

Application Form

Organization Information

If you would like to complete this application in Word first and copy your answers over later, use the following link: [Download Application](#)

The evaluation rubric that will be used to score your request is now available here: [Download Rubric](#)

Please pay attention to character limits while working on your draft. These limits include spaces.

Organization Name*

People Empowering and Restoring Community

Proposal Name*

Please choose a short name to identify this project within the grant portal:

Transportation WORKS

EIN*

59-3643636

Incorporation Year*

What year did your organization incorporate? This will be the year listed on your determination letter from the Internal Revenue Service.

1999

Organizational Mission Statement*

What is your organization's mission statement? This should be no longer than one or two sentences.

Pinellas Ex Offender Re Entry Coalition – Mission Statement

The mission Pinellas Ex Offender Re Entry Coalition (PERC) is to help the offender become and remain an ex-offender, taxpaying citizen reunited with family through advocacy, education, programming and comprehensive service delivery and referral. We believe that the successful reentry of offenders who become and remain ex-offenders is excellent public safety policy.

Pinellas Ex Offender Re Entry Coalition – Vision Statement

Unique Entity ID (SAM)

Please provide your organization's Unique Entity ID number. This is a specific number used by the federal government to identify your organization. **This is different from a DUNS number, which the federal government no longer uses.**

If you do not have a Unique Entity ID number, you can create an account on SAM.gov and apply for one here (it is free and may take 3-4 days for approval): <https://sam.gov/content/home>

This field is optional as to not stop a qualifying organization from applying. **However**, a Unique Entity ID number will be required if your organization is approved for a grant. Your organization should apply for a number now if it does not yet have one.

Character Limit: 12

TRLWL1B2MEU9

Annual Operating Budget Size*

Please provide the amount of your annual operating budget, (expenditures only) for your entire organization.

\$2,760,043.00

Amount Requested*

The maximum grant amount is \$199,999.

\$149,505.00

Parent Non-Profit/Subsidiaries*

If your organization has a parent non-profit that has multiple subsidiaries, will multiple subsidiaries be applying in this process?

Example

Better Tomorrow is the parent non-profit of three organizations. Two of those organizations want to apply in this process. Both would select "Yes" on this question.

No

Request Specifics

Organization Programmatic Background*

Please describe the programming your organization offers to the community and the length of time it has been doing so. What does your organization **do** and **how long** has it been doing it?

PERC has worked tirelessly in the Tampa Bay community for nearly 30 years through advocacy and action focusing on returning citizens from incarceration. We are community based as an organization- beginning (and maintaining) a grass roots coalition approach. PERC case managers provide comprehensive, intensive re-entry case management services, including but not limited to job development and placement, job retention skill training, transitional housing, assessments, evaluations and referrals for substance abuse and mental health treatment, linkages for subsistence needs (beyond housing), partnerships for GED and adult basic education, and employment training – all outlined in a unique, individualized case plan that is updated regularly. This includes intensive levels of service pre-release to post release, with services intensive and decreasing over time. Beyond this, PERC is also a licensed out-patient substance abuse provider, licensed batterer's intervention program provider, licensed HIV/AIDS testing and education provider, and provides many other cognitive education classes such as life skills, advanced life skills, anger management, errors in thinking, just to mention a few.

Community Need*

Please describe the community need that exists for your programming. If you are able to cite quantitative, local data, that will strengthen your proposal.

Community need involves making our community safer by creating an environment that allows successful reentry of returning citizens as well as working with high at-risk populations to avoid becoming emersed in the criminal justice system. The more successful we are, the safer our community is. We do this beginning by providing comprehensive reentry case management services, including but not limited to job development and placement, job retention skill training, transportation to and from work, transitional housing, permanent supportive housing, permanent (affordable) housing, assessment, evaluation and referrals for substance abuse and mental health treatment, linkages for subsistence needs (beyond housing), partnerships for GED and adult basic education, and employment training. This is all done through unique, individualized case plan that is updated regularly. This includes intensive levels of service pre-release to post release as appropriate. Beyond this, PERC is also a licensed out-patient substance abuse provider, licensed batterer's intervention program provider, licensed HIV/AIDS testing and education provider, and provides many other cognitive education classes such as life skills, advanced life skills, anger management, errors in thinking, just to mention a few. PERC also offers larger comprehensive programs either as a lead agency or as a collaborative partner. Programs have included the St. Pete Works workforce development collaborative, the Tampa Bay Career Pathways Collaborative employment program, and many others. Currently, PERC has expanded its services as a housing provider having added a Transition in Place program from the Veteran's Administration in support of our Tiny House Veteran's Village housing and training program and is working to address gun violence in St. Petersburg with our Hidden Voices program. The community need continues to be great as we hope to enter into an endemic phase with COVID 19; we stand ready to meet this need.

Negative Economic Impact on Organization*

The following question is the keystone of a strong application in this process. If your organization cannot demonstrate a negative economic impact from the pandemic, your application will not qualify for committee review. If you are uncertain about what constitutes negative economic impact or how to demonstrate it, please contact PCF staff for technical assistance.

Describe your organization's negative economic impact arising from the COVID-19 pandemic. Examples could include:

- A reduction in revenue from 2019 to 2020
- Inflationary pressures
- Increases in demand for services that have not been compensated for through new revenue

- The use of reserves for unbudgeted expenses since the onset of the pandemic, and such use of reserves has prevented the purchase of capital assets
- A need for capital assets to offset community need for which your organization does not have the resources to purchase due to the negative economic harm from the pandemic
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC
- Growth in restricted pandemic-related revenue that does not permit capital asset acquisition

You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages.

Note: If you are applying for both a Small Purchase and Large Project, you may reuse the answer for this question PROVIDED THAT the negative economic impact is relevant to both requests. The Large Project Letter of Intent does not permit uploads to support the answer to this question.

PERC has seen multiple negative impacts resulting from the pandemic leading to a request for ARPA funds in both the Small Purchase and Large Project grant application process. First, this began and continues with increased service demand in our housing programs – transitional, permanent supportive, and permanent with an ongoing incredible need for affordable, workforce housing; intensive and individualized comprehensive case management with an increased focus on treatment and mental health services; employment readiness and training programs leading to upwardly mobile career pathways including reliable consistent transportation to and from work. Second, inflationary pressures on projects that began prior to or during the COVID 19 pandemic are real where we have seen an increase on costs over 30% on one project. Third, PERC has developed increased needs for capital assets to offset community needs where our organization does not have the resources to purchase due to the negative economic harm from the pandemic overall within the agency, as we have not received additional revenue comparable to the needs we are requested. This is in two areas: first, we have to replace the entire roof for two of our locations per insurance requirements which was not budgeted for – as it would have become a priority for fundraising – if fundraising efforts that were hampered by the pandemic were not more focused on housing and food security. At the same time, for the variety of services and programs offered at both of these locations (the Dr. David T. Welch in South St. Petersburg and the Continental Housing Program) – are additionally needed for capital assets to adapt operations to accommodate health and safety guidelines by the CDC both in all of our programs. Finally, as we move into the endemic phase, we see a clear and long-term need in affordable, workforce housing that can be maintained at 60 or even in some cases 50% AMI. Simply, there isn't enough capacity in affordable rental housing for our citizens and the people we work with. The larger purpose of this specific request in the small purchase category as aforementioned is to solve a glaring need that is even more highlighted by the clients we work with in the endemic phase of COVID 19 - which is realistic and consistent transportation to and from work.

Proposal Description*

The American Rescue Plan Act requires a request that is reasonable and proportional to the level of economic impact your organization experienced. This means the request you describe below should not be greater than the economic harm your organization has suffered.

Please describe your purchase proposal and address the following:

- What will you be purchasing with these funds?
- What is the estimated lifespan of the purchase/improvement?

- How does it address the negative economic harm you described in the previous question?

