



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

**NOFA Released**  
**Thursday, June 5, 2025**

**Applications Due**  
**Friday, September 12, 2025 at 5:00 pm**

**Applications may be submitted by email to**  
**[opiodabatement@myescambia.com](mailto:opiodabatement@myescambia.com)**

**Applications may be delivered in person or by US**  
**Postal Service to:**

**Escambia County Administration Office**  
**221 Palafox Place, 4<sup>th</sup> Floor, Pensacola, FL 32502**  
**Attention: Elizabeth Kissel**

**It is the responsibility of the applicant to ensure application(s) arrive prior to the due date and time.**  
**Applications received after 5:00 p.m. will be returned to the applicant and will not be considered.**  
This Document can be made available in alternative accessible formats upon request.

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

Escambia County, Florida is issuing a Notice of Funding Availability (NOFA) to solicit applications for programs that address the strategies outlined in Escambia County's 2025 Opioid Abatement Implementation Plan (Appendix 1).

Florida was the epicenter of the nation's ongoing prescription drug epidemic, particularly the unregulated pain clinics that are cited as significant contributors to the opioid problem. To reduce the opioid abuse, the state adopted legislation regulating pain clinics and instituted a prescription drug-monitoring program. Efforts to reduce the demand for opioids, have shifted local government's focus from punishing drug users to spending millions on treatment and prevention programs.

On May 15, 2018, the Florida Attorney General's Office filed action in state court against some of the nation's largest opioid manufacturers and distributors for their role in the opioid crisis.

On July 8, 2021, the Escambia County Board of County Commissioners voted to enter into the Florida Allocation and Statewide Response Agreement.

In January 2022, County Administration submitted the Florida Allocation and Statewide Response Agreement to the Florida Office of the Attorney General and designated CDAC Behavioral Health, Inc. as the local task force to address the opioid epidemic. County staff also finalized the abatement plan and interlocal agreement with the City of Pensacola to ensure adequate infrastructure was in place to effectively implement core abatement strategies upon the allocation of settlement funds. Funding was awarded to qualifying counties in June of 2022.

**Funding Available**

The grant term for this application is 1-year.

Applicants must commit to administering the proposed project for the full 1-year term.

Applicants may apply for reoccurring funding each year.

Opioid Abatement Funds Year 2 Remaining Funding	<b>\$1,667,629.89</b>
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**This NOFA contains information and required forms for potential applicants to apply and compete for opioid funds. Potential applicants are advised to read the materials carefully.**

**The material in this NOFA does not represent all the priorities, program components, or funding sources currently/potentially available through local, state, or federal funders and may change upon the release of NOFAs for the various funding sources. Escambia County reserves the right to apply such changes without further notice to applicants.**

**Questions Regarding this NOFA**

Questions from potential applicants must be submitted via email to [opioidabatement@myescambia.com](mailto:opioidabatement@myescambia.com), should use the subject line "NOFA Questions", and be received no later than **5:00 pm on Friday, August 15, 2025**. Escambia County will compile all questions and answers, and provide responses to applicants no later than **5:00 pm, Friday, September 5, 2025**.

Successful applications must meet the guidelines provided in this NOFA.  
To submit an application for consideration, complete the submission requirements listed here within.

**The organization of this NOFA is as follows:**

SECTION I.....	General Information
SECTION II .....	Scope of Grant Activities
SECTION III: .....	Funding Guidelines
SECTION IV .....	Application Evaluation and Selection
SECTION V .....	Application Forms
SECTION VI .....	Appendix

## **SECTION I: General Information**

### **Strategic Use and Alignment of Resources**

Escambia County is responsible for ensuring that resources are made available to the community to assist those experiencing mental health and substance use disorders. Therefore, Escambia County reserves the right to match funding opportunities available to the applications received to ensure alignment of resources with community needs and appropriate target populations. All applications received will be evaluated for their appropriateness for each funding opportunity that may be available. Escambia County reserves the right to award more than one (1) funding source to a selected application if necessary to maximize a project's effectiveness and overall impact.

### **Funding Priorities**

Submitted applications will be evaluated based, in part, on the extent the project is able to demonstrate achievement of the strategies outlined in Escambia County's 2025 Opioid Abatement Implementation Plan (Appendix 1).

#### **Priority 1: Performance Measures**

Escambia County performance measures that selected projects must report on (as applicable) to demonstrate progress toward making significant reductions in the use and abuse of opioids:

1. Reduction in the number of fatal overdoses.
2. Reduction in the number of non-fatal overdose Emergency Department visits.
3. Increase in substance use disorder treatment to reduce opioid overdoses.
4. Increase in access to substance use disorder treatment programs.
5. Increase access to substance use prevention programs.
6. Increase in substance use disorder training, treatment, and prevention in the Criminal Justice Departments.

**Proposed projects that clearly describe how the project will improve the performance measures and demonstrate progress toward making significant reductions in the use and abuse of opioids will score higher and receive priority for funding.**

#### **Priority 2: Innovation and Evidence Based Programs**

Proposed projects that include innovative and effective best practices will receive higher scores and consideration than those projects that are a continuation or capacity expansion of a current program.

Applicants should consider modeling programs after evidence-based initiatives created by the World Health Organization, the Substance Abuse and Mental Health Services Administration, or the State of Florida Department of Children and Families Office of Substance Abuse and Mental Health, such as those initiatives linked below.

**World Health Organization-UNODC “Stop Overdose Safely (S-O-S)” initiative.**

<https://www.who.int/initiatives/joint-unodc-who-programme-on-drug-dependence-treatment-and-care/S-O-S-initiative>

**Substance Abuse & Mental Health Service Administration Evidence Based Practices Resource Center**

<https://www.samhsa.gov/resource-search/ebp?rc%5B0%5D=substances%3A20365>

**DCF Recovery Oriented System of Care**

<https://www.myflfamilies.com/services/samh/providers/recovery-oriented-system-care>

**Escambia County is seeking ‘out of the box’ applications. Projects may be proposed that incorporate different component types and include additional partners (with an established, formal agreement for the proposed project) to provide a specific service as part of an overall project application.**

Projects that include a mobile or community-based approach will receive **up to 5 bonus points** on their application. Mobile or community-based services reduce barriers of transportation, physical location, or income that may inhibit an individual from accessing services. Mobile or community-based programs must be able to be carried out in a location that is best suited to the individual being provided the service, including, but not limited to: homeless encampments, an individual’s residence, or at other community service providers (i.e. emergency shelters, transitional housing facilities, day centers, etc.).

### **Priority 3: Strategic Partnerships**

**Additional points will be awarded to projects that attach written documentation** (MOU or letter of support) demonstrating coordination with housing providers, workforce development boards, and healthcare organizations to provide permanent housing services. Points will be awarded for projects that have written documentation to demonstrate:

- Partnership with public and private healthcare organizations to assist program participants with obtaining medical insurance to address healthcare needs.
- Partnership with public and private healthcare organizations to provide physical healthcare to program participants, including access to prescriptions and ongoing primary care.
- Partnership with behavioral health care providers to provide mental health services and substance use disorder treatment to program participants.
- Partnerships with public housing authorities or other public/private housing providers to provide permanent housing to program participants.
- Partnership with local workforce development centers to provide employment opportunities, job training programs, and job readiness assistance to program participants.

Written documentation must clearly outline the scope of services that will be provided, the number of program participants that are anticipated to benefit from the partnership and the dollar value of the proposed commitment.

**Project Completion Timeframes** For most project types, the Proposed Project should be able to be operational within 6 months following the award of funding.



## Critical Dates and Timeline

Thursday, June 5, 2025		Escambia County Issued Request for Applications for projects aligned with Escambia County's Opioid Abatement Strategy
Wednesday, July 9, 2025	9:00 AM	<p>Optional Pre-Application Meeting</p> <p>A pre-solicitation meeting will be held on Wednesday, July 9<sup>th</sup> at 9am via Teams. Attendance is not mandatory.</p> <p><b>Microsoft Teams meeting</b></p> <p><b>Join on your computer, mobile app or room device.</b></p> <p><u><b>Join the meeting now</b></u></p> <p><b>Dial in by phone</b></p> <p>+1 863-333-5817, 380480857# United States, Lakeland</p> <p>Phone conference ID: 380 480 857#</p>
Friday, August 15, 2025	5:00 PM	Deadline for questions regarding NOFA
Friday, September 5, 2025	5:00 PM	Responses to NOFA Questions
<b>Friday, September 12, 2025</b>	<b>5:00 PM</b>	<b>SUBMISSION DEADLINE – Project Applications</b>
Tuesday, September 30, 2025	10:00 AM	<p><b>Performance, Evaluation, and Ranking Committee</b></p> <p>Members will meet to score each project application using the published Scoring Criteria.</p> <p><b>Microsoft Teams meeting</b></p> <p><b>Join on your computer or mobile app.</b></p> <p><u><b>Join the meeting now</b></u></p> <p><b>Dial in by phone</b></p> <p><u><b>+1 863-333-5817,,360287189#</b></u> United States, Lakeland</p> <p>Phone conference ID: 360 287 189#</p>
Friday, October 10, 2025	5:00 PM	Notice of advancement to the Opioid Abatement Board for review to all project applicants.

## Applicant Eligibility

All public (local government) and private non-profit agencies that currently provide services, as well as those that want to expand to provide services, for persons experiencing mental health, substance use, or co-occurring disorders are eligible to apply. **Applicant must include proof of 501(c)3 status with submission.**

Applicant must also meet all the following requirements:

- Serves Escambia County.
- Submitted the Letter of Determination from the IRS confirming your organization's federally tax-exempt status.
- Submitted a copy of your organization's current W-9.
- Submitted a copy of your organization's 2023 or 2024 tax return (Form 990 or 990-EZ with supporting forms). You may submit a 2022 tax return along with explanation for late filing.

