING DOORS RAPID REHOUSING		
a. Personnel: Case Manager (P/T)	\$ 42,800	REVENUE: \$142,800
b. Housing Costs	<u>\$100,000</u>	
TOTAL OPENING DOORS HOUSING	\$142,800	
6. OFFICE & ADMINISTRATIVE		
a. Personnel		
i. Executive Director Vinnie Whibbs	\$120,000	
ii. CFO/Adm. Assistant Melinda Heim	\$ 62,000	REVENUE: \$100,000
iii. Accounting: Gay Lanzarotta	\$ 40,000	
b. Office Expense: copy, materials, Cox	\$ 24,000	
c. Insurance	\$ 18,000	
d. Repair & Maintenance	\$ 6,000	
e. Utilities	<u>\$ 9,600</u>	
TOTAL OFFICE & ADMIN	\$279,600	
7. OPIOID ABATEMENT PROGRAM		
a. Personnel		
i. Troy Watts: Program Director	\$13,800	
ii. Case Manager:	\$42,480	
iii. Case Manager:	\$42,480	
iv. Peer Recovery Specialist:	\$25,000	REVENUE: \$249,788
v. Peer Recovery Specialist:	\$25,000	
vi. Taxes & Benefits	\$34,200	
b. Housing Expense/Rental Fees:	\$25,680	
c. Utility Fees:	\$15,000	
d. Printer/Computer	\$18,000	
e. Office & Administrative:	\$22,708	
f. Medical and Contracted Services:	\$ 5,000	
g. Certification	\$ 2,040	
h. Other & Misc.	<u>\$16,400</u>	
TOTAL OPIOID ABATEMENT	\$249,788	
MEMO: Total Revenue:	\$1,943,577	
Total Expense	<u>\$1,815,688</u>	
Surplus:	\$ 127,889	

08/07/26

Re-Entry Alliance
Pensacola, Inc. 2026

6 months
2025 REAP Actual

January 1 through July 16, 2026

	Jan 1 - Jul 16, 26
Income	
FDOC, GEO & PRIDE	404,606.75
Program fees NEEDS BDOWN	1,050.00
Program fees, ReEntry	281,776.96
Program fees, AI's	38,226.00
Program fees, Opioid	8,492.00
Contributions	72,847.93
Op Doors Chal Hsg non client	33,707.70
New Hori'ns Vill non client rev	26,213.77
Esc Co. ST Outreach non client	2,452.19
Escambia Co. Opiod non client	37,514.02
Total Income	906,887.32
Expense	
Re-Entry	
Personnel ReEntry	181,461.30
ReEntry rental payments	123,200.00
Utilities - ReEntry	56,709.60
Property & liab insur - ReEntry	32,929.16
Repairs & maint - ReEntry	15,521.78
Property taxes	16,576.75
Admin prorate (68%) - ReEntry	91,691.09
Total Re-Entry	518,089.68
AI's House	
Personnel AI's	10,344.63
Utilities - AI's	14,346.33
Repair & maintenance AI's	7,540.48
Admin prorate (8%) - AI's	10,928.00
Total AI's House	43,159.44
Street Outreach	
Personnel - Outreach	31,491.29
Bus passes - Outreach	2,809.82
Admin prorate (8%) Outreach	10,927.98
Total Street Outreach	45,229.09
New Horizons Village (pallets)	
Personnel - New Horizons	23,671.24
Utilities - New Horizons	9,483.57
Repairs & maint - New Horizons	17,885.68
Admin prorate (8%) New Horizons	10,927.98
Total New Horizons Village (pallets)	61,968.47
Opening Doors Challenge	
Personnel - OD Challenge	25,438.93
Housing - OD Challenge	36,900.00
Admin prorate (8%)	10,927.97
Total Opening Doors Challenge	73,266.90
Office & Administrative	
Personnel - O&A	86,009.38
Insurance - O&A	9,078.60
Transport, vehicles, fuel O&A	8,172.62
Workers, non-payroll O&A	3,981.00
Client needs O&A	1,874.43
Repairs & maintenance - O&A	170.34
Utilities - O&A	13,810.78
Interest on debts & credit line	3,846.00
Litigation 2025-26 O&A	25,181.80
Office & Admin -Misc, other	19,807.98
(Less O&A alloc to depts)	-135,403.02

08/07/26

Re-Entry Alliance
Pensacola, Inc. 2026

January 1 through July 16, 2026

	Jan 1 - Jul 16, 26
Total Office & Administrative	36,529.91
Opioid Abatement Program	
Personnel - Opioid	29,415.49
Housing, rentals - Opioid	11,725.00
Utilities - Opioid	3,793.25
Office & admin - Opioid	349.77
Certification- Opioid	281.92
Other, Misc PLS DETAIL IN MEMO	660.20
Total Opioid Abatement Program	46,225.63
Total Expense	824,469.12
Net Income	82,418.20

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

DEPARTMENT OF THE TREASURY

Date: JUN 11 2014

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

Employer Identification Number:
38-3908383

DLN:
17053003372034

Contact Person:
CUSTOMER SERVICE

ID# 31954

Contact Telephone Number:
(877) 829-5500

Accounting Period Ending:
December 31

Public Charity Status:
170(b)(1)(A)(vi)

Form 990 Required:
Yes

Effective Date of Exemption:
May 10, 2013

Contribution Deductibility:
Yes

Addendum Applies:
No

Dear Applicant:

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

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

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

Letter 947



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 Cf: 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) am exempt from backup withholding **or**
 - (b) 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

**Request for Taxpayer
Identification Number and Certification**

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

► Go to www.irs.gov/FormW9 for instructions and the latest information.

1 **Name** (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Re-Entry Alliance Pensacola, Inc.

2 **Business name/disregarded entity name**, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 **Address** (number, street, and apt. or suite no.) See instructions.