ARPA funds requested will purchase three 15 passenger vehicles in support of the Transportation WORKS program, with an expected lifespan of 8-10 years. The goal of the program is simple – provide scheduled, reliable, and consistent transportation to and from work for clients in PERC and partner programs county wide when need can be demonstrated, most notable in the community redevelopment areas of Pinellas County. The goal is to create a self-sufficient program that will allow clients to have meaningful, upwardly mobile employment that help build person wealth while removing transportation as a barrier for underserved populations especially impacted by the COVID 19 pandemic. The negative economic harm addressed follow the target populations to be served by the program which include male and female adults 18 years old and up with primary focus in these CRA's as outlined. As reflected in poverty and crime rate table that utilizes data obtained through the American Community Survey Data the average population below the poverty level of the proposed target geographic areas are an estimated 32%, while the index crime rate is 13.4% - more than double the crime rate for Pinellas County. Several measurable consequences seen in the endemic phase of the pandemic are related to out-of-control costs and inflation. Pinellas County is Florida's most densely populated county with 12% of its population is living in poverty with an additional 30% living within the ALICE (Asset Limited, Income Constrained, Employed) threshold, a staggering 42% combined. Upwardly mobile career pathways with living wages that can ascend will be the key to its success as the cost of living continues to rise. Building wealth with better paying jobs in this County is how we can overcome asset limitation. The area's population growth has increased the critical demand for already-scarce affordable housing and contributes to the 2,415 homeless individuals based on the 2019 Point in Time survey. Substance use and mental health disorders are highly correlated with homelessness, as are loss of employment, poor health, and an inability to access needed services. Getting people ready for work is crucial, but the problem is a wholistic one, where housing stabilization, food security, transportation needs, and permanent housing all are interlinked as crucial to the success of individuals being served being able to progress out of poverty and into upwardly mobile career pathways.

Guiding Principles - Client Impact*

The American Rescue Plan Act, which provides the funding for this grant program, aims to ensure an equitable recovery from the COVID-19 pandemic. The term "equity" is defined as:

The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment, such as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality.

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified priority populations are met.

Will this purchase benefit the community members defined above that have experienced disproportionate negative impacts from the COVID-19 pandemic? If so, how?

This project will absolutely and clearly benefit community members that have experienced disproportionate negative impacts from the COVID 19 pandemic. This will be by providing consistent, reliable transportation to and from work in support of our employment training, development and placement in upwardly mobile career pathway programs for our clients. PERC has deliberately and strategically opened four offices in Pinellas County that align with four of the five 'pockets of poverty' as outlined by PC Health and Human Services. The target populations to be served by this program will have direct impact are male and female adults 18 years old and up with primary focus in community redevelopment areas throughout Pinellas County. As reflected in poverty and crime rate table that utilizes data obtained through the American

Community Survey Data the average population below the poverty level of the proposed target geographic area is an estimated 32%, while the index crime rate is 13.4% - more than double the crime rate for Pinellas County. The project will also focus on homeless adult individuals; (35% female; 64% male; 1% trans.); 38% African American, 3% Hispanic/Latino 5% Multi-Racial; 58% White (non-Hispanic); 5% veterans; 2% LGBT; 50% trauma-involved; 35% Co-occurring Disorders. These CRA's has the largest concentration of criminal offenses, arrests and recidivism in Pinellas County, accounting for 32.3% of offenses since 2009, and for 28% and 25% for all juvenile and adult arrests in the county. Uniform Crime Reports show offenses-per mile 2.26 times more concentrated in the CRA's compared to other areas in Pinellas County. These are at risk individuals with severe economic disadvantages – and our goals as an agency and goals of the programs that will benefit will directly impact individuals of these underserved communities where equity has been more of a word than an action. PERC, these programs, will continue to work to change this.

Number Served*

How many people will directly benefit from this capital purchase annually?

170

Unduplicated vs. Duplicated*

Is the number indicated above duplicated or unduplicated?

Duplicated: A client is counted each time they access services

Unduplicated: A client is counted once, regardless of the number of times they access services

Example: ABC Food Bank operates two mobile food pantries, one in Clearwater and one in St. Petersburg. Taylor, a Pinellas County resident, goes to both food pantries. If ABC Food Bank counts Taylor's visit TWICE, it is **duplicated**. If ABC Food Bank counts Taylor's visit ONCE, it is **unduplicated**.

Unduplicated

Other (Explanation Required)

If you selected "Other" in the previous question, please explain how your organization determined the number of clients that will benefit from the proposed capital purchase.

The American Rescue Plan Act (ARPA) prioritizes organizations that either have headquarters or carry out the majority of their operations inside Qualified Census Tracts (QCTs). QCTs are a standard method of identifying communities with a large proportion of low-income residents. The U.S. Department of Housing and Urban Development determines what areas qualify as QCT.

To assess if your organization serves or is headquartered in a QCT, use the following link:

https://www.huduser.gov/portal/sadda/sadda_qct.html

In the top right-hand corner, choose the state of Florida and Pinellas County. Then on the left-hand side of the screen, click the box next to "Color QCT Qualified Tracts." The QCT zones are denoted in purple. You can also map your address by adding it into the address box at the top to see if your location is inside the zones.

Below, please provide the location of your operations and the location of your headquarters, if different.

Headquarters Location*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your Sunbiz registration, you may search here: <https://dos.myflorida.com/sunbiz/search/>

12810 US HWY 19 N, Clearwater FL 33764

QCT Determination - Headquarters*

Is this organization headquartered in a QCT?

No

Purchase Location*

Where will the majority of the activities related to the purchase(s) take place?

Examples

- If you are proposing the purchase of a van that will deliver to multiple areas within Pinellas County, specifically mention what areas those are.
- If your purchase enables remote access to your services, such as telehealth, provide geographical data around where the majority of your clients reside (presuming they will access your services from their residence).

PERC strategically has acquired property or opened offices in qualified census tracts in the North/South Greenwood area of Clearwater, the Highpoint area of Clearwater, East Tarpon Springs, and in the Midtown/Campbell Park area of South St. Petersburg. This was intentional- overwhelmingly most of our clients reside in these areas, thus live in qualified census tracts. While specifically this proposal will purchase vans to bring people to and from work countywide, there will always be a focus on businesses that serve our constituencies.

QCT Determination - Purchase*

Does this organization's proposed purchase benefit residents of QCTs?

Further determination required

Community Connection

This section aims to capture general demographic data about your organization and to see how you engage with and represent the community you serve. PCF has generalized the demographic data questions more than it has in other processes because of the public nature of this process. PCF understands that identity disclosure can be a sensitive matter, and wants to respect your organization's board and staff. If your organization feels comfortable sharing more detailed demographic information, it may do so in the "Community Representation and Connection" section.

Community Representation and Connection*

Describe how your organization is representative of, or has authentic connections to, the community your proposal seeks to serve. You can list other community-based organizations that work on programming with you and/or list examples of your work within this community.

Pinellas County is Florida's most densely populated county with Clearwater and St. Petersburg its largest cities, yet 12% of its population is living in poverty with an additional 30% living within the ALICE (Asset Limited, Income Constrained, Employed) threshold, a staggering 42% combined. Upwardly mobile career pathways with living wages that can ascend will be the key to its success as the cost of living continues to rise. Building wealth with better paying jobs in this County is how we can overcome asset limitation. The area's population growth has increased the critical demand for already-scarce affordable housing and contributes to the 2,415 homeless individuals based on the 2019 Point in Time survey. Substance use and mental health

disorders are highly correlated with homelessness, as are loss of employment, poor health, and an inability to access needed services. Systemic problems including changes in housing markets, loss of public services, social supports, and persisting social ills (e.g., poverty and racism) affect who becomes homeless. Getting people ready for work is crucial, but the problem is a wholistic one, where housing stabilization, food security, transportation needs, and permanent housing all are interlinked as crucial to the success of individuals being served being able to progress out of poverty and into upwardly mobile career pathways. PERC has a long history of coordination with public, private, and non-profit agencies throughout Pinellas. For over thirty years, the Coalition has met once a month with program partners at Goodwill Suncoast, typically with 30-35 agencies present. For the past 23 years, PERC has hosted our annual Showcase of Services, with over 750 provider partners collaborating with clients. The current PERC email list of partners stands over 300 allowing services and collaborations to be coordinated. PERC coordinates with the St. Vincent DePaul Society (SVDP), Homeless Empowerment Program (HEP), the People of Manufacturing (TPOM), Career Source Pinellas (CSP), St. Petersburg College (SPC), Pinellas Technical College, Regions Bank, Fresh Start Mentoring, the Pinellas County Urban League, Habitat for Humanity, the Florida Dream Center, Fresh Force, and many other smaller organizations in support of our programs and clients.