- Submitted a copy of your organization's most recent 2 years of financial statements, with audit if applicable.
- Able to operate program on a Reimbursable Basis and submit required documentation to Escambia County.
- Organization has Quarterly reporting capacity.
- Program includes at least one of the "Priority" Core Strategies in Schedule A and/or one of the "approved uses" in Schedule B.

Any applicant on the excluded parties list ([www.sam.gov/SAM/](http://www.sam.gov/SAM/)) will be considered **ineligible** for funding.

## SECTION II: Scope of Grant Activities

Escambia County encourages applicants to submit applications for projects, even if the project does not 'fit' perfectly into the descriptions here within. By submitting an application, the applicant is informing Escambia County of projects it intends or desires to develop to help satisfy an unmet need in the community and collaboratively work to reduce abuse of opioids in Escambia County.

Projects acceptable under this request include:

- **New Project** - a project that does not currently exist and if funded will increase overall service capacity in Escambia County.
- **Expansion of Funding for a Current Project** – a project currently operating in the community that is being expanded. Applicants must clearly identify the need for expanded services and demonstrate a quantifiable increase in the number **and** type of services being provided.

**Funding requests that supplant or replace a project's current funding source(s) will not be accepted.**

If a project includes multiple, linked activity types (components), only one application that details the different activity types, needs to be completed. The single project application should explain in detail all activity types and the project outcomes for the different activity types.

### Eligible Activities

The following activities may be funded through this application:

1. Increased Substance Use Disorder Treatment and Recovery
2. Increased Programs and Strategies to Prevent Drug Use
3. Increased Training, Prevention, and Treatment in Our Criminal Justice System

### **All projects must meet all Federal and State requirements.**

Federal Guidelines for Opioid Treatment Programs:

<https://store.samhsa.gov/product/Federal-Guidelines-for-Opioid-Treatment-Programs/PEP15-FEDGUIDEOTP>

Resources for Opioid Treatment Providers:

<https://www.hhs.gov/opioids/treatment/resources-opioid-treatment-providers/index.html>

Federal Opioid Treatment Standards:

<https://www.law.cornell.edu/cfr/text/42/8.12>

Federal Standards for Medication Assisted Treatment:

<https://www.ecfr.gov/current/title-42/chapter-I/subchapter-A/part-8>

## SECTION III: Funding Guidelines

### Administrative Costs

If awarded, the project's admin funding will be based on available and allowable admin funding as determined by the funding sources and may be divided between Escambia County and the applicant. Eligible costs include general management, oversight, and coordination; training on grant requirements; consolidated plans; and environmental reviews.

Funding Source	Maximum Percent of Admin Allowed
Opioid Abatement Funding	10%

### Cost Reimbursement

All contracts will be on a cost reimbursement basis. Sub-recipient will be required to submit proper back-up documentation for project eligible expenses as determined by the funding source regulations and requirements. Reimbursement requests may be requested several times throughout the year as various program expenditures take place.

### Match

No match is required for this funding.

### Cost of Submitting Applications

The cost of preparing and submitting an application is the sole responsibility of the applicant and shall not be chargeable in any manner to Escambia County, Escambia County will not reimburse any applicant for any costs associated with the preparation and submission of an application, including but not limited to, expenses incurred in making an oral presentation, or participating in an interview (*if required*).

### Conflict of Interest

The applicant agrees that it presently has no interest and shall acquire no interest, either direct or indirect, which would conflict in any manner with the performance of services required if a contract is awarded. The applicant further agrees that no person having any such interest shall be employed or engaged for said performance. The applicant agrees that no employee, officer, agent of the applicant or its sub-recipients shall participate in the selection, award or administration of a contract or construction bid if a conflict-of-interest, either real or implied, would be involved. The applicant or subrecipient employees, officers and agents should refrain from accepting gratuities, favors or anything of monetary value from contractors or potential contractors based on the understanding that the receipt of such an item of value would influence any action or judgment of the applicant. For federally funded contracts, conflict of interest provisions described in 2 CFR 200.112 and all other state and federal regulations currently in effect and as may be amended from time to time shall apply.

### State and Federal Administrative Requirements

Agencies must comply with Federal administrative requirements. All agencies awarded funds through this NOFA will be required to comply with a variety of requirements governing the use of State and Federal funds. Additionally, agencies awarded funds through this NOFA will be required to provide access to their financial records to a representative of Escambia County to evaluate their financial management systems. Escambia County staff will monitor each program to ensure compliance with the terms of the funding agreement between the Escambia County and the agency. This will include monitoring records kept by the applicant to demonstrate the eligibility of clients, the services provided, and other required information.

**Liability insurance is required for all Grants.** All agencies awarded funds will be required to obtain liability and worker's compensation coverage that will be further defined in the funding agreement, if awarded. **Escambia County Board of County Commissioners must be named as the Certificate Holder and the additional insured.**

**Handicapped Accessibility** – All projects must be accessible to persons with disabilities. Programs, information, participation, communications, and services must be accessible to persons with disabilities. Agencies must comply with Section 504 of the Rehabilitation Act of 1974 and Americans with Disabilities Act (ADA).

**Nondiscrimination** – All funded agencies must ensure that all persons have fair and equal access to all forms of assistance regardless of race, color, national origin, age, sex, familial status, religious preference, disability, type or amount of disability, gender identity, perceived gender identity, marital status, sexual orientation, or perceived sexual orientation. These non-discriminatory practices apply to employment and contracting as well as to marketing, and selection of project participants. Programs funded through this funding must practice a person-centered model that incorporates participant choice and inclusion of all geographic areas and subpopulations in Escambia County, including persons who are homeless, veterans, youth, and families with children, individual adults, seniors, victims of domestic violence, and Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and Intersex (LGBTQI) individuals and families.

Programs funded through this funding must operate in accordance with all federal statutes including, but not limited to: the Fair Housing Act, Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, and Title II and Title III of the Americans with Disabilities Act.

Funded agencies must maintain records demonstrating compliance with the nondiscrimination and equal opportunity requirements, including data concerning race, ethnicity, disability status, sex, and family characteristics of persons and households who are applicants for, or program participants in, any program or activity funded in whole or in part with the awarded funding source. Funded agencies must have an affirmative marketing plan that demonstrates how the agency conducts outreach to persons who are least likely to access services, including those who represent BIPOC subpopulations.

**Formal Termination Policy** – Funded agencies must develop a formal Termination Policy that clearly describes a process by which clients' services may be terminated if program requirements are violated. The process must recognize individual rights and allow termination in only the most severe cases. Termination processes services must include written notice to the program participant, with a clear statement of reasons for termination; review of decision to terminate, with opportunity for the program participant to present written or oral objections to agency; prompt written notice to the project participant of final decision.

**Supportive Assistance** – Funded agencies must assure that individuals and families are connected to appropriate supportive services including permanent housing, mental health treatment, physical health treatment, counseling, case management, supervision, recovery group and other services essential for achieving maintaining sobriety and stability. Additionally, agencies must assure that clients are assisted in obtaining other Federal, State, local and private assistance, where available. This will include individually assisting clients to identify, apply for and obtain benefits under mainstream health and social services program for which they are eligible such as: TANF, Medicaid, SSI/SSDI, Food Stamps, and various Veterans Programs. *Escambia County encourages a "warm hand-off" model, which ensures transfer of client and referral information directly to the receiving case manager, and prevents missed service connections.*

**Confidentiality** – Agencies must comply with confidentiality requirements and privacy protections outlined in HIPPA: <https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>

**Participation in Homeless Continuum of Care (CoC) and Behavioral Health Collaborative Systems** – Any agency awarded funding through this NOFA is **required** to:

- 1) actively participate in the homeless CoC including attendance at the monthly CoC committee meetings
- 2) actively participate in any Behavioral Health collaborative systems that exist in Escambia County



- 3) accept referrals for all funded programs through the Homeless Coordinated Entry System, and any Behavioral Health collaborative systems that exist in Escambia County

### **Minimum Funding Request**

The minimum funding request for any project is **\$50,000**. Escambia County reserves the right to award more or less than the amount of funds requested based on funding available.

## SECTION IV: Application Evaluation and Selection

### Threshold Requirements

Applications will be reviewed by Escambia County staff to ensure the submission does NOT contain any fatal flaws, as listed below. If Escambia County determines the threshold requirements are not met, the project will be rejected, and the applicant agency notified in writing. If the applicant and application are determined eligible, then the application will proceed to the Application Review, Scoring and Conditional Selection Process.

#### Fatal Flaws

Applications that commit the following will be considered as having a fatal flaw, and will not be given consideration for funding:

- Applications received after the stated due date and time.
- Applications received from an agency not eligible to apply (is not a non-profit, local government and/or is listed on the Excluded Parties List, has not provided direct services for 24 months prior to application due date).
- The Application is not signed by the agency official designated to execute contracts.

### Application Review, Scoring and Conditional Selection Process

Applications that meet threshold criteria will be forwarded to the Performance Evaluation and Ranking Committee for review, scoring and conditional selection. The Committee Members will meet to review and score each project application in accordance with the Ranking and Reallocation Policies.