P.O. Box 13224

6 **City, state, and ZIP code**

Pensacola, Florida 32591

7 **List account number(s) here** (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

____ - ____ - ____

OR

Employer identification number

3 8 - 3 9 0 8 3 8 3

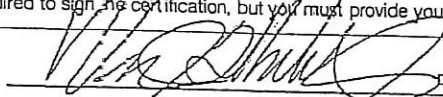
Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here Signature of U.S. person



Date **8/26/26**

General Instructions

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

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

Purpose of Form

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

- Form 1099-INT (interest earned or paid)

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

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

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

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

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.**2023**Open to Public
Inspection

For the 2023 calendar year, or tax year beginning

and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

RE-ENTRY ALLIANCE PENSACOLA

Doing business as

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

1000 WEST BLOUNT STREET

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

PENSACOLA, FL 32501

F Name and address of principal officer: DICK BAKER

2802 EAST STRONG ST, PENSACOLA, FL 32503

D Employer identification number

38-3908383

E Telephone number

850-324-6667

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

If "No," attach a list. See instructions

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

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

Part II Signature Block

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

Sign Here	Signature of officer		Date			
	DICK BAKER, TREASURER					
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check ☐ if self-employed	PTIN
	MOLLY MURPHY, CPA		MOLLY MURPHY, CPA	11/13/24		P00985783
	Firm's name		Firm's EIN			
	SALTMARSH, CLEVELAND AND GUND		59-2922169			
	Firm's address		Phone no.			
		900 NORTH 12TH AVENUE		850-435-8300		
		PENSACOLA, FL 32501				

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

☒ Yes ☐ No

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

332001 12-21-23

Form **990** (2023)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4547(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 C, 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 I and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	X	
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 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		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

	Yes	No
2a Enter the number of employees reported on Form W-2, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	29
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 3636-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	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
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 the 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, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	17			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a above, who are independent		17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
DICK BAKER - 850-324-6667
2802 EAST STRONG ST, PENSACOLA, FL 32503

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent 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 the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALBERT STUBBLEFIELD PRESIDENT	5.00	X		X				0.	0.	0.
(2) RALPH PETERSON VICE PRESIDENT	3.00	X		X				0.	0.	0.
(3) PHILOMENA MADDEN SECRETARY	2.00	X		X				0.	0.	0.
(4) DICK BAKER TREASURER	5.00	X		X				0.	0.	0.
(5) JOSEPH HAMMONS BOARD MEMBER	1.00	X						0.	0.	0.
(6) DAVID MCJEE BOARD MEMBER	1.00	X						0.	0.	0.
(7) H. BRETT LANDRUM, JR. BOARD MEMBER	1.00	X						0.	0.	0.
(8) RONALD JOHNSON BOARD MEMBER	1.00	X						0.	0.	0.
(9) FRED DONOVAN, SR. BOARD MEMBER	1.00	X						0.	0.	0.
(10) JACK DEMOES BOARD MEMBER	1.00	X						0.	0.	0.
(11) WILLIAM DUNAWAY BOARD MEMBER	1.00	X						0.	0.	0.
(12) ANDREA ROBERTS BOARD MEMBER	1.00	X						0.	0.	0.
(13) LOIS BENSON BOARD MEMBER	1.00	X						0.	0.	0.
(14) VENESULIA CARR BOARD MEMBER	1.00	X						0.	0.	0.
(15) G. EDISON HOLLAND BOARD MEMBER	1.00	X						0.	0.	0.
(16) SABRINA SIMPSON BOARD MEMBER	1.00	X						0.	0.	0.
(17) ALVIN COBY BOARD MEMBER	1.00	X						0.	0.	0.

Part 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	1,054,864.	813,402.	241,462.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	7,332.		7,332.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	3,965.		3,965.	
13 Office expenses	11,501.	1,276.	10,225.	
14 Information technology	7,629.		7,629.	
15 Royalties				
16 Occupancy	21,349.		21,349.	
17 Travel	25,535.	24,660.	875.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	15,342.	6,000.	9,342.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	36,903.	7,078.	29,825.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a RAPID/TEMP HOUSING OPER	329,165.	329,165.		
b MAXWELL CENTER OPERATIO	270,057.	270,057.		
c THRIFT STORE	29,299.	29,299.		
d OTHER EXPENSES	1,976.		1,976.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,814,917.	1,480,937.	333,980.	0.
6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	553,870.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	452,604.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 183,299.			
	h	Total. Add lines 1a-1f		1,011,474.			
Program Service Revenue	2 a	RAPID/TEMP HOUSING OPE	Business Code	900099	371,040.	371,040.	
	b	MAXWELL CENTER	900099	137,887.	137,887.		
	c	RESIDENT FEES	900099	88,210.	88,210.		
	d	THRIFT STORE	453310	62,852.	62,852.		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		659,989.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	6a	(i) Real	(ii) Personal		
b		Less: rental expenses	6b				
c		Rental income or (loss)	6c				
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
b		Less: cost or other basis and sales expenses	7b			61,713.	
c		Gain or (loss)	7c			29,000.	
d		Net gain or (loss)				32,713.	
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
b		Less: direct expenses	8b				
c		Net income or (loss) from fundraising events					
9 a		Gross income from gaming activities. See Part IV, line 19	9a				
b		Less: direct expenses	9b				
c		Net income or (loss) from gaming activities					
10 a		Gross sales of inventory, less returns and allowances	10a				
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		1,704,178.	659,989.	0.	32,715.