Leadership Demographics - Board Membership*

Do your board members consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

BIPOC
LGBTQ+

Leadership Demographics - Executive Level Leadership Team*

Does your executive leadership team consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

If your organization is volunteer-run and does not have an executive leadership team, please select "Not applicable."

BIPOC
LGBTQ+
Neurodiverse/physically disabled

Leadership Demographics - CEO/Executive Director*

Does your CEO/Executive Director consider themselves a member of one or more of the following populations? Check all that apply.

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ defined as Lesbian, Gay, Bisexual, Transgender, Queer+
- Neurodiverse/physically disabled

If your organization is volunteer-run and does not have an executive leader, please select "Not applicable."

None of the above

Proposal Costs

Purchase Estimates/Bids*

You must combine all bids/estimates into one file.

Attach current verifiable bids, estimates, or price lists [from your potential vendor(s)]. Please ensure there is a date listed or when you obtained these estimates/bids, as they must be from within the past sixty (60) days.

- If your purchase is **BELOW** \$75,000, you must upload **TWO** verifiable bids or estimates for the proposed purchases.
- If your purchase is **EQUAL TO** or **MORE THAN** \$75,000, you must upload **THREE** verifiable bids or estimates for your proposed purchases.

This can be as simple as screenshots from Amazon or Best Buy (though PCF does not endorse or recommend any specific vendor) or may be from specialized vendors that sell your proposed purchase. If you have concerns regarding bids or estimates, please reach out to PCF staff.

15 Passenger Van Quotes 3.pdf

Sole Source*

In some cases, a proposed small purchase is only available from a single vendor, and as such, only one bid/estimate can be uploaded. If this is the case for your organization, please explain in the field below. Otherwise, write "N/A" below.

N/A

Related Parties*

Are any of the contractors/vendors that have provided bids/estimates a related party to your organization?

Examples of Related Parties

- A board member that owns the contracting company that provided a bid
- The relative of a director, officer, or executive team member owns a company that provided an estimate
- The CEO of the applying organization has a financial interest in the construction company providing a bid

If **yes**, identify the vendor and describe the relationship.

If **no**, write "No related parties below."

No related parties below

Budget Summary*

Please use **THIS TEMPLATE** to indicate costs and any cash match your organization may have for the proposed purchases. Note: this spreadsheet will automatically round numbers to make it easier to read for committee members.

Please note that indirect costs are not permitted for small purchases.

If you have additional notes to add to your budget summary, you may do so in the text box below.

Budget-Template-Small-Capital-Purchases PERC.xlsx

Other Funding Sources*

Please describe any other funding not already mentioned that your organization has applied for or obtained for this purchase.

This includes but is not limited to Community Block Development Grants (CBDG), local government grants (including Tourist Development Council funding), foundation grants, and private donors (you do not need to disclose donor identities but simply indicate the amount raised for this purchase). This includes any matching grants or in-kind contributions you may have obtained.

Please be sure these other funding sources are represented in the "Applicant Match" column in the budget summary uploaded above.

Please see attached budget. PERC has a commitment for the use of multiple funding sources with the City of St. Petersburg for the initial year of this project.

Changes in Operating Costs*

Please answer this question based on the descriptions below:

- If this project **increases** ongoing operational costs (programmatic, operating maintenance or other costs), how will you compensate for the difference?
- If this purchase **decreases** ongoing operating costs, how will it do so?

- If this purchase **does not affect** operating costs, please note so below.

This project increases operating costs, and PERC has obtained commitments for funding per the attached budget.

Organization Documentation

Please reach out to PCF staff if you have trouble uploading the files below. We are able to assist with file conversion and file compression.

Organization Budget*

Please upload your most recent, board-approved organizational budget for this fiscal year. PDF and Excel documents are accepted.

PERC 2022 Operating Budget.pdf

Board of Directors List*

Please upload your Board of Directors list.

Excel, Word, and PDF file formats are accepted.

PERC Board of Directors 2022.pdf

IRS Form 990*

Please upload a PDF copy of your most recently submitted IRS Form 990.

If Form 990 from your most recent fiscal year is delayed or you have received an extension, please explain in the text space below. You may also explain if you don't have a Form 990 due to organization type. You should still upload the most recent publicly available 990.

If you file a Form 990-EZ and do not have anything to attach, please note so below.

Only PDF files are permitted.

2020 Form 990.pdf

Most Recent Financial Statements*

Upload a PDF version of your most recent financial statements. If you have audited financial statements, please upload the most recently conducted audit. If you do not have a recent audit, please explain why.

2021 PERC Consolidated Financials.pdf

Insurance Requirements

Evidence of Insurance Coverage*

Grantees of the ARPA Nonprofit Capital Project Fund will be required to maintain appropriate insurance related to your operations and this purchase. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance.

If your organization does not have evidence of insurance coverage, please provide an explanation as to why.

COI FCLF.pdf

Insurance Requirement*

If you are awarded a contract from the ARPA Nonprofit Capital Project Fund, you will be required to list Pinellas Community Foundation as an additional insured through your general liability insurance or other appropriate coverages for the duration of the contract. If you would like to check with your insurance carrier on how to do this, here is the information about PCF you will need:

Pinellas Community Foundation
17755 US Highway 19 N
Suite 150
Clearwater, FL 33764
727-531-0058

Please check the box below to indicate that you understand and will be able to comply with this requirement if you are awarded a contract.

PCF will not ask for a certificate naming us as additional insured until the contracting stage.

Yes, I understand and will comply with this requirement if awarded a contract.

Post-Grant Requirements

Reporting Requirements Acknowledgment*

Grantees will be required to submit a pre-award agreement within two weeks of receiving an award notice. In addition, grantees will be required to submit a report within 30 days after the purchase is completed.

Financial information justifying all expenditures will also need to be provided. This includes but is not limited to:

- Invoices
- Canceled checks
- Credit card statements, along with a record of paying the credit card.

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at rcervantes@pinellascf.org.
Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

Additional Information

Budget Summary

NO LONGER USED, REPLACED IN APP WITH UPLOAD FIELD INCLUDED

Please use THIS TEMPLATE to indicate costs and any cash match your organization may have for the proposed purchases.

Please note that indirect costs are not permitted for small purchases.

If you have additional notes to add to your budget summary, you may do so in the text box below.

Additional Upload

If you have something to share, you can upload it here in PDF format.

Anything else to share?

Is there anything else that you would like Pinellas Community Foundation to know or other information your organization would like to share that isn't addressed elsewhere in this application?

Brief Project Descriptor

Please briefly describe this organization's request.

File Attachment Summary

Applicant File Uploads

- 15 Passenger Van Quotes 3.pdf
- Budget-Template-Small-Capital-Purchases PERC.xlsx
- PERC 2022 Operating Budget.pdf
- PERC Board of Directors 2022.pdf
- 2020 Form 990.pdf
- 2021 PERC Consolidated Financials.pdf
- COI FCLF.pdf

SUMMARY

\$49,835

ESTIMATED NET PRICE ^{S5}

\$847

PER MONTH FOR 60 MONTH FINANCE ^{S6}

Pre-production model shown throughout



EXTERIOR ^{S4}

Oxford White	\$0
NOT IN OG _ 16" Silver Steel Wheel with Black Hubcaps	\$0
235/65R16C 121/119 R BSW All-Season Tires	\$0
Short Arm Power Adjusting, Manual-Folding Mirrors	\$0
Windows – Tinted Glass	\$0
Spare Tire and Wheel	\$0
Roof Marker Lamp Delete	\$0
Windows – Fixed Glass, All-Around	\$0