*Committee Members who have an interest in a submitted project application will recuse themselves from scoring. An interest includes being an employee, volunteer and/or board member of an applicant agency or other entity that is direct partner and/or would otherwise directly benefit of the proposed project.*

#### Application Minimum Requirements:

	Category	Pass/Fail
1.	Services Escambia County.	
2.	Submitted the Letter of Determination from the IRS confirming your organization's federally tax-exempt status.	
3.	Submitted a copy of your organization's current W-9.	
4.	Submitted a copy of your organization's 2023 or 2024 tax return (Form 990 or 990-EZ with supporting forms). You may submit a 2022 tax return along with explanation for late filing.	
5.	Submitted a copy of your organization's most recent 2 years of financial statements, with audit if applicable.	
6.	Able to operate program on a Reimbursable Basis and submit required documentation to Escambia County.	
7.	Organization has Quarterly reporting capacity.	

8.	Program includes at least one of the "Priority" Core Strategies in Schedule A and/or one of the "approved uses" in Schedule B.	
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### Application Bonus Points

	Category	Total Points Possible	Score
1.	Partners with public or private organizations/agencies that provide similar services.	20	
2.	Other funding match provided.	20	
3.	Program is "Specific and Measurable".	20	
4.	Provides Free Services to Escambia County	20	
5.	Provides a Mobile Unit	20	
	<b>TOTAL BONUS POINTS</b>	<b>100</b>	

### Notice of Conditional Selection Decision

Escambia County staff will provide written notice regarding the conditional selection decision to each applicant.

### Post Award Requirements

If awarded, a contract will be executed by the Escambia County Board of County Commissioners and administered by Escambia County staff. The contract will be based upon the information submitted in the application, all accompanying exhibits/attachments and any additional information that is requested/received during the review phase. Contract language is not negotiable. **The contract is reimbursement based, and the applicant must be able to pay for project costs prior to requesting payment.** Modifications and updates to application exhibits may be required prior to contract execution. Applicants should review the attached contract to ensure their ability to comply with all requirements and expectations, including potential increased insurance coverage and financial audits.

## 11. Completeness Checklist

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

<b><u>Application Forms and Attachments</u></b>	<b><u>Page #</u></b>
<b><u>Project Name:</u> Recovery Housing: A Key to Long Term Recovery</b>	
<b><u>Project Applicant:</u> Re-Entry Alliance Pensacola, Inc.</b>	
<b>Table of Contents (COMPLETENESS CHECKLIST)</b>	<b>1</b>
1. Applicant Information	<b>1</b>
2. Project Information	<b>1</b>
3. Certification	<b>2</b>
4. Project Description	<b>2-3</b>
5. Quality of Service Questionnaire	<b>4-7</b>
6. Ability to Complete Activities Outline	<b>7</b>
7. Budget Narrative	<b>8-9</b>
8. Budget and Match Form	<b>10-11</b>
9. Project Outcomes	<b>12</b>
10. Required Attachments	
a. Documentation of Partnerships – MOUs, Letters of Commitment or Contracts demonstrating location and program services in Escambia County	<b>13 a-h</b>
b. Applicants Annual Operating Budget	<b>9</b>
c. Proof of 501c3 Status	<b>14 a-b</b>
d. Current W-9	<b>15</b>
e. 2022 and 2023 Tax returns	<b>16a + 16b</b>
f. Two most recent years' financial statements (audited, if applicable)	<b>17-18</b>



## SECTION V: Application Forms

All forms must be complete for application to be considered for conditional award.

### 1. Applicant Information

Organization Name: Re-Entry Alliance Pensacola, Inc.	Authorized Organization Representative Name/Title: Vincent J. Whibbs, Jr., Executive Director
Address: 1000 West Blount Street	Telephone: (850) 324-6667
City, State/Zip: Pensacola, FL 32501	Organization Website: <a href="http://www.reapreentry.org">www.reapreentry.org</a>
Contact Person Name/Title: Vincent J. Whibbs, Jr., Executive Director	Unique Entity ID (SAM #): T7V7PNSKJ489
Contract Person E-mail: <a href="mailto:vincewhibbs@gmail.com">vincewhibbs@gmail.com</a>	Federal Employer ID #: 38-3908383

### 2. Project Information

Project Name: <b>Recovery Housing: A Key to Long Term Recovery</b>	
Project Address ( <i>if different from organization address</i> ): 1000 West Blount Street, Pensacola, FL 32501	
This is a/an: <input checked="" type="checkbox"/> New Project    or <input type="checkbox"/> Expanded Project	
Total Funding Requested for this Project: <u>\$296,004</u>	
Number of Persons to be Served: <u>60</u>	
Project Type ( <i>check as many as applicable below</i> ):	
Medication Assisted Treatment <input checked="" type="checkbox"/>	Education Program <input checked="" type="checkbox"/>
Prevention <input checked="" type="checkbox"/>	Recovery <input checked="" type="checkbox"/>
Treatment (other than medication assisted) (specify model): _____	
Overdose Reversal Medication Distribution <input checked="" type="checkbox"/>	Criminal Justice Training, Prevention, and Treatment <input checked="" type="checkbox"/>
Other (please specify):	

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

### 3. Certification

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

Authorized Organization Representative:

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

Typed Name: \_\_\_\_\_

Vincent J. Whibbs, Jr.

Title: \_\_\_\_\_

Executive Director

Date: 29 August 2025

### 4. Project Description

Narrative response must include:

- Sufficient information to understand the scope of the project, the number and type of clients to be served, the services to be provided and the cost of the proposed activities.
- How the project will follow an evidence-based program model or create an innovative approach to reducing opioid abuse.
- The project's plan to coordinate with housing providers, workforce development boards, and physical and behavioral healthcare organizations to provide housing and supportive services.

Recovery Housing can be a critical asset 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 such a key component to support life in recovery, **REAP proposes to open at least two National Alliance for Recovery Residences (NARR) Level 3 recovery houses in Escambia County** which will

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

offer 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 proposes to employ evidence-based practices that include the utilization of area medical service providers for outpatient treatment, as well as to prescribe medications to treat mental health and substance use disorders. These proposed houses will be in addition to the twenty-two houses REAP currently operates as part of its Re-Entry Program, and will be exclusively dedicated to providing housing, case management, and support services to justice-involved individuals struggling with substance use disorders.

REAP acknowledges the importance of certification for both its staff and housing entities and REAP has already taken initial steps to apply for certification for its proposed housing from NARR, and both national and state certifications for its staff, including certification as Addiction Peer Specialists.

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 would include the initial contacts with emergency responders and law enforcement officers, the engagement by health care providers in emergency room situations, the acceptance of the participant by the CORE team for processing and necessary follow-up, and the ultimate placement of program participants in the REAP Recovery Housing Program.

Integral to the REAP Recovery Housing Program will be the following: that resident safety is the number one priority; that 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; that recovery is a process of change and requires continuous review and adjustments; that the program may use medication assisted treatment (MAT) and the use of opioid-overdose reversal drugs when needed; a 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 and the importance of social connections to achieve long-term recovery.

REAP will also provide mobile services to engage prospective participants on site and when/where requested by members of the CORE Team to facilitate the "warm hand off" turnover program.

## 5. Quality of Service Questionnaire

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

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

This program 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 2025-2026 Escambia County Implementation Plan, including Treatment and Recovery, Prevention, and Criminal Justice:

#### (a) Treatment and Recovery:

REAP's program offers to connect program participants to outpatient substance use disorder (SUD) treatment providers to reduce the 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 such as peer-to-peer therapy, local health care providers, supportive transitional housing, and employment opportunities with our local employers, along with job training services in cooperation with CareerSource EscaRosa.

#### (b) Prevention:

This will be accomplished by the training of staff, client peers, and client's family members with the use of Naloxone and other 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, from the Escambia County Jail, individuals participating in one of the programs offered by the First Judicial Drug Court, or 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), primarily opioid dependencies. REAP's Intensive Case Management Program, developed over the past twelve years, uses methods that are evidence-based and have proven to be successful in assisting participants in 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, 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 six (6) years and has been a participant in the HMIS and Coordinated Entry system during that period. Several of REAP's team members are currently working on the reorganization of the local CoC-511, including two REAP team members 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 participate in the Northwest Florida Homeless Reduction Task Force. REAP's supporters are committed to making a substantial reduction in homelessness in our area, as evidenced by financial commitments by REAP Board members and supporters averaging more than \$100,000 in each of the last three years.

REAP's primary service area is identical to CoC-511's targeted area. REAP currently has several service offices in Escambia County; has 20 residential houses located in Escambia County (and 2 houses in neighboring Santa Rosa County); and a 12-person non-congregate facility within City of Pensacola limits.



In cooperation with COC-FL-511, the City of Pensacola, and the Homeless Reduction Task Force of Northwest Florida, REAP is opening a “Tiny Home Village” to provide single-person shelters for qualifying individuals, with an expected opening date of October 1, 2025. The REAP program does not provide medical services, but works very closely with area medical service providers, including Lakeview, Community Health Northwest Florida, the CORE program, the Health and Hope Clinic, and local hospitals. REAP’s program will be structured to utilize our experienced case managers to provide a “Warm Hand Off” program with these service providers and our program participants.

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

For each of REAP’s program participants, a Case Manager will be assigned who will conduct the intake interview; administer a standardized Needs Assessment survey; and jointly with the participant, develop an individualized recovery plan. A HIPPA-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 immediate needs of the participant (housing, food, clothing, identification, employment, medical and dental care.) This will be coordinated by utilization of a “warm hand off” process in close cooperation with the CORE Team and service providers previously engaged. 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 HIPPA 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 acting as referral sources, transportation providers, and follow-up coordinators to more than 2,750 individuals returning from incarceration. Additionally, since 2022 REAP has provided these same services to more than 1,000 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. But with the correct interventions, many problems can be solved.