Part 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 \$ 740,517. including grants of \$) (Revenue \$ 335,855.)
 IN 2023, REAP CONTINUED OPERATION OF THE MAX-WELL RESPITE CENTER, PROVIDING MEALS, HOUSING AND CASE MANAGEMENT SERVICES TO AN AVERAGE OF 75 WOMEN AND CHILDREN EACH NIGHT, FOR A TOTAL OF 27,375 NIGHT-STAYS AND 68,435 MEALS. ACTING AS AN EMERGENCY SHELTER OPERATION FOR FREEZING COLD WEATHER AND HURRICANE EVENTS, REAP PROVIDED AN ADDITIONAL 525 NIGHT-STAYS, AND 700 MEALS.

4b (Code:) (Expenses \$ 640,047. including grants of \$) (Revenue \$ 261,282.)
 IN 2023, REAP EXPANDED THE NUMBER OF HOUSES UTILIZED IN OUR RE-ENTRY HOUSING PROGRAM TO A TOTAL OF 18. ON AVERAGE, REAP PROVIDED HOUSING TO 75 RETURNING CITIZENS EACH NIGHT FOR A TOTAL OF 27,375 NIGHT-STAYS. THESE INDIVIDUALS RECEIVED BASIC NECESSITIES, SUPPORTED HOUSING, JOB REFERRAL ASSISTANCE, AND CASE MANAGEMENT, RESULTING IN A 92% SUCCESS RATE, OR AN 8% RATE OF RECIDIVISM, CONSIDERABLY BETTER THAN MOST RE-ENTRY PROGRAMS.

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

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

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

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

Part 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	1,704,178.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,814,917.
3	Revenue less expenses. Subtract line 2 from line 1	3	-110,739.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	220,272.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	90,727.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (E))	10	200,260.

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: ☒ 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	2a	X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	

Form 990 (2023)

Department of the Treasury
Internal Revenue Service

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

2023

Open to Public
Inspection

Name of the organization

RE-ENTRY ALLIANCE PENSACOLA

Employer identification number

38-3908383

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

Part 2. 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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 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						☐

Section C. Computation of Public Support Percentage

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

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

(Complete only if you checked the box on line 1C of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	378,277.	437,878.	571,409.	503,928.	1,011,474.	2,902,966.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	75,772.	141,514.	452,688.	1,559,731.	659,989.	2,889,694.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	454,049.	579,392.	1,024,097.	2,063,659.	1,671,463.	5,792,660.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	10,000.			10,000.	10,000.	30,000.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	10,000.			10,000.	10,000.	30,000.
8 Public support. (Subtract line 7c from line 6.)						5,762,660.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	454,049.	579,392.	1,024,097.	2,063,659.	1,671,463.	5,792,660.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6.	33.	47.	2.	2.	90.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	6.	33.	47.	2.	2.	90.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	925.	225.				1,150.
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.)	454,980.	579,650.	1,024,144.	2,063,661.	1,671,465.	5,793,900.

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

Part 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	199,396.	1	151,693.
	2 Savings and temporary cash investments		2	
	3 Prepaid expenses and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,442.	7	1,377.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 516,178.		
	b Less: accumulated depreciation	10b 0.	10c	516,178.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	574,498.	16	669,248.	
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	4,326.	22	1,990.
	23 Secured mortgages and notes payable to unrelated third parties	349,900.	23	466,998.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	354,226.	26	468,988.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☐ 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 ☒ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0.	29	0.
	30 Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
	31 Retained earnings, endowment, accumulated income, or other funds	220,272.	31	200,260.
	32 Total net assets or fund balances	220,272.	32	200,260.
33 Total liabilities and net assets/fund balances	574,498.	33	669,248.	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in 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)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a ☐ 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.		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	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	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2023 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)(i)
Excess Distributions(ii)
Underdistributions
Pre-2023(iii)
Distributable
Amount for 2023

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

Part VI

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

2023

*** Not Open to Public Inspection ***

Payer's Name	2019 Amount	2020 Amount	2021 Amount	2022 Amount	2023 Amount
ALFRED STUBBLEFIELD	10,000.	0.	0.	10,000.	10,000.
Total to Schedule A, Part III, Line 7a	10,000.			10,000.	10,000.

Schedule B

(Form 990)

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

OMB No. 1545-0047

2023

Name of the organization

RE-ENTRY ALLIANCE PENSACOLA

Employer identification number

38-3908383

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private 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 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked **Schedule A** (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8) or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

RE-ENTRY ALLIANCE PENSACOLA

38-3908383

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

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

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

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

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

Employer identification number

38-3908383

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

[illegible]

Name of organization

Employer identification number

RE-ENTRY ALLIANCE PENSACOLA

38-3908383

Part III

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

2023

Open to Public
Inspection

Name of the organization

RE-ENTRY ALLIANCE PENSACOLA

Employer identification number
38-3908383

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ 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?		☐ Yes ☐ 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).

☐ Preservation of land for public use (for example, recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

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

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange program
 e ☐ Other _____

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance
 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

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

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

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

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

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

- (i) Unrelated organizations? _____
 (ii) Related organizations? _____

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		473,508.		473,508.
c Leasehold improvements				
d Equipment		4,653.		4,653.
e Other		38,017.		38,017.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				516,178.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

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

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☐

Part IV Business Transactions Involving Interested Persons

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

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

Part V Supplemental Information

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

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

(A) NAME OF PERSON: PHILOMENA MADDEN

(B) RELATIONSHIP WITH ORGANIZATION: BOARD MEMBER

(C) PURPOSE OF LOAN: HOUSE PURCHASE

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

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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

RE-ENTRY ALLIANCE PENSACOLA

Employer identification number

38-3908383

Part I Types of Property

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

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

29

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

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.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2023

Part II

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

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

2023
Open to Public
Inspection

Name of the organization

RE-ENTRY ALLIANCE PENSACOLA

Employer identification number
38-3908383

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

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

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

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

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

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

CONFLICT OF POLICY IS CIRCULATED ANNUALLY FOR BOARD SIGNATURES.

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

AVAILABLE UPON REQUEST.