Pre-production model shown throughout



INTERIOR ^{S4}

Dark Palazzo Grey	\$0
Dark Palazzo Gray Vinyl, 2-Way Manual Driver and 2-Way Manual Passenger Seats	\$0
Floor Covering – Front and Rear Vinyl	\$0
Illuminated Sun Visor	\$0
B-Pillar Assist Handle (Low Roof)	\$0
Rearview Mirror	\$0
Seat Configurations – Fifteen (15) Passenger	\$1,495
Front and Rear Auxiliary A/C and Heater	\$0
Full Rear Compartment Lighting	\$0
4" Multi-Function Display with AM/FM Stereo	\$0

POWERTRAINS ^{S4}

3.5L PFDi V6 Engine	\$0
Rear-Wheel Drive	\$0
10-Speed SelectShift® Automatic Transmission	\$0
3.73 Non-Limited Slip Axle	\$0

PRICING SUMMARY

BASE MSRP ^{S1}	\$46,645
OPTIONS ^{S4}	+ \$1,495
ACCESSORIES ^{S8}	+ \$0
DESTINATION CHARGES ^{S17}	+ \$1,695
TOTAL MSRP ^{S16}	= \$49,835
ESTIMATED NET PRICE ^{S5}	= \$49,835
MONTHLY PAYMENT ^{S6}	\$847

Finance based on \$4,984 down payment,
60 month term and 5% APR, \$0 trade-in-value

YOUR ZIP CODE [33764](#)

CLOSEST FORD DEALER
[Walker Ford Company, Inc.](#)
0.77 miles away
[\(833\) 286-6033](#)

Your Configuration: 2022 Transit Passenger Van, XL, 3.5L PFDi V6 Engine, 3.73 Non-Limited Slip Axle, Transit Long 250, Low Roof, 148", 10-Speed SelectShift® Automatic Transmission

Pricing shown for Zip code 33764 as of September 08, 2022 ^{S2}

DISCLOSURES 

Note.

Information is provided on an "as is" basis and could include technical, typographical or other errors. Ford makes no warranties, representations, or guarantees of any kind, express or implied, including but not limited to, accuracy, currency, or completeness, the operation of the Site, the information, materials, content, availability, and products. Ford reserves the right to change product specifications, pricing and equipment at any time without incurring obligations. Your Ford dealer is the best source of the most up-to-date information on Ford vehicles.

Disclosures through S18 apply to Search Dealer Inventory, Request A Quote, Get An Internet Price, Get A Quote, Let Us Find It For You, Build & Price and Incentives & Offers.

S1.

Manufacturer's Suggested Retail Price (also referred to as "MSRP", "Base MSRP", "Base Price" or the "Starting At" price), excludes destination/delivery charge, taxes, title, license, and registration and/or electronic filing fees, dealer fees, and total of options.

For authenticated AXZ Plan customers, the price displayed may represent Plan pricing. Not all AXZ Plan customers will qualify for the Plan pricing shown and not all offers or incentives are available to AXZ Plan customers.

S2.

Images shown are for information purposes only, and may not necessarily represent the configurable options selected or available on the vehicle. We cannot be responsible for typographical or other errors, including data transmission, display, or software errors, that may appear on the site.

S3.

Offers shown may not be available to all customers. Incentives lists are examples of offers available at the time of posting and are subject to change and expiration. Not all incentives can be redeemed together. To take advantage of rebates, incentives and/or financing offers you must take new retail delivery from dealer stock by the expiration date noted. Not all buyers will qualify for Ford Credit financing or other offers. Restrictions apply. See your local dealer for complete details.

S4.

The Option Package price and monthly payment displayed is for illustration purposes, only. Prices and monthly payments may vary based on features included in package, financing terms and availability. Some Options are not available separately. Not all Options or Option Packages are available on all vehicles. See your local dealer for details.

S5.

Estimated Net Price is the Total Manufacturer's Suggested Retail Price ("Total MSRP") minus any available offers and/or incentives. Incentives may vary. Excludes taxes, title, and registration fees. For authenticated AXZ Plan customers, the price displayed may represent Plan pricing. Not all AXZ Plan customers will qualify for the Plan pricing shown and not all offers or incentives are available to AXZ Plan customers.

S6.

The payment estimator will calculate a monthly payment based on the MSRP of the vehicle you have configured, including the dealer-installed accessories. For authenticated AXZ Plan customers, the price displayed may represent Plan pricing. Not all AXZ Plan customers will qualify for the Plan pricing shown. Actual monthly payment is based on a variety of factors, including differing financing or leasing terms, accessory prices and installation costs. Financing payment calculations are estimates only, and are based on amount of down payment, APR and term. Lease payment calculations are estimates only, and are based on an annual mileage calculation determined by your dealer. A charge is assessed for any mileage driven that exceeds this limit. Lessee is responsible for \$395 lease Disposition Fee in select states. Not all buyers will qualify for financing or a lease. Contact your local Ford or Lincoln Dealer for details.

S7.

While dealer inventory is generally updated on a daily basis, there are no guarantees that the inventory shown will be available at the dealership. Mid-model-year manufacturing changes, as well as dealer-added accessories on the actual vehicle may differ from the options and features listed. Vehicles that are identified as 'Exact Matches' may have a different price or different features not represented on the site. We make every effort to provide you with the most accurate, up-to-date information, however, only your local Ford dealer can provide you with information regarding actual vehicle availability.

S8.

Dealer Accessories are defined as items that do not appear on the factory window sticker that are installed by a Ford or Lincoln Dealers. Actual Prices for all accessories may vary and depend upon your dealer. Prices DO NOT include installation or painting, which may be required for particular items. Please check with your authorized dealer for complete pricing accuracy for all accessories and parts.

Genuine Ford Accessories will be warranted for whichever provides you the greatest benefit: 12 months or 12,000 miles (whichever occurs first) or the remainder of your Bumper-to-Bumper 3-year/36,000-mile New Vehicles Warranty. Contact your local Ford, Lincoln or Mercury dealer for details and a copy of the limited warranty.

Ford Licensed Accessories (FLA) are warranted by the accessories manufacturer's warranty. Contact your Ford, Lincoln or Mercury Dealer for details regarding the manufacturer's limited warranty and/or a copy of the FLA product limited warranty offered by the accessory manufacturer.

Most Ford Racing Performance Parts are sold with no warranty. Ford Racing Performance Parts are sold "As Is", "With All Faults", "As They Stand" and without any express warranty whatsoever, unless otherwise expressly designated herein. To determine which parts come with a warranty from the original manufacturer, or from Ford Racing, please contact the Ford Racing Techline at (800) FORD788.

S9.

The "Trade-In Value" of your vehicle is an estimate, only, and many factors that cannot be assessed without a physical inspection of the vehicle may affect actual value. For purposes of this website, we use the services of a third-party vendor to provide Trade-In Value calculations. While we believe this information is reliable, we are not responsible for and do not guarantee the accuracy or reliability of the information. Please see your local Ford dealer for information regarding actual trade-in availability and value.

S10.

AXZ Plan pricing, including AXZ Plan option pricing, is exclusively for eligible Ford Motor Company employees, friends and family-members of eligible employees, and Ford Motor Company eligible partners. Restrictions apply. See your Ford or Lincoln dealer for complete details and qualifications. Ford Motor Company reserves the right to modify the terms of AXZ Plan pricing or availability at any time. Some dealers may also chose not to participate in plan pricing Contact your local dealer to determine final pricing.

S11.

EPA estimated city/highway mpg based on base engine/transmission configuration. Actual mileage will vary.

S12.

Towing - Properly equipped.

S13.

For Dealer Ordered vehicles, the vehicle has already been ordered by the dealer and is in the process of being manufactured by the factory. If you are interested in the vehicle marked "Dealer Ordered", contact the dealership for a delivery estimate.

S14.

The "estimated selling price" is for estimation purposes only and the figures presented do not represent an offer that can be accepted by you. See your local dealer for vehicle availability and actual price. The Estimated Selling Price shown is the Base MSRP plus destination charges and total of options, but does not include service contracts, insurance or any outstanding prior credit balance. Does not include tax, title or registration fees. It also includes the acquisition fee. For Commercial Lease product, upfit amounts are included.