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 the participant in securing a permanent source of income and permanent 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 formed on the underlying principle that everyone deserves a “Second Chance.” Of the 13 individuals currently on REAP’s Team, 10 have had a previous history of incarceration, including 4 with a documented history of drug/alcohol addiction with 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 that Peer Recovery Support will play in the overall success of the program. Heavy reliance will be placed on Peer Support as a designed intervention to assist its program participants in achieving and maintaining successful recoveries.

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

Beginning with the first Impact 100 grant award REAP received in 2014, REAP has consistently been awarded federal, state, and private foundation grants to provide service 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. As calculated by the Florida Department of Corrections, REAP's clients' rate of recidivism is currently less than 8%, about one-fourth the national average. REAP grants and contracts currently amount to 70% of REAP's annual budget of \$1,750,000. These contracts require regular reporting, financial review, and compliance oversight. REAP is committed to providing the granting source any requested documentation, complying with all reporting information, and agrees to 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 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 the program participants in obtaining necessary medical, mental, and dental care through no cost/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 coming year as its 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, continuous program review, regular evaluation of outcomes, and constant search for improvement in policies and procedures. This commitment to consistent program review and self-analysis is embodied in REAP's Quality Assurance Program which requires semi-annual team meetings to generate proper attitudes fostering 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 case of reduced or loss of funding.**

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's 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 been able to identify new sources of revenue to provide for expansion of existing programs as well as the addition of innovative programs. Its staff now numbers 13 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 in our community which results in broad-based community support for its programs. Over the past five 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 constantly exploring additional sources for funding 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

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

- Timelines of critical tasks to be accomplished for each proposed activity.
- Monthly spending plans and proposed drawn down schedules; and Reporting schedule for outcomes achieved.

### 1. PRELIMINARY STEPS:

- a. Notification of Award:
  - B. Contract Meeting with Escambia County
  - c. Contract Signing: (Start Date- "SD")
2. SD + 7 DAYS: Job Descriptions Finalized; Office Set Up Completed.
  3. SD + 21 DAYS: REAP's Executive Director selects Program Manager who in turn completes all interviews and the hiring of Case Managers and Peer Support Personnel.
  5. SD +30 DAYS: Execute lease agreements for both Recovery Houses.
  6. SD + 45 Days: Acquire all necessary furnishings, fixtures, and equipment for houses, including all bedding and supplies. Case Managers start interviews with prospective participants.
  7. SD + 60 Days: Enrollment Completed For 10 Participants.
  8. SD + 90 Days: Program Review. Report to County.
  9. SD + 180 Days: Six Month Program Review; Report to County.
  10. 9D + 270 Days: Nine Month Review' Report to County.

GENERAL OFFICE SCHEDULE: OFFICE OPEN: MONDAY-FRIDAY: 8:00 AM-4:00 PM

REAP acknowledges that this is a re-imbursement-type program in which invoices will be submitted by REAP at least monthly to Escambia County for re-imbursement of expenses previously incurred, together with all necessary documentation. It is expected that the monthly invoices will be similar except for the initial invoice which will include initial security deposits, utility deposits and some start-up expenses. The initial invoice will be submitted within thirty days after contract signing, and subsequent invoices will be submitted by the 10<sup>th</sup> of each month.

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

## 7. Budget Narrative

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

- Identify sources of leveraged funds which are currently committed to the organization for this project (*commitment letters MUST be attached*).
- Description and justification of the proposed Personnel Costs, including Fringe Benefits.
- Description and justification of the proposed Other Program Operation Costs.
- Description and justification of the proposed Administrative Costs.
- Clearly identify the timeframes and methods for obligating grant funds, and how the agency plans to ensure funds are spent before the deadline.
- If the applicant plans to provide additional services, other than those eligible under the funding in this application, clearly denote the type of other services or programs and the funding sources.

Attached to this grant application is the completed Budget Template, as supplemented by a Revenue and Expense sheet, which provides more detail for the first year of operation.

Revenue: The total amount requested under the Escambia County Opioid Abatement Strategy NOFA is \$296,004.00. This funding will be supplemented by \$31,320 from the Florida Department of Revenue which provides partial reimbursement for housing of recently released individuals at the rate of \$14.50 per day. It is also projected that some residents will be able to pay some minimum amounts for their housing, projected to amount to \$600 per house 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 for the Program Director is based on this percentage of salary plus 23% 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 covering the operational costs of fuel, maintenance, and insurance.
- (c) Housing Expense: REAP will enter into one-year lease agreements for at least two residences 3/1 or 4/2 configuration at current market rental rates, plus utilities and insurance.
- (d) Other expenses: This projected amount is included to cover client co-pay amounts, personal protective equipment, and other client needs, together with minimum amounts for other supplies, marketing, and training.
- (e) Administrative Expense: This amount is based on 10% of the sub-total of all other listed expenses, excepting the amounts provided by REAP as in-kind contribution. It covers facility use, utilities for office, general insurance, bookkeeping and accounting, and other supplies.

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

## 8. Budget Form

Complete each line as applicable to the proposed project.



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

Year 1 (Dates will be based on award date)		
Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
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.	\$121,440.00
Peer Support Staff	Two (2) Part-time Peer Specialists @ \$25,000=\$50,000; Taxes and Benefits @ 23%= \$11,520. Total \$61,560 per year.	\$61,560.00
Nursing Staff	N/A	\$0.00
Peer Specialist Certifications	Certification Costs \$2,040	\$2,040.00
Mobile Service Delivery Vehicles and Associated Costs (i.e. mileage, maintenance, etc.)	Gasoline: \$400 per month= \$4,800; Collision, Comprehensive Insurance @ \$200=\$2400; Maintenance \$100/month=\$1,200. Total: \$8,400 per year.	\$8,400
Computers, Phones, and other equipment for program staff	One (1) Base unit; Two (2) Lap-top computers, One (1) office Printer. Service, Internet, maintenance; telephone \$1,200 month/\$14,400 per year.	\$14,400
Program Related Supplies (i.e. harm reduction materials, PPE, medications)	Client needs including insurance, medical and dental co-pays; cost of MAT program; Cost of personal protective equipment, harm reduction costs estimated to be \$2,400 per month=\$28,800 .	\$28,800
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 \$300 per month=\$3600 per year; electrical service to be \$1,200 total per month = \$14,400 /month; Maintenance cost per year to be \$1,200; General liability insurance projected at \$9,600 per year.	\$73,800
Other Expenses		
Other Expenses	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)
<b>Subtotal Requested</b>		<b>\$344,124 -</b>
Admin Requested (MAX 10%) (i.e. accounting costs, contract management costs, facility costs)		\$31,284
<b>Total Amount Requested</b>		<b>\$296,004 -</b>

	MEN'S HOUSE MONTHLY	MEN'S ANNUAL	WOMEN'S HOUSE	WOMEN'S ANNUAL	TOTAL PROGRAM
<b>REVENUE</b>					
ESCAMBIA COUNTY OPIOID ABATEMENT	\$12,471	\$149,652	\$12,196	\$146,352	\$296,004
FDOC SUBSTANCE USE HOUSING	\$1,305	\$15,660	\$1,305	\$15,660	\$31,320
PROGRAM FEES	\$600	\$7,200	\$600	\$7,200	\$14,400
OTHER INCOME/DONATIONS	\$100	\$1,200	\$100	\$1,200	\$2,400
<b>TOTAL REVENUE</b>	<b>\$14,476</b>	<b>\$173,712</b>	<b>\$14,201</b>	<b>\$170,412</b>	<b>\$344,124</b>
<b>PERSONNEL EXPENSE</b>					
PROGRAM DIRECTOR PART-TIME (12.5% \$55,000)	\$575	\$6,900	\$575	\$6,900	\$13,800
CASE MANAGER SALARY	\$3,540	\$42,480	\$3,540	\$42,480	\$84,960
EMPLOYEE BENEFITS	\$945	\$11,340	\$945	\$11,340	\$22,680
PEER SPECIALIST	\$2,085	\$25,020	\$2,085	\$25,020	\$50,040
BENEFITS	\$480	\$5,760	\$480	\$5,760	\$11,520
CERTIFICATION EXPENSE (Annual)	\$85	\$1,020	\$85	\$1,020	\$2,040
<b>TOTAL PERSONNEL</b>	<b>\$7,710</b>	<b>\$92,520</b>	<b>\$7,710</b>	<b>\$92,520</b>	<b>\$185,040</b>
<b>MOBILE UNIT EXPENSE</b>					
VEHICLE EXPENSE	REAP IN KIND	---	REAP-IN KIND	---	
FUEL	\$200	\$2,400	\$200	\$2,400	\$4,800
INSURANCE	\$100	\$1,200	\$100	\$1,200	\$2,400
MAINTENANCE	\$50	\$600	\$50	\$600	\$1,200
<b>TAL MOBILE UNIT EXPENSE</b>	<b>\$350</b>	<b>\$4,200</b>	<b>\$350</b>	<b>\$4,200</b>	<b>\$8,400</b>
<b>HOUSING EXPENSE</b>					
HOUSING RENTAL PAYMENTS	\$2,000	\$24,000	\$1,750	\$21,000	\$45,000
HOUSING UTILITIES W & SEWER	\$150	\$1,800	\$150	\$1,800	\$3,600
HOUSING-ELECTRICITY	\$600	\$7,200	\$600	\$7,200	\$14,400
HOUSING-MAINTENANCE/KEYS	\$50	\$600	\$50	\$600	\$1,200
HOUSING-INSURANCE (LIABILITY)	\$400	\$4,800	\$400	\$4,800	\$9,600
<b>TOTAL HOUSING</b>	<b>\$3,200</b>	<b>\$38,400</b>	<b>\$2,950</b>	<b>\$35,400</b>	<b>\$73,800</b>
<b>OTHER EXPENSE</b>					
CLIENT NEEDS: HARM REDUCTION, PPE, MEDS	\$1,200	\$14,400	\$1,200	\$14,400	\$28,800
OFFICE RENT & UTILITIES	REAP IN-KIND	---	REAP IN-KIND	---	---
COMPUTERS/PHONES & OTHER SERVICES	\$600	\$7,200	\$600	\$7,200	\$14,400
MARKETING, TRAINING, TRAVEL	\$100	\$1,200	\$100	\$1,200	\$2,400
<b>TOTAL OTHER EXPENSE</b>	<b>\$1,900</b>	<b>\$22,800</b>	<b>\$1,900</b>	<b>\$22,800</b>	<b>\$45,600</b>
<b>SUBTOTAL EXPENSE</b>	<b>\$13,160</b>	<b>\$157,920</b>	<b>\$12,910</b>	<b>\$154,920</b>	<b>\$312,840</b>
ADMINISTRATIVE EXPENSE 10%	\$1,316	\$15,792	\$1,291	\$15,492	\$31,284
<b>TOTAL PROGRAM EXPENSE</b>	<b>\$14,476</b>	<b>\$173,712</b>	<b>\$14,201</b>	<b>\$170,412</b>	<b>\$344,124</b>
NET CHANGE	0	0	0	0	0
<b>TOTAL AMOUNT REQUESTED FROM ESCMBIA</b>					<b>\$296,004</b>