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

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

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

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

Part I - Identification

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec 511(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

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

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

Plan Name _____

Plan Number _____

Plan Year Ending (MM/DD/YYYY) _____

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

The books are in the care of DICK BAKER

2802 EAST STRONG ST - PENSACOLA, FL 32503

Telephone No. 850-324-6667

Fax No. _____

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☒ calendar year 20 23 or

☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

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

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

EXTENDED TO NOVEMBER 17, 2025

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

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue ServiceUnder 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.**A** For the 2024 calendar year, or tax year beginning

and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

RE-ENTRY ALLIANCE PENSACOLA

Doing business as

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

1000 WEST BLOUNT STREET

Room/suite

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

PENSACOLA, FL 32501

F Name and address of principal officer: DICK BAKER

2802 EAST STRONG ST, PENSACOLA, FL 32503

D Employer identification number

38-3908383

E Telephone number

850-324-6667

G Gross receipts \$ 1,726,714.**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>RE-ENTRY OF INCARCERATED PRISONERS.</u>		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	26
	6 Total number of volunteers (estimate if necessary)	6	0
	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)	1,011,474.	809,631.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	659,989.	916,332.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,715.	751.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,704,178.	1,726,714.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,054,864.	867,093.
b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.	
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	760,053.	758,519.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,814,917.	1,625,612.
	19 Revenue less expenses. Subtract line 18 from line 12	-110,739.	101,102.
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26)	669,248.	651,262.
	22 Net assets or fund balances. Subtract line 21 from line 20	468,988.	349,900.
		200,260.	301,362.

Part II Signature Block

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

Sign Here	Signature of officer		Date			
	DICK BAKER, TREASURER					
Paid Preparer Use Only	Preparer's name		Preparer's signature	Date	Check if self-employed ☐	PTIN
	MOLLY MURPHY, CPA		MOLLY MURPHY, CPA	09/17/25		P00985783
Firm's name	SALTMARSH, CLEVELAND AND GUND		Firm's EIN		59-2922169	
	Firm's address		900 NORTH 12TH AVENUE		Phone no. 850-435-8300	
		PENSACOLA, FL 32501				

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

☒ Yes ☐ No

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

432001 12-10-24

Form 990 (2024)

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 795,804. including grants of \$) (Revenue \$ 429,875.)

IN 2024, REAP EXPANDED THE NUMBER OF HOUSES UTILIZED IN OUR RE-ENTRY PROGRAM TO A TOTAL OF 21 HOUSES. ON AVERAGE, REAP PROVIDED HOUSING TO 75 RETURNING CITIZENS EACH NIGHT, RESULTING IN A TOTAL OF 27,375 NIGHT STAYS. THESE INDIVIDUALS WERE PROVIDED WITH BASIC NECESSITIES, SUPPORTIVE HOUSING, JOB REFERRALS, AND CASE MANAGEMENT SERVICES, RESULTING IN A 92% SUCCESS RATE AND ONLY AN 8% RECIDIVISM RATE.

IN 2024, REAP ADMITTED AN AVERAGE OF 18 INDIVIDUALS EACH MONTH (TOTAL 216) RETURNING FROM INCARCERATION INTO ITS INTENSIVE CASE MANAGEMENT PROGRAM AND MORE THAN 30 INDIVIDUALS EACH MONTH (TOTAL 360) INTO ITS MAX-WELL TRANSITIONAL PROGRAM FOR PREVIOUSLY HOMELESS INDIVIDUALS.

4b (Code:) (Expenses \$ 465,333. including grants of \$) (Revenue \$ 486,457.)

IN 2024, REAP CONTINUED TO OPERATE THE MAX-WELL RESPITE CENTER, PROVIDING MEALS, HOUSING, AND CASE MANAGEMENT SERVICES TO AN AVERAGE OF 80 WOMEN AND CHILDREN EACH NIGHT, RESULTING IN A TOTAL OF 29,200 NIGHT STAYS AND 87,600 MEALS. ACTING AS AN EMERGENCY SHELTER OPERATION DURING FREEZING COLD WEATHER AND HURRICANE EVENTS, REAP PROVIDED AN ADDITIONAL 400 NIGHT STAYS AND 1,200 MEALS.

4c (Code:) (Expenses \$ 4,911. including grants of \$) (Revenue \$ 0.)

THRIFT STORE OPERATIONS.

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,266,048.

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)? <i>If "Yes," complete Schedule A</i>	☒	☐
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	☒	☐
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	☐	☒
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? <i>If "Yes," complete Schedule C, Part II</i>	☐	☒
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? <i>If "Yes," complete Schedule C, Part III</i>	☐	☒
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? <i>If "Yes," complete Schedule D, Part I</i>	☐	☒
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	☐	☒
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	☐	☒
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? <i>If "Yes," complete Schedule D, Part IV</i>	☐	☒
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	☐	☒
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? <i>If "Yes," complete Schedule D, Part VI</i>	☒	☐
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? <i>If "Yes," complete Schedule D, Part VII</i>	☐	☒
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? <i>If "Yes," complete Schedule D, Part VIII</i>	☐	☒
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? <i>If "Yes," complete Schedule D, Part IX</i>	☐	☒
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	☐	☒
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	☐	☒
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	☐	☒
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	☐	☒
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	☐	☒
14a Did the organization maintain an office, employees, or agents outside of the United States?	☐	☒
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	☐	☒
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	☐	☒
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	☐	☒
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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	☐	☒
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	☐	☒
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	☐	☒
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	☐	☒
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	☐	☒

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 511(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line E or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 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		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

	Yes	No
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 26		
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	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
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 the 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, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

18 Section 6124 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
DICK BAKER - 850-324-6667
2802 EAST STRONG ST, PENSACOLA, FL 32503

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

 Check if Schedule O contains a response or note to any line in this Part VII ☐
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