The "estimated capitalized cost" is for estimation purposes only and the figures presented do not represent an offer that can be accepted by you. See your local dealer for vehicle availability, actual price, and financing options. Estimated Capitalized Cost shown is the Base MSRP plus destination charges and total of options, but does not include service contracts, insurance or any outstanding prior credit balance. Does not include tax, title or registration fees. It also includes the acquisition fee. For Commercial Lease product, upfit amounts are included.

S15.

The "amount financed" is for estimation purposes only and the figures presented do not represent an offer that can be accepted by you. See your local dealer for vehicle availability, actual price, and financing options. Estimated Amount Financed is the amount used to determine the Estimated Monthly Payment. It is equal to the Estimated Selling Price of the vehicle less Down Payment, Available Incentives and Net Trade-in Amount.

The "adjusted capitalized cost" is for estimation purposes only and the figures presented do not represent an offer that can be accepted by you. See your local dealer for vehicle availability, actual price, and financing options. Estimated Adjusted Capitalized Cost is the amount used to determine the Estimated Monthly Payment. It is equal to the Estimated Capitalized Cost less Down Payment, Available Incentives, and Net Trade-in Amount.

S16.

Total MSRP is Base MSRP plus options, destination and delivery charges. Excludes taxes, title, and registration fees.

S17.

Destination Charges are associated with getting the vehicle from the manufacturer to the dealership. Prices listed are MSRP and are based on information updated on this website from time to time.

S18.

Acquisition Fee is a charge paid by the lessee to Ford Credit to help cover the cost of acquiring and servicing the account.

Note2.

For Manufacturer Specific Disclosures See Below

1.

Starting MSRP excludes destination/delivery charge, taxes, title and registration. Optional equipment not included. Starting A, Z and X Plan price is for qualified, eligible customers and excludes document fee, destination/delivery charge, taxes, title and registration. Not all vehicles qualify for A, Z or X Plan. All Mustang Shelby GT350 and Shelby GT350R prices exclude gas guzzler tax.

2.

EPA-estimated city/hwy mpg. See fueleconomy.gov for fuel economy of other engine/transmission combinations. Actual mileage will vary. MPGe is the EPA equivalent measure of gasoline fuel efficiency for electric mode operation.

2022 SAVANA PASSENGER RWD 3500 EXTENDED WHEELBASE LS **\$41,370** NET PRICE †



VEHICLE DETAILS

Standard Vehicle Price

\$39,200

SELECTED COLORS

\$0

(GAZ) Summit White
\$0

(93W) Medium Pewter, Vinyl
\$0

SELECTED OPTIONS (9)

\$475

(C6Y) 9,600 lbs. GVWR
\$0

(E24) Swing-out passenger-side door
\$0

(GU6) 3.42 rear axle ratio
\$0

(LV1) 4.3L V6 Gas engine
Standard

(M5U) 8-speed automatic transmission
Standard

(QB5) 16" steel wheels
Standard

(AR7) Vinyl front bucket seats
Standard

(U0F) AM/FM stereo with MP3 player
Standard

(ZP3) 15-passenger seating
\$475

Total Vehicle and Options

\$39,675

Destination Freight Charge

\$1,695

Total Vehicle Price

\$41,370

Net Price

\$41,370†

STANDARD FEATURES

Loading...

- **MSRP excludes tax, title, license and dealer fees.**
- **MSRP excluding installation, taxes and wheel components (if applicable). Dealer prices may vary. Some accessories may require purchase of additional equipment and/or services. See dealer for details.**
- **MSRP excludes tax, title, license, dealer fees and optional equipment. See dealer for details.**

2022 EXPRESS PASSENGER RWD 3500 Extended Wheelbase LT

\$43,070 Net Price [±]



VEHICLE DETAILS
Standard Vehicle Price

\$40,900

Selected Colors

\$0

(GAZ) Summit White
\$0



(93G) Medium Pewter, Custom Cloth
\$0



Selected Options (9)

\$475

(C6Y) 9,600 lbs. GVWR
\$0

(E24) Swing-out passenger-side door
\$0

(GU6) 3.42 rear axle ratio
\$0

(LV1) 4.3L V6 Gas engine
Standard

(M5U) 8-speed automatic transmission
Standard

(QB5) 16" steel wheels, includes Gray center caps
Standard



(AS5) Cloth front bucket seats
Standard

(U0F) AM/FM stereo with MP3 player
Standard

(ZP3) 15-passenger seating
\$475

Total Vehicle and Options

\$41,375

Destination Freight Charge

\$1,695

Total Vehicle Price

\$43,070

Net Price

\$43,070[±]

Standard Features

Package Mechanical Interior Exterior Safety

Package

- Driver Convenience Package
 - Tilt steering wheel
 - Cruise control
- Power Convenience Package
 - Power windows
 - Power door locks

Mechanical

- 4.3L V6 Gas engine
 - 276 hp @ 5200 rpm
 - 298 lb-ft of torque @ 3900 rpm
 - Direct Injection
 - Variable Valve Timing
 - Aluminum block
- 8-speed automatic transmission
 - Electronically controlled with overdrive
 - Tow/Haul mode
 - Raises transmission upshift points to provide more power to accelerate with a trailer or heavy load
 - Raises downshift points to use engine compression to help slow the truck instead of merely braking
 - Powertrain Grade Braking
 - Automatically uses the engine and transmission to slow the truck to maintain desired speeds when driving downhill
 - Reduces brake wear and increases vehicle control
 - Cruise Grade Braking
 - Downshifts automatically to slow the truck as it drives downhill if it exceeds the cruise set speed by a certain amount
 - May require additional optional equipment
- 3.42 rear axle ratio
- 9,600 lbs. GVWR
 - When properly equipped; includes weight of vehicle, passengers, cargo and equipment
- External engine oil cooler
 - Heavy-duty air-to-oil cooler
 - Helps extend engine oil life under heavy loads
- Tow/haul mode selector
 - Located on the dash above engine cover console
- Rear-wheel drive
- Heavy-duty 600 cold-cranking amps battery
 - Maintenance-free with rundown protection and retained accessory power
- 150-amp alternator
 - May require additional optional equipment
- Ladder-type frame
 - High-strength steel
- Suspension, front independent with coil springs and stabilizer bar
- Suspension, rear hypoid drive axle with multi-leaf springs
- Steering, power
- 4-wheel antilock disc brakes
 - Help reduce wheel lockup and maintain steering control during hard braking on most slippery surfaces
 - May require additional optional equipment
- 31 gallon (117.3 liters), fuel tank
 - Mid-frame location
- Aluminized stainless-steel muffler and tailpipe

Interior

- AM/FM stereo with MP3 player
 - AM/FM stereo with MP3 playback capability, seek-scan and digital clock

- Auxiliary jack connects portable media devices
- TheftLock and random select
- 2 front door speakers
- Wi-Fi® hotspot capable
 - Terms and limitations apply. See onstar.com (<http://onstar.com>) or dealer for details.
- Cloth front bucket seats
 - High back bucket seats
 - Each seat has its own armrest and head restraint
 - May require additional optional equipment
- 12-passenger seating
 - 4 row configuration
 - Bucket seats in front
 - Seating for 3 in rows 2 and 3
 - Room for 4 in the last row
 - 4-passenger seat includes a 2-piece configuration with a 50/50 split
- Console, deluxe with swing-out storage bin
 - Keeps valuables and small items secure
- Cupholders
 - 3 on engine console cover
- Carpeted floor covering
 - With rubberized vinyl floor mats
 - Color-keyed
- Steering wheel
 - Urethane
- Manual tilt steering column
 - Allows the steering wheel to be manually adjusted up or down
 - Provides extra comfort when entering or exiting the vehicle
 - May require additional optional equipment
- Instrumentation
 - Speedometer, fuel level, engine temperature, tachometer, voltage and oil pressure
- Driver Information Center
 - Includes warning messages and vehicle information
 - Average vehicle speed and fuel economy
 - Fuel range
 - Trip odometer
 - Tire pressure and oil life
- Oil-life monitoring system
 - Indicates when to change the oil based on engine operating conditions
 - Alerts the driver with a message in the Driver Information Center
- Power steering
- 8-point digital compass
 - Adds confidence when you venture into unfamiliar territory
 - Located in the Driver Information Center
 - May require additional optional equipment
- Power windows
- Power door locks
 - Allows you to lock and unlock doors easily whether it's from the driver or passenger seat or from outside using the key fob
 - Lockout protection helps you avoid locking keys in the vehicle
- Remote Keyless Entry
 - Allows you to lock and unlock doors of the vehicle with the key fob
 - Driver's door or all doors unlock at the touch of a button
- Cruise control
 - Maintains a selected speed while driving
 - Automatically disengages when the vehicle's traction control system needs to limit wheelspin on slippery surfaces or when the StabiliTrak® stability control system detects an oncoming skid
 - Set and resume speed functions
 - Steering-wheel mounted controls to easily maintain and manage cruising speed
- Theft Alarm Notification