## 10. Project Outcomes

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

Performance Measure	Baseline Data ( <i>must include source</i> )	Desired Outcome	Describe the project component(s) that will be used, and how the outcome will be achieved and monitored.
1. Reduced number of fatal overdoses.	EMS reported 73 in 2023, 55 in 2024	Continued decrease in fatal overdoses, to no more than 45.	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.
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 3400.	Increased use of MAT in appropriate cases; residential program with case management and peer support designed to reduce the number of repeat overdoses. Assistance with transportation and increased use of mobile units to contact potential participants.
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 treatment 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 Departments.	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.
9. OTHER: _____			
If awarded, applicants will be required to submit detailed reports include de-identified and de-duplicated demographic, service, health, and outcome data.			

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

## REAP 'S APPLICATION BONUS POINTS

### 1. **Partners with public or private organizations that provide similar services:**

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 provide the cost of the vehicle to be used in the program activities, with the operational cost to be covered 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 is estimated to be more than \$50,000.

### 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 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.

### 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 to have an opportunity to get over the trauma of release and an opportunity to find satisfactory employment. We have extended this free service to all individuals qualifying for a REAP residential program. Additionally, at the discretion of the REAP Case Manager and REAP Program 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 during the pendency of his social security disability case with the understanding that if he should be awarded a lump sum settlement, he would reimburse REAP for the more than \$7,000 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 to its clients.

5. **Provides a mobile unit.** REAP has recently acquired an extended body van which will be utilized 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, and stocked with emergency medical supplies, and provide sufficient in-vehicle space for conducting on-site interviews. The van will carry appropriate program identification logos.



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

DEPARTMENT OF THE TREASURY

Date: JUN 11 2014

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

Employer Identification Number:  
38-3908383

DLN:

17053003372034

Contact Person:

CUSTOMER SERVICE

ID# 31954

Contact Telephone Number:  
(877) 829-5500

Accounting Period Ending:  
December 31

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

Form 990 Required:

Yes

Effective Date of Exemption:  
May 10, 2013

Contribution Deductibility:

Yes

Addendum Applies:

No

Dear Applicant:

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

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

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

Letter 947

R14A



## Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14  
R. 01/18

85-8016554831C-2	10/03/2024	10/31/2029	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

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

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



## Important Information for Exempt Organizations

DR-14  
R. 01/18

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

## Request for Taxpayer Identification Number and Certification

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

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

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Re-Entry Alliance Pensacola, Inc.</b>		
2 Business name/disregarded entity name, if different from above		
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> 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. <input type="checkbox"/> Other (see instructions) ►	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
5 Address (number, street, and apt. or suite no.) See instructions. <b>P.O. Box 13224</b> 6 City, state, and ZIP code <b>Pensacola, Florida 32591</b> 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

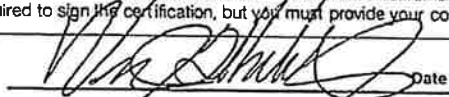
### Part II Certification

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 ► 3-25-2025

### General Instructions

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

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

### Purpose of Form

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

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)  
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

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

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

2022

**Filing Instructions****Re-Entry Alliance Pensacola, Inc.****Exempt Organization Tax Return****Taxable Year Ended December 31, 2022****Date Due:** November 15, 2023**Remittance:** None is required. Your Form 990 for the tax year ended 12/31/22 shows no balance due.**Signature:** You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

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

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

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



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

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service  
Name of filer

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

Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**2022****RE-ENTRY ALLIANCE PENSACOLA, INC.**EIN or SSN  
**38-3908383**Name and title of officer or person subject to tax  
**DICK BAKER  
TREASURER****Part I Type of Return and Return Information**

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

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	1b	<b>2,063,661</b>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) .....	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) .....	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5) .....	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c) .....	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4) .....	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1) .....	7b	
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D) .....	8b	
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19) .....	9b	
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) .....	10b	

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

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) ....., (EIN) ..... and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **SCOTT, HOLMES & ASSOCIATES, P.A.** to enter my PIN **08383** as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date **11/15/23****Part III Certification and Authentication**

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

**59328180180**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date **11/15/23****ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

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

DAA

Form **8879-TE** (2022)

Form

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

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

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

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

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For the 2022 calendar year, or tax year beginning , and ending

B Check if applicable:

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

C Name of organization

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

D Employer identification number

**38-3908383**

Doing business as

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

**P.O. BOX 13224**

Room/suite

E Telephone number

**850-332-6677**

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

**PENSACOLA****FL 32591**G Gross receipts \$ **2,063,661**

F Name and address of principal officer:

**DICK BAKER****2802 EAST STRONG ST.****PENSACOLA****FL 32503**H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527J Website: **WWW.REAPREENTRY.ORG**K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

H(c) Group exemption number

**Part I Summary**L Year of formation: **2013**

M State of legal domicile:

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>RE-ENTRY OF INCARCERATED PRISONERS.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	18
	6 Total number of volunteers (estimate if necessary)	6	80
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	571,409	503,928
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	452,688	1,559,731
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47	2
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,000	0
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,025,144	2,063,661
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	
16a Professional fundraising fees (Part IX, column (A), line 11e)		410,484	618,843
b Total fundraising expenses (Part IX, column (D), line 25)			0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		653,010	1,390,424
19 Revenue less expenses. Subtract line 18 from line 12		1,063,494	2,009,267
20 Total assets (Part X, line 16)		-38,350	54,394
21 Total liabilities (Part X, line 26)		322,568	574,498
22 Net assets or fund balances. Subtract line 21 from line 20		156,690	354,226
Net assets or fund balances		Beginning of Current Year	End of Year
	165,878	220,272	

**Part II Signature Block**

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

Sign Here

Signature of officer

**DICK BAKER****TREASURER**

Date

Type or print name and title

Paid

Preparer Use Only

Print/Type preparer's name

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

Preparer's signature

Date

**11/15/23**Check ☐ if PTIN self-employed

PTIN

**000645283**

Firm's name

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

Firm's EIN

**59-3421405**

Firm's address

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

Phone no.

**850-444-9800**

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)



**Part III Statement of Program Service Accomplishments**

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



1 Briefly describe the organization's mission:

**RE-ENTRY OF INCARCERATED PRISONERS.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **745,212** including grants of \$ ) (Revenue \$ **192,727** )**CLIENT HOUSING:**

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

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

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

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

## Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning

, and ending

38-3908383

RE-ENTRY ALLIANCE PENSACOLA, INC.