 • List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 • List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 • List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VINCENT WHIBBS OFFICER	40.00			X				109,200.	0.	0.
(2) ALBERT STUBBLEFIELD PRESIDENT	5.00	X		X				0.	0.	0.
(3) RALPH PETERSON VICE PRESIDENT	3.00	X		X				0.	0.	0.
(4) PHILOMENA MADDEN SECRETARY	2.00	X		X				0.	0.	0.
(5) DICK BAKER TREASURER	5.00	X		X				0.	0.	0.
(6) JOSEPH HAMMONS BOARD MEMBER	1.00	X						0.	0.	0.
(7) DAVID MCGEE BOARD MEMBER	1.00	X						0.	0.	0.
(8) H. BRITT LANDRUM, JR. BOARD MEMBER	1.00	X						0.	0.	0.
(9) RONALD JOHNSON BOARD MEMBER	1.00	X						0.	0.	0.
(10) FRED DONOVAN, SR. BOARD MEMBER	1.00	X						0.	0.	0.
(11) JACK DEMOSS BOARD MEMBER	1.00	X						0.	0.	0.
(12) WILLIAM DUNAWAY BOARD MEMBER	1.00	X						0.	0.	0.
(13) ANDREA ROBERTS BOARD MEMBER	1.00	X						0.	0.	0.
(14) LOIS BENSON BOARD MEMBER	1.00	X						0.	0.	0.
(15) VENESULIA CARR BOARD MEMBER	1.00	X						0.	0.	0.
(16) G. EDISON HOLLAND BOARD MEMBER	1.00	X						0.	0.	0.
(17) SABRINA SIMPSON BOARD MEMBER	1.00	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 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			
(18) ALVIN COBY BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								109,200.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								109,200.	0.	0.

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

1

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
NONE		

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	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	644,618.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	165,013.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 35,000.			
	h	Total. Add lines 1a-1f		809,631.			
Program Service Revenue	2 a	MAXWELL CENTER	Business Code	900099	385,234.	385,234.	
	b	RAPID/TEMP HOUSING OPE	900099	355,665.	355,665.		
	c	RESIDENT FEES	900099	175,433.	175,433.		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		916,332.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1.			1.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other		750.		
	b	Less: cost or other basis and sales expenses			0.		
	c	Gain or (loss)			750.		
	d	Net gain or (loss)		750.			750.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	9a				
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		1,726,714.	916,332.	0.	751.	

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	109,200.	76,328.	32,872.	
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	757,893.	529,744.	228,149.	
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	2,226.		2,226.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	6,834.		6,834.	
13 Office expenses	15,575.	3,833.	11,742.	
14 Information technology	6,247.		6,247.	
15 Royalties				
16 Occupancy	24,894.		24,894.	
17 Travel	30,101.	28,475.	1,626.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	14,403.	6,000.	8,403.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	41,868.	8,048.	33,820.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a RAPID, TEMP HOUSING OPER	341,681.	341,681.		
b MAXWELL CENTER OPERATIO	267,028.	267,028.		
c THRIFT STORE	4,911.	4,911.		
d OTHER EXPENSES	2,751.		2,751.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,625,612.	1,266,048.	359,564.	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 ☐ 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	151,693.	1	96,025.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,377.	7	4,059.
	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 551,178.		
	b Less: accumulated depreciation	10b 0.	516,178.	10c 551,178.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	669,248.	16	651,262.	
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	1,990.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	466,998.	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	468,988.	26	349,900.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☐ 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 953, check here ☒ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0.	29	0.
	30 Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
	31 Retained earnings, endowment, accumulated income, or other funds	200,260.	31	301,362.
	32 Total net assets or fund balances	200,260.	32	301,362.
33 Total liabilities and net assets/fund balances	669,248.	33	651,262.	

Form 990 (2024)

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	1,726,714.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,625,612.
3	Revenue less expenses. Subtract line 2 from line 1	3	101,102.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	200,260.
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 charges in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (E))	10	301,362.

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: ☒ 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	2a	X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	

Form 990 (2024)

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

2024

Open to Public
Inspection

Name of the organization

RE-ENTRY ALLIANCE PENSACOLA

Employer identification number

38-3908383

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

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

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
- b ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
- c ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
- d ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

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

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐		
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Schedule A (Form 990) 2024

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

(Complete only if you checked the box on line 1C 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	437,878.	571,409.	503,928.	1,011,474.	809,631.	3,334,320.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	141,514.	452,688.	155,973.	659,989.	916,332.	3,730,254.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	579,392.	1,024,097.	2,063,659.	1,671,463.	1,725,963.	7,064,574.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons			10,000.	10,000.	7,500.	27,500.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b			10,000.	10,000.	7,500.	27,500.
8 Public support. (Subtract line 7c from line 6.)						7,037,074.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	579,392.	1,024,097.	2,063,659.	1,671,463.	1,725,963.	7,064,574.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	33.	47.	2.	2.	1.	85.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	33.	47.	2.	2.	1.	85.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	225.					225.
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.)	579,650.	1,024,144.	2,063,661.	1,671,465.	1,725,964.	7,064,884.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	99.61	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	99.46	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	.00	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. A I 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. A 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.

	Yes	No
2a		
2b		

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
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 (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 0.65 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	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 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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.)