- May require additional optional equipment
- Electrical theft-deterrent system
 - Immobilizes the engine to help prevent theft
- 12-volt power outlets
 - Located on dash above engine cover console
- 120-volt power outlet
 - 3-prong auxiliary household-style outlet
 - Can be used to plug in electrical equipment, such as a cell phone or a portable device
- Air conditioning
 - Cools and dehumidifies the air inside the vehicle
 - Allows you to manually control temperature, fan speed and sources of airflow
- Rear air conditioning
- Rear auxiliary heater
 - Helps keep the entire cabin warm
 - May require additional optional equipment
- Front and side window defogger
 - Vents to clear front and side windows
- Inside rearview auto-dimming mirror
 - Automatically dims the inside rearview mirror when it senses bright light from behind
 - Includes rear view camera display
- Cloth headliner
- Driver and front passenger visors
 - Cloth
 - Padded
 - Includes vanity mirrors
 - May require additional optional equipment
- Assist handles
 - Front A-pillar mounted for Driver and Passenger
- Interior lighting
 - Two dome lights
- Auxiliary lighting
 - Reading and underhood lights
- Chevrolet Connected Access capable
 - Subject to terms. See onstar.com (<http://onstar.com>) or dealer for details.

Exterior

- Standard body
- Swing-out passenger-side door
 - Opens wide to allow for easy access
 - Access for side loading and unloading
- 16" x 6.5" steel wheels
 - Gray center caps
- Chrome center caps
- 16" LT245/75R16E all-season blackwall front tires
- 16" LT245/75R16E all-season blackwall rear tires
- 16" LT245/75R16E all-season blackwall spare tire
- Chrome Appearance Package
 - Front and rear chrome bumpers
 - Chrome grille
- Chrome front and rear bumpers
 - May require additional optional equipment
- Chrome grille
 - Makes a bold statement with this available Chrome grille
 - May require additional optional equipment
- Dual-halogen composite headlamps
 - Direct light to help improve down-the-road visibility during nighttime driving
- Black heated power outside mirrors with convex
 - Heated feature helps clear away ice and fog
 - Rear defogger activated

- Power adjustments allow you to move both side mirrors with the touch of a button
- Manual-folding feature lets you fold the mirrors in
- Lower convex mirror
- Solar-Ray® deep-tinted glass
 - Reduces glare from the sun
 - Offers enhanced privacy and security
 - All windows are deep tinted except light-tinted glass on windshield and driver- and front passenger-side glass
- Swing-out rear side door and rear door windows
 - Helps keep the interior well ventilated
 - Helps circulate fresh air throughout the cabin
- Swing-out rear cargo door windows
 - Helps keep the interior well ventilated
 - Helps circulate fresh air throughout the cabin
- Enhanced-technology glass
 - Rearmost side windows
 - 3-layer special glass is designed to help reduce the risk of ejection during a crash
- Full-body window glass package
- Front intermittent wipers
 - Variable-speed
 - Washers to keep the windshield clean
- Front license plate kit

Safety

- StabiliTrak, electronic stability control system with traction control
 - Automatically helps enhance control, particularly during emergency maneuvers, by adjusting the brakes and engine torque to help you stay on your intended path
 - Activates when vehicle sensors detect a difference between the driver's intended path and the direction the vehicle is actually travelling
 - Applies selective brake pressure to individual wheels to help the driver keep the vehicle on the path being steered
 - Includes Traction Control that detects wheel slippage and applies brake pressure and/or reduces engine power to help the driver maintain control when accelerating on wet or snow-covered roads
 - Includes Trailer Sway Control
 - Hill Start Assist
 - Transmission/brake shift interlock
 - Hill Start Assist
 - When you are stopped on an incline, this feature keeps the brakes engaged for a split second as you transition from brake pedal to gas pedal
 - Automatically releases once you press down on the accelerator
 - Prevent vehicle roll-back while the driver moves his/her foot from the brake to the accelerator pedal
 - Door beams, steel-side
 - Daytime Running Lamps
 - Rear Vision Camera
 - Shows you an image of the area directly behind your vehicle when you're in Reverse at low speeds¹
 - Selectable dynamic guidelines laid over the display image assist in parking maneuvers by showing the vehicle's path
 - This may help you park and avoid nearby objects
- ¹ Safety or driver assistance features are no substitute for the driver's responsibility to operate the vehicle in a safe manner. The driver should remain attentive to traffic, surroundings and road conditions at all times. Visibility, weather, and road conditions may affect feature performance. Read the vehicle's owner's manual for more important feature limitations and information.
- 2 airbags
 - Frontal airbags for driver and front passenger¹
- ¹ Always use seat belts and child restraints. Children are safer when properly secured in a rear seat in the appropriate child restraint. See the Owner's Manual for more information.
- Airbag system
 - Seat-mounted side-impact airbags for driver and front passenger¹
 - Head-curtain airbags for first 3-rows in outboard seating positions¹
- ¹ Always use seat belts and child restraints. Children are safer when properly secured in a rear seat in the appropriate child restraint. See the Owner's Manual for more information.
- Airbag deactivation switch, frontal passenger-side (Always use seat belts and child restraints. Children are safer when properly secured in a rear seat in the appropriate child restraint. See the Owner's Manual for more information.)

- Forward Collision Alert
 - Can warn you if it detects a potential front-end collision with a vehicle you're following so you can quickly take action¹
 - It can also provide a tailgating alert if you're following a vehicle much too closely

¹ Safety or driver assistance features are no substitute for the driver's responsibility to operate the vehicle in a safe manner. The driver should remain attentive to traffic, surroundings and road conditions at all times. Visibility, weather, and road conditions may affect feature performance. Read the vehicle's owner's manual for more important feature limitations and information.
- Lane Departure Warning
 - Can alert you if you might be unintentionally drifting out of detected lane lines so you can quickly take action¹
 - It will not alert you if you're using your turn signal or it detects you may be intentionally leaving your lane
 - May require additional optional equipment

¹ Safety or driver assistance features are no substitute for the driver's responsibility to operate the vehicle in a safe manner. The driver should remain attentive to traffic, surroundings and road conditions at all times. Visibility, weather, and road conditions may affect feature performance. Read the vehicle's owner's manual for more important feature limitations and information.
- OnStar® & Chevrolet Connected Services capable
 - Terms and limitations apply. See [onstar.com \(http://onstar.com\)](http://onstar.com) or dealer for details.
- LATCH System
 - Lower Anchors and Tethers for CHildren system helps make it easy to install and secure a compatible child restraint seat
- Tire Pressure Monitoring System
 - Monitors the pressure in each tire and alerts you if there is a low-pressure condition in one or more of the tires¹

¹ Does not monitor spare tire.