Net Asset / Fund Balance at Beginning of Year

165,878

## Revenue

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

## Expenses

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

Changes

Net Asset / Fund Balance at End of Year

220,272

## Reconciliation of Revenue

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

## Reconciliation of Expenses

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

## Balance Sheet

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

## Miscellaneous Information

Amended return

Return / extended due date 11/15/23

Failure to file penalty

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2021 &amp; 2022</b>
For calendar year 2022, or tax year beginning , ending		

ame

Taxpayer Identification Number

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

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



**Part IV Checklist of Required Schedules**

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

DAA

**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 non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	18
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	



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

**Section A. Governing Body and Management**

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

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

	Yes	No
9a 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 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

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

FL 32503

850-332-6677

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual director or trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LOIS BENSON	1.00									
BOARD MEMBER	0.00	X						0	0	0
(2) VENESULIA CARR	1.00									
BOARD MEMBER	0.00	X						0	0	0
(3) AL COBY	1.00									
BOARD MEMBER	0.00	X						0	0	0
(4) JACK DEMOSS	1.00									
BOARD MEMBER	0.00	X						0	0	0
(5) WILLIAM DUNAWAY	1.00									
BOARD MEMBER	0.00	X						0	0	0
(6) JOE HAMMONS	1.00									
BOARD MEMBER	0.00	X						0	0	0
(7) ED HOLLAND	1.00									
BOARD MEMBER	0.00	X						0	0	0
(8) RON JOHNSON	1.00									
BOARD MEMBER	0.00	X						0	0	0
(9) BRITT LANDRUM, JR.	1.00									
BOARD MEMBER	0.00	X						0	0	0
(10) PHILOMENA MADDEN	2.00									
SECRETARY	0.00	X		X				0	0	0
(1) DAVID MCGEE	1.00									
BOARD MEMBER	0.00	X						0	0	0



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual director or trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) RALPH PETERSON	3.00									
VICE PRES	0.00	X		X				0	0	0
(13) ANDREA ROBERTS	1.00									
BOARD MEMBER	0.00	X						0	0	0
(14) SABRINA SIMPSON	1.00									
BOARD MEMBER	0.00	X						0	0	0
(15) FRED C. DONOVAN, SR.	1.00									
BOARD MEMBER	0.00	X						0	0	0
(16) AL STUBBLEFIELD	5.00									
PRESIDENT	0.00	X		X				0	0	0
(17) DICK BAKER	5.00									
TREASURER	0.00			X				0	0	0
(18) VINCE WHIBBS, JR.	40.00									
EXEC DIRECTOR	0.00			X				0	0	0

1b Subtotal

c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c)

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

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

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

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

	Yes	No
3		X
4		X
5		X

**Section B. Independent Contractors**

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

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

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	376,008			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	127,920			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 15,000			
	h	<b>Total. Add lines 1a-1f</b>		503,928			
<b>Program Service Revenue</b>	2a	RAPID/TEMP HOUSING OPERATIONS	Business Code 900099	654,449	654,449		
	b	CITY FUNDED OPERATIONS	900099	543,190	543,190		
	c	CLIENT FEES	900099	192,727	192,727		
	d	MAXWELL CENTER	900099	70,007	70,007		
	e	THRIFT STORE	453310	53,723	53,723		
	f	All other program service revenue		45,635	45,635		
	g	<b>Total. Add lines 2a-2f</b>		1,559,731			
	3	Investment income (including dividends, interest, and other similar amounts)		2			2
4	Income from investment of tax-exempt bond proceeds						
5	Royalties						
<b>Other Revenue</b>	6a	Gross rents	(i) Real (ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental inc. or (loss)	6c				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales exps.	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	10a				
	b	Less: cost of goods sold	10b				
	c	Net income or (loss) from sales of inventory					
	<b>Miscellaneous Revenue</b>	11a		Business Code			
b							
c							
d		All other revenue					
e		<b>Total. Add lines 11a-11d</b>					
12		<b>Total revenue. See instructions</b>		2,063,661	1,559,731	0	2

**Part IX Statement of Functional Expenses**

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

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	618,843	565,147	53,696	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	1,375		1,375	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	6,626		6,626	
14 Information technology				
15 Royalties				
16 Occupancy	22,435		22,435	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	19,906	19,906		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TEMPORARY EMERG OPERATION	326,805	326,805		
b CITY FUNDED OPERATIONS	261,211	261,211		
c RAPID REHOUSING	235,766	235,766		
d MAXWELL CENTER	173,042	173,042		
e All other expenses	343,258	334,324	8,934	
25 Total functional expenses. Add lines 1 through 24e	2,009,267	1,916,201	93,066	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				



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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing	187,166	1	199,396
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	655	7	1,442
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 373,660		
	b Less: accumulated depreciation	10b		
		134,747	10c	373,660
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 <b>Total assets. Add lines 1 through 15 (must equal line 33).</b>	322,568	16	574,498	
<b>Liabilities</b>	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	6,790	22	4,326
	23 Secured mortgages and notes payable to unrelated third parties	149,900	23	349,900
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 <b>Total liabilities. Add lines 17 through 25.</b>	156,690	26	354,226
<b>Net Assets or Fund Balances</b>	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds	165,878	31	220,272
	32 <b>Total net assets or fund balances</b>	165,878	32	220,272
33 <b>Total liabilities and net assets/fund balances</b>	322,568	33	574,498	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,063,661
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,009,267
3	Revenue less expenses. Subtract line 2 from line 1	3	54,394
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	165,878
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	220,272

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	



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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**Open to Public  
Inspection

Name of the organization

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

Employer identification number

**38-3908383****Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

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

Schedule A (Form 990) 2022

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

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

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

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	368,021	378,277	437,878	571,409	503,928	2,259,513
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	59,373	75,772	141,514	452,688	1,559,731	2,289,078
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	427,394	454,049	579,392	1,024,097	2,063,659	4,548,591
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	11,683	10,000			10,000	31,683
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	11,683	10,000			10,000	31,683
8 Public support. (Subtract line 7c from line 6.)						4,516,908

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Amounts from line 6	427,394	454,049	579,392	1,024,097	2,063,659	4,548,591
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9	6	33	47	2	97
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	9	6	33	47	2	97
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	1,846	925	225			2,996
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	429,249	454,980	579,650	1,024,144	2,063,661	4,551,684
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	99.24 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	98.80 %

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

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization



b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization



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





**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?

b A family member of a person described on line 11a above?

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

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

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

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

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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

	Yes	No
1		

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

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

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

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

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

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.

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

	Yes	No
2a		
2b		
3a		
3b		



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

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

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

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

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

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

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

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

**INTEREST** \$ 0

**OTHER** \$ 0

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

OMB No. 1545-0047

**2022**

Name of the organization

Employer identification number

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

\$

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

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

Schedule B (Form 990) (2022)



Name of organization

RE-ENTRY ALLIANCE PENSACOLA, INC.

Employer identification number

38-3908383

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

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



Name of organization

RE-ENTRY ALLIANCE PENSACOLA, INC.

Employer identification number

38-3908383

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

[illegible]

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
Attach to Form 990.Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection

Name of the organization

Employer identification number

**RE-ENTRY ALLIANCE PENSACOLA, INC.****38-3908383****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X \$

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

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

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

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

**Part V Endowment Funds.**

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

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

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

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

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

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

- (i) Unrelated organizations .....  
 (ii) Related organizations .....

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....				
b Buildings .....		323,521		323,521
c Leasehold improvements .....				
d Equipment .....		4,653		4,653
e Other .....		45,486		45,486
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				373,660

**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	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.**

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	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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 L**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Transactions With Interested Persons**Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27,  
28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**Open To Public  
Inspection

Name of the organization

RE-ENTRY ALLIANCE PENSACOLA, INC.

Employer identification number

38-3908383

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

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

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

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

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

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

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

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

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

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

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

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

DAA

Schedule L (Form 990) 2022

#### Part IV Business Transactions Involving Interested Persons.

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

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

## Part V Supplemental Information.

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



**SCHEDULE O**  
**(Form 990)**

 Department of the Treasury  
 Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

 Complete to provide information for responses to specific questions on  
 Form 990 or 990-EZ or to provide any additional information.

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

OMB No. 1545-0047

**2022**

 Open to Public  
 Inspection

Name of the organization

RE-ENTRY ALLIANCE PENSACOLA, INC.

Employer identification number

38-3908383

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

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

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

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

Schedule O (Form 990) 2022

Name of the organization

RE-ENTRY ALLIANCE PENSACOLA, INC.

Employer identification number

38-3908383

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

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

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

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

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

## DESCRIPTION

TOT/PROG SERVICE

MGT &amp; GENERAL

FUNDRAISING

## HOUSING

\$ 155,375

\$ 0

\$ 0

## THRIFT STORE

\$ 73,278

\$ 0

\$ 0

## HOMELESS MANAGEMENT

Schedule O (Form 990) 2022

Page 2

Name of the organization

Employer identification number

RE-ENTRY ALLIANCE PENSACOLA, INC.

38-3908383

\$	27,237	\$	0	\$	0
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## TRANSPORTATION

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

## MILTON PROJECT

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

## CLIENT NEEDS AND SERVICES

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

## NORTH PALAFOX

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

## COMPUTER SERVICES

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

## PUBLIC RELATIONS

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

## POSTAGE AND SHIPPING

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

## TRAVEL

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

## LICENSES &amp; TAXES

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

## EDUCATION

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

## BANK CHARGES

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

## DUES &amp; SUBSCRIPTIONS

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

## TOTAL

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

PAGE 2 OF 2

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

11/15/2023 4:43 PM

## Federal Statements

### Taxable Interest on Investments

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



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

## Federal Statements

11/15/2023 4:43 PM

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

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

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

## Federal Statements

11/15/2023 4:53 PM

### Schedule A, Part III, Line 1(e)

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

### Schedule A, Part III, Line 2(e)

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

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

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

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

11/15/2023 4.3 . M

## Federal Statements

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

Description	Amount
BANK INTEREST	\$ 2
TOTAL	\$ 2

SALTMARSH, CLEVELAND AND GUND  
900 NORTH 12TH AVENUE  
PENSACOLA, FL 32501

RE-ENTRY ALLIANCE PENSACOLA  
1000 WEST BLOUNT STREET  
PENSACOLA, FL 32501

|||||



# Saltmarsh

Saltmarsh, Cleaveland & Gund  
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

2023

November 13, 2024

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

Dear REAP:

Enclosed is the organization's 2023 Exempt Organization return.