Lined area for supplemental information.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

RE-ENTRY ALLIANCE PENSACOLA

Employer identification number

38-3908383

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization

Employer identification number

RE-ENTRY ALLIANCE PENSACOLA

38-3908383

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STUBBLEFIELD FAMILY FOUNDATION 4591 BOHEMIA PLACE PENSACOLA, FL 32504	\$ 7,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	LANDRUM FAMILY FOUNDATION 4050 BEDEVERE DRIVE PENSACOLA, FL 32514	\$ 7,500.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
3	G. EDISON HOLLAND 4350 MANOLETE STREET PENSACOLA, FL 32504	\$ 10,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
4	TURNER FAMILY FOUNDATION 6000 PENSACOLA BLVD., PENSACOLA, FL 32505	\$ 30,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
5	FELLOWSHIP OF PSALMS 44 P.O. BOX 758 LYNN HAVEN, FL 32444	\$ 8,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
6	VET-CV FOUNDATION, INC. 4400 BAYOU BLVD, STE 32A PENSACOLA, FL 32503	\$ 8,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

RE-ENTRY ALLIANCE PENSACOLA

38-3908383

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE SANSING FOUNDATION, INC. 5705 PENSACOLA BLVD PENSACOLA, FL 32505	\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
8	PENSACOLA BEACH WOMEN'S CLUB PO BOX 1021 PENSACOLA BEACH, FL 32562	\$ 5,000.	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
9	MICHAEL CARRO 136 NORTH PALAFOX STREET PENSACOLA, FL 32507	\$ 25,000.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
10	MR. AND MRS. SKIP VOGELSANG 4750 SHANNON PLACE PENSACOLA, FL 32504	\$ 10,000.	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

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
9	6-SPACE BATHROOM HYGIENE TRAILER	\$ 25,000.	07/01/24
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	LEXUS SUV	\$ 10,000.	07/01/24
(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
		\$	

Name of organization

Employer identification number

RE-ENTRY ALLIANCE PENSACOLA**38-3908383****Part III**

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

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

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

SCHEDULE D

(Form 990)

(Rev. December 2024)

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

Open to Public
Inspection

Name of the organization

RE-ENTRY ALLIANCE PENSACOLA

Employer identification number
38-3908383

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ 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? ☐ Yes ☐ 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).

☐ Preservation of land for public use (for example, recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

Schedule D (Form 990) (Rev. 12-2024)

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

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

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

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

c Beginning balance

Amount

d Additions during the year

e Distributions during the year

f Ending balance

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

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

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

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

(a) Current year

(b) Prior year

(c) Two years back

(d) Three years back

(e) Four years back

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

a Board designated or quasi-endowment _____ %

b Permanent endowment _____ %

c Term endowment _____ %

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

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

(i) Unrelated organizations?

(ii) Related organizations?

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

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		473,508.		473,508.
c Leasehold improvements				
d Equipment		4,653.		4,653.
e Other		73,017.		73,017.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				551,178.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☐

Part XI	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	50
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Complete if the organization answered "Yes" or Form 990, Part IV, line 12a.

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

Part XII	Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	9
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Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

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

OMB No. 1545-0047

2024

Open to Public
Inspection

Name of the organization

RE-ENTRY ALLIANCE PENSACOLA

Employer identification number

38-3908383

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	1	10,000.	FMV
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				
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 (6-SPACE BATHROO)	X	1	25,000.	FMV
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 on Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

Yes No

30a X

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?

31 X

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

32a X

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) 2024

Part II

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

Lined area for supplemental information.

SCHEDULE O
(Form 990)

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

RE-ENTRY ALLIANCE PENSACOLA

Employer identification number
38-3908383

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

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

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

CONFLICT OF POLICY IS CIRCULATED ANNUALLY FOR BOARD SIGNATURES.

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

AVAILABLE UPON REQUEST.

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

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 704 to request an extension of time to file income tax returns.

Part I - Identification

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

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

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

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

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

The books are in the care of DICK BAKER
2802 EAST STRONG ST - PENSACOLA, FL 32503
Telephone No. 850-324-6667 Fax No. _____

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

1 I request an automatic 6-month extension of time until NOVEMBER 15, 20 25, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 24 or
☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

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

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

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

Form 8868 (Rev. 1-2025)

REAP and related functions

Balance Sheet

As of December 31, 2025

Dec 31, 25

ASSETS

Current Assets

Checking/Savings

Renasant checking (75)	119,850.29
------------------------	------------

Total Checking/Savings	119,850.29
------------------------	------------

Other Current Assets

Petty cash boxes

REAP main office	280.00
------------------	--------

Total Petty cash boxes	280.00
------------------------	--------

Short term receivables

Client & non-client loans	3,167.98
---------------------------	----------

Total Short term receivables	3,167.98
------------------------------	----------

Total Other Current Assets	3,447.98
----------------------------	----------

Total Current Assets	123,298.27
----------------------	------------

Fixed Assets

Housing

Donated

909 Lynch	12,500.00
-----------	-----------

911 Lynch	27,108.10
-----------	-----------

3610 Moreno	25,000.00
-------------	-----------

3747 W Gadsden ST	102,444.00
-------------------	------------

606 Marlboro ST	82,543.00
-----------------	-----------

Total Donated	249,595.10
---------------	------------

Purchased

911 N U ST	14,608.00
------------	-----------

7008 N Palafox (Bill Cross)	223,913.32
-----------------------------	------------

7000 N Palafox (2025)	204,740.82
-----------------------	------------

Total Purchased	443,262.14
-----------------	------------

Total Housing	692,857.24
---------------	------------

Total Fixed Assets	692,857.24
--------------------	------------

Other Assets

Other assets

Vehicles, trailers	73,016.57
--------------------	-----------

Computers	1,490.00
-----------	----------

Office furniture	3,163.01
------------------	----------

Total Other assets	77,669.58
--------------------	-----------

Total Other Assets	77,669.58
--------------------	-----------

TOTAL ASSETS	893,825.09
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LIABILITIES & EQUITY

Liabilities

Current Liabilities

Other Current Liabilities

Renasant credit line	(586.99)
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REAP and related functions