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- **MSRP excluding installation, taxes and wheel components (if applicable). Dealer prices may vary. Some accessories may require purchase of additional equipment and/or services. See dealer for details.**
- **MSRP excludes tax, title, license, dealer fees and optional equipment. See dealer for details.**

Pinellas Ex Offender Re Entry Coalition
Operating Budget
 January - December 2022

	Total
Income	
CDBG	700,000.00
Client Program Service Fees (DOC)	48,000.00
Cohort of Champions Reimbursement	200,000.00
Continental Income	175,000.00
Direct Public Grants	30,000.00
Government Contracts	37,982.37
Government Grants	150,000.00
Pinellas REACH Grant Reimbursement	270,000.00
	1,610,982.37
Program Income	
Continental	250,000.00
HEP	110,000.00
CJ Reinvestment Grant	175,000.00
Program Fees OUT	24,730.00
Program Service Fees	110,000.00
Program Income FHSP	36,000.00
Rent Payment Welch	55,800.00
Transition In Place	540,000.00
United Way Suncoast	157,500.00
Workforce Reimbursement	245,000.00
Florida Hires	135,000.00
Total Income	\$ 1,839,030.00
Gross Profit	\$ 3,450,012.37
Expenses	
Advertising/Promotional	1,000.00
Allinvoa taxes and licenses	3,000.00
Allinvoa utilities	8,500.00
Architecture Services	10,000.00
Automobile Insurance	12,000.00
Automotive Expenses	6,000.00
Campbell Park Mortgage	9,000.00
Cell Phone Expenses	18,000.00
Client Housing Assistance	6,000.00
Client ID Assistance	500.00
Continental Daily Expenses	12,000.00
Continental Mortgage	128,340.00
Continental Renovation	36,000.00
Continental Repairs	12,000.00

Continuing Education Staff		3,600.00
		265,940.00
Contract Services		
Accounting Fees		35,000.00
Legal Fees		12,000.00
Outside Contract Services		200,000.00
Outside Contract Services Continental		150,000.00
Total Contract Services	\$	397,000.00
Credit Line Payment		6,000.00
Cyber Liability Insurance		2,400.00
Direct Client Costs		4,800.00
Emerson Profit		3,541.50
Employee Reimbursement		2,500.00
		19,241.50
Facilities and Equipment		
Property Insurance		55,000.00
CDBG		700,000.00
Rent, Parking, Utilities		80,000.00
Continental Utillies		40,000.00
Total Facilities and Equipment	\$	875,000.00
Gas		4,800.00
Grant Reimbursement		200,000.00
Grant Writing		5,000.00
Loan Repayment		100,000.00
Meals		2,600.00
Office/General Administrative Expenses		12,000.00
Operations		324,400.00
Bank Charges		595.00
Supplies		6,000.00
Taxes & Licenses		3,000.00
Telephone, Telecommunications		36,000.00
		45,595.00
Insurance - Liability, D and O		40,628.19
Total Other Types of Expenses	\$	40,628.19
outside contract Services FHSP		20,000.00
outside contract Services Workforce		120,000.00
Payroll Expenses		910,000.00
		1,050,000.00
Program Incentives		3,600.00
Property taxes		12,000.00
Renovation Costs Campbell park		10,000.00

	25,600.00
Rent	
Rent- Tarpon	9,000.00
Storage Units	12,000.00
Rent Zephyrhills	7,450.00
Rent- New Port Richey	15,600.00
	<hr/> 44,050.00
Technical Support	8,400.00
Tele Health	2,400.00
Tiny House Expenses	12,000.00
Training	6,000.00
UA Screen	2,000.00
Uncategorized Expense	6,000.00
United Way MOVE UP	60,000.00
Vehicle Lease	8,400.00
Welch Maintenance	6,000.00
Welch Property Mortgage	48,000.00
	<hr/> 159,200.00
Total Expenses	3,246,654.69
Total Income	3,450,012.37
Net Operating Income	203,357.68

PERC

Phone: (855) 505-7372

Fax: (727) 600-8096

Email: info@exoffender.org

FEIN: 59-3643636; 501c3 Tax Exempt Designation

Florida Solicitation of Contributions #CH21771



www.exoffender.org

2022 Board of Directors

Leah McRae
330 3rd Street S #808
St. Petersburg, FL 337501
Cell: 727-698-5277
Race: B Gender: F
Employment: Director of Education,
City of St. Petersburg
Relevant Experience: Current Employment
Length of Service: New member
Term of Expiration: Perpetual, no expiration

Dr. Audie Murphy
12810 US HWY 19 N.
Clearwater, FL 33764
Cell: 727-557-5193 Home:
Race: B Gender: M
Employment: Retired
Relevant Experience: Treatment Services
Public Education experience and extensive knowledge.
Length of Service: 1 (Previous member)
Term of Expiration: Perpetual, no expiration

Dr. Ladonna Butler
833 22nd Street S
St. Pete, FL 33712 727-401-0239
Race: B Gender: f
Employment: Executive Director, The Well
Relevant Experience: Entrepreneurship, Treatment,
Trauma Informed Care
Length of Service: 1 years
Term of Expiration: Perpetual, no expiration

Richard Rippy (Treasurer)
4010 W. Boy Scout Blvd., Suite 475|
Tampa, FL 33607
239-464-2115
Race: W Gender: M
Employment: Vice President Business Banking, Bank United
Relevant Experience: Accounting and Banking.
Length of Service: 3 years
Term of Expiration: Perpetual, no expiration

Matt Spence
4702 Transport Drive
Tampa, FL, FL 33605
727-600-1206
Race: W Gender: M
Homeless Rep: N
Employment: Director of Programs
Feeding Tampa Bay
Relevant Experience: Programs, grants, food security
Length of Service: 2 Years
Term of Expiration: Perpetual, no expiration

Zachary White (Chair)
2171 Timber Lane
Clearwater FL 33763
727-637-8088
Race: W Gender: M
Homeless Rep: Y
Employment: Vice President of Program at
Homeless Empowerment Program
Relevant Experience: Extensive experience working with
at risk populations, employment development, program
development for homeless populations.
Length of Service: 5 years
Term of Expiration: Perpetual, no expiration

Julien Riley
P.O. BOX 151333
Tampa FL, 33684
832-757-3712
Race: B Gender: M
Homeless Rep: Y
Employment: Voc Rehab Provider
Relevant Experience: Extensive experience working
with risk population programs
Length of Service: 2 years
Term of Expiration: Perpetual, no expiration

Bethann Barrett
2575 Ulmerton Road
Clearwater, FL 33762
727-568-8244
Race: W Gender: F
Employment: SVP Commercial Banker
Relevant Experience: Banking, Non-Profit Expertise
Length of Service: New member
Term of Expiration: Perpetual, no expiration

Sarah Couture
13722 Westshire
Drive, Tampa FL
33618
405-623-3904
Race: W Gender: F
Employment: Fines and Fees Justice Center
Florida State Director
Relevant Experience: CJ Issues
Length of Service: 1 year
Term of Expiration: Perpetual, no expiration

Millie Taylor
863 3rd Ave N
St. Petersburg, FL 33701
727-821-1200
Race: B Gender: F
Employment: Housing Supervisor, St Pete Free
Clinic
Relevant Experience: Formerly Homeless
Length of Service: 3 year
Term of Expiration: Perpetual, no expiration

Sean Kennedy
440 2nd Ave N
St. Petersburg, FL 33701
727- 504-9977
Race: W Gender: M
Employment: St. Pete Greenhouse
Relevant Experience: Social Entrepreneurship,
Employment Programs
Length of Service: 2 years
Term of Expiration: Perpetual, no expiration

Pinellas County Re-Entry Enhancement Centers

12810 US HWY 19 N

1601 16th Street South

1200 South Pinellas Avenue

Suite 8

Clearwater, FL 33764

St. Petersburg, FL 33705

Tarpon Springs, FL 34698

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

A For the 2020 calendar year, or tax year beginning , and ending

<p>B Check if applicable:</p> <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	<p>C Name of organization Pinellas Ex-Offender Re-Entry Coalition, Inc.</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 12810 US HWY 19 N, Suite 1</p> <p>City or town, state or province, country, and ZIP or foreign postal code Clearwater FL 33764</p> <p>F Name and address of principal officer: Michael Jalazo 12810 US Highway 19N Clearwater FL 33764</p>	<p>D Employer identification number 59-3643636</p> <p>E Telephone number 855-505-7372</p> <p>G Gross receipts\$ 2,658,261</p> <p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions</p>
<p>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>		
<p>J Website: www.exoffender.org</p>		
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</p>		<p>L Year of formation: 1999 M State of legal domicile: FL</p>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Provision Of Outreach Services To Ex-Offenders.		
	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	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	24
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,684,512	Current Year 654,998
	9 Program service revenue (Part VIII, line 2g)	1,386,517	2,003,263
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,071,029	2,658,261
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	103,933	35,333
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,112,404	898,829
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	0	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,786,376	1,854,310
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,002,713	2,788,472	
19 Revenue less expenses. Subtract line 18 from line 12	68,316	-130,211	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,721,542	End of Year 2,511,534
	21 Total liabilities (Part X, line 26)	2,634,400	2,725,992
	22 Net assets or fund balances. Subtract line 21 from line 20	87,142	-214,458

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	<p>Signature of officer Michael Jalazo</p> <p>Type or print name and title CEO</p>	<p>Date</p>
	<p>Print/Type preparer's name John Houser</p> <p>Preparer's signature</p> <p>Date</p> <p>Check <input type="checkbox"/> if self-employed PTIN P00430324</p>	
Paid Preparer Use Only	<p>Firm's name Wells, Houser & Schatzel, P.A.</p> <p>Firm's address 500 94th Ave N Saint Petersburg, FL 33702-2406</p>	<p>Firm's EIN 59-2921780</p> <p>Phone no. 727-578-1040</p>

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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:

Provision Of Outreach Services To Ex-Offenders.