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

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

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

Sincerely,

Molly Murphy, CPA

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2023

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**Prepared For:**

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

---

**Prepared By:**

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

---

**Amount Due or Refund:**

Not applicable

---

**Make Check Payable To:**

Not applicable

---

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

Not applicable

---

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

Not applicable

---

**Special Instructions:**

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

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

OMB No. 1545-0047

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

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

Name of filer

**RE-ENTRY ALLIANCE PENSACOLA**

EIN or SSN

**38-3908383**Name and title of officer or person subject to tax **DICK BAKER**  
**TREASURER****Part I Type of Return and Return Information**

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

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

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

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **SALTMARSH, CLEVELAND AND GUND**

ERO firm name

to enter my PIN **90752**Enter five numbers, but  
do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

**Part III Certification and Authentication**

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

**56429910006**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **MOLLY MURPHY, CPA**Date **11/13/24**

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

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

Form **8879-TE** (2023)

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

**2023**Open to Public  
Inspection

For the 2023 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>RE-ENTRY ALLIANCE PENSACOLA</b>		<b>D</b> Employer identification number <b>38-3908383</b>
	Doing business as		<b>E</b> Telephone number <b>850-324-6667</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>1000 WEST BLOUNT STREET</b>		<b>G</b> Gross receipts \$ <b>1,733,178.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>PENSACOLA, FL 32501</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>F</b> Name and address of principal officer: <b>DICK BAKER</b> <b>2802 EAST STRONG ST, PENSACOLA, FL 32503</b>			
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.REAPRENTRY.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			
<b>L</b> Year of formation: <b>2013</b> <b>M</b> State of legal domicile: <b>FL</b>			

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

<b>Part II Signature Block</b>					
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.					
<b>Sign Here</b>	Signature of officer			Date	
	<b>DICK BAKER, TREASURER</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name		Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	<b>MOLLY MURPHY, CPA</b>		<b>MOLLY MURPHY, CPA</b>	<b>11/13/24</b>	<b>P00985783</b>
Firm's name		Firm's EIN		Phone no.	
<b>SALTMARSH, CLEVELAND AND GUND</b>		<b>59-2922169</b>		<b>850-435-8300</b>	
Firm's address					
<b>900 NORTH 12TH AVENUE</b>					
<b>PENSACOLA, FL 32501</b>					
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

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

332001 12-21-23

Form **990** (2023)



**Part III** Statement of Program Service Accomplishments

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

☒ X

- 1 Briefly describe the organization's mission:

RE-ENTRY OF INCARCERATED PRISONERS.

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

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

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 740,517. including grants of \$ ) (Revenue \$ 335,855. )  
 IN 2023, REAP CONTINUED OPERATION OF THE MAX-WELL RESPITE CENTER, PROVIDING MEALS, HOUSING AND CASE MANAGEMENT SERVICES TO AN AVERAGE OF 75 WOMEN AND CHILDREN EACH NIGHT, FOR A TOTAL OF 27,375 NIGHT-STAYS AND 68,435 MEALS. ACTING AS AN EMERGENCY SHELTER OPERATION FOR FREEZING COLD WEATHER AND HURRICANE EVENTS, REAP PROVIDED AN ADDITIONAL 525 NIGHT-STAYS, AND 700 MEALS.

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

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

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

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

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

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? 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? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
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>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
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>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>		X
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>		X
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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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?	X	

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

**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
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	29
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	9a	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	11a	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b> Enter the amount of reserves on hand	13c	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	
If "Yes," complete Form 6069.		



**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	2	3	4	5	6	7a	7b	8a	8b	9	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.)

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	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 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

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

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

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**
Check if Schedule O contains a response or note to any line in this Part VII ☐
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

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

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

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

Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)
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(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			
<b>1b Subtotal</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								0.	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

C

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization

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	558,870.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	452,604.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 183,299.			
	h	<b>Total. Add lines 1a-1f</b>		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	<b>Total. Add lines 2a-2f</b>		659,989.			
	3	Investment income (including dividends, interest, and other similar amounts)			2.		2.
4	Income from investment of tax-exempt bond proceeds						
5	Royalties						
Other Revenue	6 a	Gross rents	6a				
	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	(i) Securities (ii) Other	7a		61,713.	
	b	Less: cost or other basis and sales expenses		7b		29,000.	
	c	Gain or (loss)		7c		32,713.	
	d	Net gain or (loss)			32,713.		32,713.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a			
	b	Less: direct expenses		8b			
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19		9a			
	b	Less: direct expenses		9b			
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances		10a			
b	Less: cost of goods sold		10b				
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	<b>Total. Add lines 11a-11d</b>					
12	<b>Total revenue. See instructions</b>			1,704,178.	659,989.	0.	32,715.



**Part IX** Statement of Functional Expenses

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

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

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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-726)				

**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
<b>Assets</b>	1 Cash - non-interest-bearing	199,396.	1	151,693.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,442.	7	1,377.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 516,178.		
	b Less: accumulated depreciation	10b 0.	10c	516,178.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	574,498.	16	669,248.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	4,326.	22	1,990.
	23 Secured mortgages and notes payable to unrelated third parties	349,900.	23	466,998.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	354,226.	26	468,988.
<b>Net Assets or Fund Balances</b>	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0.	29	0.
	30 Paid-in or capital surplus, or land, building, or equipment fund	0.	30	0.
	31 Retained earnings, endowment, accumulated income, or other funds	220,272.	31	200,260.
	32 <b>Total net assets or fund balances</b>	220,272.	32	200,260.
33 <b>Total liabilities and net assets/fund balances</b>	574,498.	33	669,248.	

Form 990 (2023)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,704,178.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,814,917.
3	Revenue less expenses. Subtract line 2 from line 1	3	-110,739.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	220,272.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	90,727.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	200,260.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2023)



**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

RE-ENTRY ALLIANCE PENSACOLA

Employer identification number

38-3908383

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

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

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

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

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



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
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.	155,973.	659,989.	2,889,694.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> 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 <b>Public support.</b> (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 <b>Total support.</b> (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 IV** Supporting Organizations

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

**Section A. All Supporting Organizations**

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



**Part IV** Supporting Organizations *(continued)*

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

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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

	Yes	No
1		

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

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

	Yes	No
1		
2		
3		

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

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

**2 Activities Test. Answer lines 2a and 2b below.**

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

	Yes	No
2a		
2b		
3a		
3b		



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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <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 3h 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, 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.)





**Schedule B**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2023**

Name of the organization

**RE-ENTRY ALLIANCE PENSACOLA**

Employer identification number

**38-3908383**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

RE-ENTRY ALLIANCE PENSACOLA

38-3908383

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

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

Name of organization

Employer identification number

RE-ENTRY ALLIANCE PENSACOLA

38-3908383

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

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





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), (6), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

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

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

RE-ENTRY ALLIANCE PENSACOLA

Employer identification number  
38-3908383

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

a Total number of conservation easements	Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included on line 2a	2b
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	2c
	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X \$

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange program

e ☐ Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? \_\_\_\_\_

☐ Yes

☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? \_\_\_\_\_

☐ Yes

☐ No

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? \_\_\_\_\_

☐ Yes

☐ No

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

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

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

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

a Board designated or quasi-endowment \_\_\_\_\_ %

b Permanent endowment \_\_\_\_\_ %

c Term endowment \_\_\_\_\_ %

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

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

(i) Unrelated organizations? \_\_\_\_\_

(ii) Related organizations? \_\_\_\_\_

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

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

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

**Part VI Land, Buildings, and Equipment**

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

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



**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

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

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



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	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**

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	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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 L**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization

**RE-ENTRY ALLIANCE PENSACOLA**

Employer identification number  
**38-3908383**

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

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

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

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

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

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

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

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

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

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

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

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

Schedule L (Form 990) 2023

SEE PART V FOR CONTINUATIONS

**Part IV Business Transactions Involving Interested Persons**

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

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

**Part V Supplemental Information**

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

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

(A) NAME OF PERSON: PHILOMENA MADDEN

(B) RELATIONSHIP WITH ORGANIZATION: BOARD MEMBER

(C) PURPOSE OF LOAN: HOUSE PURCHASE

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

RE-ENTRY ALLIANCE PENSACOLA

Employer identification number

38-3908383

**Part I Types of Property**

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

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

29

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

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

OMB No. 1545-0047

**2023**  
Open to Public  
Inspection

Name of the organization

RE-ENTRY ALLIANCE PENSACOLA

Employer identification number  
38-3908383

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

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

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

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

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

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

CONFLICT OF POLICY IS CIRCULATED ANNUALLY FOR BOARD SIGNATURES.

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

AVAILABLE UPON REQUEST.

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

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://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](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

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

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

**Part I - Identification**

Type or Print	Name of exempt organization, employer, or other filer, see instructions.	Taxpayer identification number (TIN)
	<b>RE-ENTRY ALLIANCE PENSACOLA</b>	<b>38-3908383</b>
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. <b>1000 WEST BLOUNT STREET</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PENSACOLA, FL 32501</b>	

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

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

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

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

Plan Name \_\_\_\_\_

Plan Number \_\_\_\_\_

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

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

The books are in the care of **DICK BAKER**

**2802 EAST STRONG ST - PENSACOLA, FL 32503**

Telephone No. **850-324-6667**

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

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

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

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

☒ calendar year 20 **23** or

☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

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

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

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

Form 8868 (Rev. 1-2024)



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

065474.587376.156113.17115 1 AV 0.507 372



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



065474

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

Important information about your December 31, 2023, Form 990

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

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

### What you need to do

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

### Additional information

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





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

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

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Emily Lalas &lt;Emily.Lalas@saltmarshcpa.com&gt;

Wed, Jun 5, 2024 at 1:22 PM

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

Cc: "Molly Murphy, CPA, CIT" &lt;molly.murphy@saltmarshcpa.com&gt;

Hi Vinnie,

Thanks for the chat today! I was glad to hear your summer is going well. Please see below for a recap of our action items –

Vinnie to send to Emily –

1. Correspondence regarding HUD requirements
2. Fiscal Year 2022 990
3. Fiscal Year 2023 990 Extension (if filed) ← emailed on 6/6/24

Once I receive the above information, I will get a quote from our tax department and will get an engagement letter over to you for the 990. If it has not been extended, we will need to know ASAP so that we can have our tax department see what they can do to minimize penalty fees with the IRS.