Balance Sheet

As of December 31, 2025

Dec 31, 25

Total Other Current Liabilities	(586.99)
Total Current Liabilities	(586.99)
Long Term Liabilities	
Mortgage Switzer (Bill Cross)	200,000.00
Mortgage Allen Jones II	176,213.56
Federal Economic Injury (COVID)	149,900.00
Total Long Term Liabilities	526,113.56
Total Liabilities	525,526.57
Equity	
Opening Balance Equity	325,667.44
Donated property equity	218,299.00
Retained Earnings	(227,996.25)
Net Income	52,328.33
Total Equity	368,298.52
TOTAL LIABILITIES & EQUITY	893,825.09

Balance Sheet

As of December 31, 2024

Dec 31, 24

ASSETS

Current Assets

Checking/Savings

The First Bank accounts

REAP checking (75) 93,393

Maxwell Holistic (4540) 171

Total The First Bank accounts 93,564

Total Checking/Savings 93,564

Other Current Assets

Petty cash boxes

REAP main office 1,903

Maxwell Holistic 558

Total Petty cash boxes 2,461

Short term receivables

Client & non-client loans 4,059

Total Short term receivables 4,059

Total Other Current Assets 6,520

Total Current Assets 100,084

Fixed Assets

Housing

Donated

909 Lynch 12,500

911 Lynch 27,108

3610 Moreno 25,000

3747 W Gadsden ST 102,444

606 Marlboro ST 82,543

Total Donated 249,595

Purchased

911 N U ST 14,608

7008 N Palafox (Bill Cross) 223,913

Total Purchased 238,521

Total Housing 488,116

Total Fixed Assets 488,116

Other Assets

Other assets

Vehicles, trailers 73,017

Computers 1,490

Office furniture 3,163

Total Other assets 77,670

Total Other Assets 77,670

TOTAL ASSETS 665,870

LIABILITIES & EQUITY

Liabilities

Balance Sheet**As of December 31, 2024****Dec 31, 24**

Long Term Liabilities	
Switzer mortgage (Bill Cross)	200,000
Federal Economic Injury (COVID)	149,900
Total Long Term Liabilities	349,900
Total Liabilities	349,900
Equity	
Opening Balance Equity	325,667
Donated property equity	218,299
Retained Earnings	(294,097)
Net Income	66,101
Total Equity	315,970
TOTAL LIABILITIES & EQUITY	665,870

visit/monitoring.

III. COMPENSATION

A. Payment

The Department will compensate the Contractor for services as specified in **Section II., SCOPE OF SERVICE**, as delineated below. **Total payments shall not exceed the total annual appropriation of \$750,000.00 for Escambia County and Santa Rosa County.** The Department shall reimburse the Contractor for allowable expenditures incurred pursuant to the terms of the PO as set forth below, subject to the availability of funds.

<u>Service</u>	<u>Unit Cost</u>	<u>Maximum Units</u>	<u>Justification/Required Invoice Documentation</u>
Program Enrollment and Administration Fee	\$1,400.00 per program participant	1 per participant	DC5-404 (Only eligible for reimbursement once per client during the term of the purchase order and 365 calendar days from previous discharge)
Needs Assessment	\$300.00 per program participant	1 per participant	The Contractor shall report the program participant's name, enrollment date, and assessment dates, on the monthly report and submit with the monthly invoice.
Needs Reassessment	\$150.00 per program participant	1 per participant	Eligible after 180 days from previous discharge. The Contractor shall report the program participant's name, enrollment date, previous discharge date and assessment dates, on the monthly report and submit with the monthly invoice.
Case Management: Individualized Plan of Care (POC)	\$350.00 per program participant	1 per participant	The Contractor shall report the program participant's name, enrollment date, and assessment dates, on the monthly report and submit with the monthly invoice.
Reenrollment Case Management: Individualized Plan of Care (POC)	\$150 per program participant	1 per participant	Eligible after 180 days from previous discharge: The Contractor shall report the program participant's name, re-enrollment date, and reassessment date, on the monthly report and submit with the monthly invoice.
Transitional Housing for Enrolled Participants.	\$14.50 Per Diem Rate Per Bed for Enrolled Participant	No Limit	The contractor must submit an accumulative spreadsheet to track housing per diem with the monthly invoice.

B. State Business Requirements

1. MyFloridaMarketPlace (MFMP)

Each vendor or contractor, doing business with the State of Florida as defined in Section 287.012, F.S., shall maintain an active registration in MFMP Vendor Information Portal (VIP), unless exempt under Rule 60A-1.033, F.A.C. Registration can be completed online at <https://vendor.myfloridamarketplace.com>. For assistance the Contractors may contact the MFMP Customer Service Desk at vendorhelp@myfloridamarketplace.com or (866) 352-3776.

REAP 'S APPLICATION BONUS POINTS

1. **Coordination with other Community Partners:**

See attached letters of support, MOUs, and agreements with collaborating organizations.

2. **Other funding match provided:** As part of its voluntary match, REAP will provide all the furniture, bedding and linens, cooking utensils, and equipment necessary to operate the Recovery Houses. REAP will also provide the vehicle used in program activities, as well as the driver, with only the fuel and insurance costs included in the program budget. REAP will provide overall supervision by the Executive Director and by the Chief Financial Officer as in-kind services. The total value of in-kind services provided by REAP exceeds \$50,000. Additionally, as reflected in the budget, REAP will generate an additional \$50,000 in program revenue from the Florida Department of Corrections, from program fees collected from some residents, and from locally sourced donations in support of the program.

3. **Program is specific and measurable:** Over the years, REAP has developed a philosophy of establishing measurable goals and objectives. We adhere to the principle that "If you can't measure it, you can't control it." In addition to the Project Outcomes listed in Section #10 hereafter, REAP will assess its performance by utilizing several additional objectives and goals, as follows:

- (a) Number of prospective clients interviewed/contacted. **Goal: 15 per month.**
- (b) Number of clients admitted to program. **Goal: 3 per month.**
- (c) Occupancy percentage for each house. **Goal: 75% occupancy.**
- (d) Average length of residency. **Goal: 3 months.**
- (e) Percentage of clients maintaining sobriety for three (3) months. **Goal: 50%.**
- (f) Percentage of clients in full compliance with program policies and procedures. **Goal: 50%.**

REAP will submit reports on all outcomes, including these performance measures, as requested by Escambia County.

4. **Provides free services to Escambia County:** REAP has a policy of waiving housing costs for program participants for the first two weeks of their occupancy. This was originally designed to provide individuals returning from incarceration with an opportunity to overcome the trauma of release and find satisfactory employment. *This free service is available to all individuals who qualify for a REAP residential program.*

Additionally, at the discretion of the REAP New Horizons Recovery Director, Case Manager, and REAP Executive Director, this two-week period may be extended for an individual who is fully compliant with REAP's policies and procedures but is struggling financially. REAP could be described as a very understanding landlord but at the same time does not want to be taken advantage of. A unique example of this policy is that REAP has provided no-cost housing for 18 months to an individual during the pendency of his Social Security disability case, with the understanding that if he is awarded a lump-sum settlement, he will reimburse REAP for more than \$7,000 in back rent owed. REAP also provides transportation in REAP vehicles operated by REAP employees for its clients at no cost, as well as providing REAP-purchased ECAT bus passes. REAP operates a used clothing closet to provide clothing at no cost to its clients and distributes donated food and supplies.

5. **Provides a mobile unit.** REAP has recently acquired an extended-body van that will be used as a Mobile Unit for this program, as part of an Escambia County-funded Street Outreach Program. The van will be operated by REAP staff trained in the administration of Naloxone, stocked with emergency medical supplies, and will provide sufficient in-vehicle space for conducting on-site interviews. The van will carry appropriate program identification logos.



BY EMAIL TO vincewhibbs@gmail.com

Vinnie Whibbs, Executive Director
Re-Entry Alliance Pensacola, Inc.
P.O. 13224
Pensacola, FL 32591

Dear Vinnie:

Please accept this letter as Pathways For Chane's commitment to support REAP's request for funding from the Escambia County Opioid Abatement Program for the Fiscal Year 2026-2027 for REAP to continue providing housing and case management services to men and women recovering from addiction. We understand that REAP's proposal anticipates the utilization of community partners such as our organization to accomplish the overall goal of reducing the devastating effects that addiction has on individuals and on our community.

We very much appreciate our mutual collaboration in the past, and if your grant application is funded, we will develop a Memorandum of Understanding that is mutually acceptable to both parties.

We wish you success in this endeavor and look forward to assisting your organization as we mutually work to improve mental well-being of families, individuals, and children in Northwest Florida.

Sincerely,

A handwritten signature in black ink that reads "Connie Bookman". The signature is fluid and cursive, with a large, stylized "C" at the beginning.

Connie Bookman, LCSW

Founder



BY EMAIL TO vincewhibbs@gmail.com

Vinnie Whibbs, Executive Director
Re-Entry Alliance Pensacola, Inc.
P.O. 13224
Pensacola, FL 32591

Dear Vinnie:

Please accept this letter as confirmation of the Waterfront Rescue Mission's support for Re-Entry Alliance Pensacola, Inc. (REAP) and our willingness to continue collaborating on a case-by-case basis when appropriate and when doing so is consistent with the needs of the individual and the mission and program requirements of the Waterfront Rescue Mission.

We appreciate the opportunities our organizations have had to work together in the past. While our organizations operate independently, we recognize the value of having a network of community organizations available to assist individuals as they work toward recovery, stability, and a more productive future. There have been circumstances in which communication and coordination with REAP have been helpful in addressing the needs of the individuals we serve. We also appreciate opportunities to collaborate with REAP in supporting individuals and families experiencing homelessness, addiction, and the challenges associated with re-entry.

The Waterfront Rescue Mission believes that effective community collaboration plays an important role in addressing the devastating effects of addiction and helping individuals move toward greater stability and self-sufficiency. When appropriate, we are pleased to continue considering REAP as one of the community resources with which we may coordinate on individual cases and referrals.

We appreciate our past collaboration and value the opportunity to work alongside other community resources when doing so benefits the individuals and families we collectively seek to serve. We wish REAP success in its funding application and in its continued efforts to address the challenges of addiction and re-entry in Northwest Florida.

Sincerely,

A handwritten signature in black ink, appearing to read "Clayton A. Romano", with a long horizontal flourish extending to the right.

Clayton A. Romano
President / CEO
Waterfront Rescue Mission

2600 W. Strong Street, Pensacola FL 32505
BrightBridgeMinistries.org



Bright Bridge
MINISTRIES

Vinnie Whibbs, Executive Director
Re-Entry Alliance Pensacola, Inc.
P.O. 13224
Pensacola, FL 32591

Dear Vinnie:

Please accept this letter as Bright Bridge Ministries' commitment to support REAP's request for funding from the Escambia County Opioid Abatement Program for the Fiscal Year 2026-2027 for REAP to continue providing housing and case management services to men and women recovering from addiction.

We understand that REAP's proposal anticipates the utilization of community partners such as our organization to accomplish the overall goal of reducing the devastating effects that addiction has on individuals and on our community.

We very much appreciate our mutual collaboration in the past, and if your grant application is funded, we will develop a Memorandum of Understanding that is mutually acceptable to both parties.

We wish you success in this endeavor and look forward to assisting your organization as we mutually work to improve mental well-being of families, individuals, and children in Northwest Florida.

A handwritten signature in black ink, reading "Ashlee Brown". The signature is fluid and cursive, with the first name "Ashlee" and the last name "Brown" clearly distinguishable.

Rev. Ashlee Mosley Brown

850-361-8028

ashlee@brightbridgeministries.org

Executive Director
Bright Bridge Ministries