I will send over an initial audit request list by the end of next week and we will begin the audit during the latter half of July.

Thanks!

Emily

**Saltmarsh**  
Saltmarsh, Cleaveland & Gund  
CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS



Emily Lalas  
Supervisor, Audit & Assurance Services  
Saltmarsh, Cleaveland & Gund  
saltmarshcpa.com  
800.477.7458

**CONFIDENTIALITY:**

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REAP  
FINANCIAL  
STATEMENTS  
2024  
ALL OPERATIONS

RE-ENTRY ALLIANCE PENSACOLA, INC.

2024 REVENUE & EXPENSE: 1/1/24 TO 12/31/24

PROGRAM	REVENUE	EXPENSE	DIFFERENCE
REAP RE-ENTRY	\$909,345	\$736,030	\$173,315
MAX-WELL CENTER			
PROGRAMS	\$457,300	\$592,678	(\$135,378)
FUND RAISING	5,486	NET	\$5,486
CONTRIBUTIONS	\$55,657	INC.	\$55,657
TOTAL MAX-WELL	\$518,443	\$592,678	(\$74,235)
AL'S HOUSE	\$67,671	\$77,243	(9,572)
BILL CROSS CENTER	\$84,463	\$59,552	\$24,911
CAMP ONE	\$9,840	\$11,839	(\$1,999)
TOTAL ABC	\$161,974	\$148,634	\$13,340
TOTAL CLOSED OPER		(6,085)	(6,085)
TOTAL REAP	\$1,589,762	\$1,483,427	\$106,335

R-17 comp

BALANCE SHEET

Assets		BOOK	ACV
Cash Balance at The First	12/10/24	\$98,737	\$98,737
Short Term Receivables			
FDOC	\$49,850		
Opening Doors	\$ 7,767		
Dept. of Health	\$ 4,400		
Program Fees 12/16/24	\$16,000		
Grant/Solicitations	<u>\$12,000</u>		
Sub-total	\$90,017	90,017	90,017
Fixed Assets-Housing		\$488,116	890,000
CDBG-1551 W. Blount		\$370,501	650,000
Other Assets		<u>77,670</u>	<u>125,000</u>
TOTAL ASSETS		\$1,125,041	\$1,853,754
Liabilities			
Accounts Payable	\$ 64,000	\$64,000	\$64,000
Long Term Liabilities			
Switzer Mortgage	\$200,000	\$200,000	\$200,000
EIL Loan	\$149,900	\$149,900	\$149,900
Cont.L/T Liability CDBG	<u>\$370,501</u>	<u>\$370,501</u>	<u>0</u>
Sub-total	\$784,401	\$784,401	349,900
Equity			
Opening Balance	\$325,667		
Donated Property Equity	\$218,299		
Retained Earnings	(294,097)		
Net Income	<u>\$133,840</u>		
Sub-total	\$383,709	\$383,709	\$1,418,923
Adjustments	\$ 20,931	<u>\$ 20,931</u>	<u>\$20,931</u>
TOTAL LIABILITIES & EQUITY		\$1,125,041	\$1,853,754



REAP  
FINANCIAL  
STATEMENTS  
2023  
ALL OPERATIONS

## FINANCIAL STATEMENT NOTE

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

RE-ENTRY ALLIANCE PENSACOLA, INC.

12/31/2023

PROFIT & LOSS YTD

INCOME

Re-Entry Basic Program	\$122,156
Bill Cross Center	\$ 21,413
Thrift Store Operations	(\$12,861)
Lodges Operations	(\$22,202)
Max-Well Respite Center Operations	(\$391,804)
Al's House Operations	(\$3,280)✓
Sale of Donated Property	\$ 61,713 ✓
Special Income Opening Doors	\$163,218 <i>not even up</i>
Reconciliation Items	<u>(\$643)</u>
TOTAL INCOME	(\$101,451)
OTHER EXPENSE NOT INCLUDED	
Cost of Property Sold	<u>\$29,000</u>
NET INCOME	(\$130,451)

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

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



REAP and related function  
2023 summary P&L vs budget  
with selected highlights from the

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

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

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

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

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

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

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



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

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

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

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

**REAP and related functions**  
**Balance Sheet**  
As of December 31, 2023

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

R-18-comp

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



## **Required Attachments**

- a) Documentation showing the applicant is located in and provides services Escambia County.
- b) Letter of Determination from the IRS confirming your organization's federally tax-exempt status.
- c) Copy of your organization's current W-9.
- d) Copy of your organization's 2023 or 2024 tax return (Form 990 or 990-EZ with supporting forms). You may submit a 2022 tax return along with explanation for late filing.
- e) Copy of your organization's most recent 2 years of financial statements, with audit if applicable.

## **SECTION VI: Appendix 1 - Opioid FY25-26 Implementation Plan**

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



# Escambia County Board of County Commissioners

## Opioid 2025 - 2026 Implementation Plan Qualified County— Escambia County

Current Funding Amount Available: \$ 1,667,629.89

Funding Already Allocated: \$3,702,033.99

TOTAL FUNDING RECEIVED TO DATE: \$5,369,663.88

Counties of service: Escambia County

### 2025 - 2026 Opioid Funding Strategies:

#### A. Treatment and Recovery

- a. Treatment Expansion
- b. Recovery Support

#### B. Prevention

- a. Primary Prevention
- b. Community

#### C. Criminal Justice

- a. Law Enforcement
- b. Community Corrections
- c. Post Incarceration Social Programs

Treatment and Recovery			
Sub-Categories	Description	Core Strategy (From Schedule A)	Allowable Use (From Schedule B)
Treatment Expansion	Expand substance use disorder treatment, i.e., detox, inpatient/residential and outpatient treatment, and medications for opioid use disorder.	<b>A.</b> Naloxone or other FDA-approved drug to reverse opioid overdoses. <b>B.</b> Medication-Assisted Treatment (“MAT”) Distribution and other opioid-related treatment. <b>C.</b> Pregnant & Postpartum Women. <b>D.</b> Expanding Treatment for Neonatal Abstinence Syndrome. <b>F.</b> Treatment for Incarcerated Population.	<b>A. TREAT OPIOID USE DISORDER (OUD)</b> <b>E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME</b>

		H. Expanding Syringe Service Programs	
<b>Recovery Support</b>	Programs that promote recovery, like access to housing and health care, employment and job training, and peer support programs.	E. Expansion of Warm Hand-off Programs and Recovery Services	<b>B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY</b> <b>C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)</b> <b>E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME</b>
<b>Prevention</b>			
<b>Sub-Categories</b>	<b>Description</b>	<b>Core Strategy (From Schedule A)</b>	<b>Allowable Use (From Schedule B)</b>
<b>Primary Prevention</b>	Programs and strategies shown to prevent drug use, including family and youth programs, that promote healthy behavior and relationships and reduce risk factors, as well as adult education programs and public education campaigns.	<b>G. Prevention Programs</b> <b>B. Medication-Assisted Treatment ("MAT") Distribution and other opioid-related treatment.</b>	<b>F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS</b> <b>G. PREVENT MISUSE OF OPIOIDS</b>
<b>Community</b>	Funding for schools, childcare, family services, and job training to prevent drug use	<b>G. Prevention Programs</b> <b>B. Medication-Assisted Treatment ("MAT") Distribution and other opioid-related treatment.</b>	<b>G. PREVENT MISUSE OF OPIOIDS</b>
<b>Criminal Justice</b>			
<b>Sub-Categories</b>	<b>Description</b>	<b>Core Strategy (From Schedule A)</b>	<b>Allowable Use (From Schedule B)</b>
<b>Law Enforcement</b>	Funding and training for local police, drug task force, and efforts that prevent illegal drugs from getting to their destination.	<b>G. Prevention Programs</b>	<b>D. ADDRESS THE NEEDS OF CRIMINAL-JUSTICE-INVOLVED PERSONS</b> <b>I. FIRST RESPONDERS</b>
<b>Community Corrections</b>	Develop or expand drug or family courts and other law enforcement programs that help people using drugs find treatment and stay in the community.	<b>B. Medication-Assisted Treatment ("MAT") Distribution and other opioid-related treatment.</b> <b>E. Expansion of Warm Hand-off Programs and Recovery Services</b>	<b>C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)</b> <b>D. ADDRESS THE NEEDS OF CRIMINAL-JUSTICE-INVOLVED PERSONS</b>



		<b>F. Treatment for Incarcerated Population.</b> <b>G. Prevention Programs</b>	
<b>Post-Incarceration Social Programs</b>	Programs that help people recovering from substance use disorders reunite with their communities following jail/prison time.	<b>E. Expansion of Warm Hand-off Programs and Recovery Services</b> <b>F. Treatment for Incarcerated Population.</b> <b>G. Prevention Programs</b>	<b>C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)</b> <b>D. ADDRESS THE NEEDS OF CRIMINAL-JUSTICE-INVOLVED PERSONS</b>