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 \$ **2,362,529** including grants of \$) (Revenue \$ **2,003,263**)

Provides outreach services to Ex-Offenders in the community and assists them in obtaining needed services to adequately re-integrate into society as productive members of the community.

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

N/A

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

N/A

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

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

4e Total program service expenses **2,362,529**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

1a	33
1b	0

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	24		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see 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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	12	
b	Enter the number of voting members included on line 1a, above, who are independent	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records

Michael Jalazo
Clearwater **12810 US Highway 19N**

FL 33764

855-505-7372

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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) Zachary White	2.00									
..... Chairman	0.00	X					0	0	0	
(2) Millie Taylor	2.00									
..... Secretary	0.00	X					0	0	0	
(3) Roy James	2.00									
..... Board member	0.00	X					0	0	0	
(4) Tammy Greer	2.00									
..... Board member	0.00	X					0	0	0	
(5) Matt Spence	2.00									
..... Board member	0.00	X					0	0	0	
(6) Betty Hardy	2.00									
..... Board member	0.00	X					0	0	0	
(7) Kip Corriveau	2.00									
..... Board member	0.00	X					0	0	0	
(8) Richard Rippy	2.00									
..... Board member	0.00	X					0	0	0	
(9) Julien Riley	2.00									
..... Board member	0.00	X					0	0	0	
(10) Sean Kennedy	2.00									
..... Board member	0.00	X					0	0	0	
(11) Brian Monaghan	2.00									
..... 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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Tommy Heid Board member	2.00 0.00	X						0	0	0
(13) Michael Jalazo CEO	40.00 0.00			X				73,478	0	12,569
1b Subtotal								73,478		12,569
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								73,478		12,569

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
Pinellas County Urban League St. Petersburg FL 33713	333 31st St N Counseling	189,364
Help-Us Help-U, Inc. St. Petersburg FL 33710	641 49th St N Counseling	130,515

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

2

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	578,736				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	76,262				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			654,998			
Program Service Revenue			Business Code				
	2a Workforce Reimbursement		624310	469,859	469,859		
	b Transition in Place		624310	429,450	429,450		
	c Continental		624310	382,852	382,852		
	d STARS		624310	174,236	174,236		
	e Cohort of Champions		624310	161,881	161,881		
	f All other program service revenue		624310	384,985	384,985		
g Total. Add lines 2a-2f			2,003,263				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents		(i) Real				
		6a	(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				
		7a	(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							
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			2,658,261	2,003,263	0	0	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	35,333	35,333		
5 Compensation of current officers, directors, trustees, and key employees	73,478	55,109	18,369	
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	667,952	500,964	166,988	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	98,547	73,873	24,674	
10 Payroll taxes	58,852	44,139	14,713	
11 Fees for services (nonemployees):				
a Management				
b Legal	2,005		2,005	
c Accounting	4,000		4,000	
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.)	987,509	987,509		
12 Advertising and promotion	5,253	4,403	850	
13 Office expenses	146,825	112,384	34,441	
14 Information technology	17,249	16,102	1,147	
15 Royalties				
16 Occupancy	343,959	269,101	74,858	
17 Travel	10,322	8,023	2,299	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,528	9,246	282	
20 Interest	218,383	163,787	54,596	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	62,546	46,909	15,637	
23 Insurance	46,731	35,647	11,084	
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				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,788,472	2,362,529	425,943	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	26,709	1	23,175
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	206,407	4	122,480
	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	212,373	7	43,674
	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	2,476,246		
	b Less: accumulated depreciation	321,652	10c	2,154,594
	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	2,327	14	1,720
	15 Other assets. See Part IV, line 11	141,244	15	165,891
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,721,542	16	2,511,534	
Liabilities	17 Accounts payable and accrued expenses	71,635	17	56,198
	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	10,211	22	344
	23 Secured mortgages and notes payable to unrelated third parties	2,132,027	23	2,373,737
	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	420,527	25	295,713
	26 Total liabilities. Add lines 17 through 25	2,634,400	26	2,725,992
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	87,142	27	-214,458
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input 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		31	
32 Total net assets or fund balances	87,142	32	-214,458	
33 Total liabilities and net assets/fund balances	2,721,542	33	2,511,534	

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	2,658,261
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,788,472
3	Revenue less expenses. Subtract line 2 from line 1	3	-130,211
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	87,142
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	-171,389
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	-214,458

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization Pinellas Ex-Offender Re-Entry Coalition, Inc.	Employer identification number 59-3643636
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	380,871	910,290	953,501	1,684,512	654,998	4,584,172
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	380,871	910,290	953,501	1,684,512	654,998	4,584,172
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						4,584,172

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	380,871	910,290	953,501	1,684,512	654,998	4,584,172
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.)	486,351	1,481,810	1,110,328	1,386,517	1,999,056	6,464,062
11 Total support. Add lines 7 through 10						11,048,234

12 Gross receipts from related activities, etc. (see instructions) 12 6,838,865

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	41.49 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	48.35 %

16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 18 %

- 19a 33 1/3% support tests—2020. 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—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.	
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.	
c	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).	
2	Activities Test. Answer lines 2a and 2b below.		
a		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a			
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
3a			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b			

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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 II, Line 10 - Other Income Detail

Program fees **\$ 6,464,062**

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

OMB No. 1545-0047

2020

Name of the organization

**Pinellas Ex-Offender Re-Entry
Coalition, Inc.**

Employer identification number

59-3643636

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

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

Form 990-PF

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

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

Special Rules

-
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- ¹
- /
- ₃
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization

Pinellas Ex-Offender Re-Entry

Employer identification number

59-3643636**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	Sub Abuse Mental Health Svc Admin Pinellas SHARP 12810 US Highway 10 N Clearwater FL 33764-7216	\$ 176,992	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Arthur Family Foundation Tiny House Grant 12810 US Highway 19 N Clearwater FL 33764-7216	\$ 37,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Department of Justice Pinellas REACH 12810 US Highway 19 N Clearwater FL 33764-7216	\$ 209,462	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Jerry Gehrend 12810 US Highway 19N Clearwater FL 33764-7216	\$ 14,762	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Pinellas County Bd of County Comm CDBG 12810 US Highway 19 N Clearwater FL 33764-7216	\$ 90,432	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Tampa Bay Rays Foundation 12810 US Highway 19N Clearwater FL 33764-7216	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Pinellas Ex-Offender Re-Entry

Employer identification number

59-3643636

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	United Way Suncoast 12810 US Highway 19N Clearwater FL 33764-7216	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	Worknet Pinellas Workforce 12810 US Highway 19N Clearwater FL 33764-7216	\$ 15,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Pinellas Ex-Offender Re-Entry Coalition, Inc.

Employer identification number

59-3643636

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number of funds, aggregate values, and compliance questions.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total acreage, and monitoring expenses.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment %
 - b** Permanent endowment %
 - c** Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 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		189,555		189,555
b Buildings		2,218,690	258,690	1,960,000
c Leasehold improvements				
d Equipment		68,001	62,962	5,039
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,154,594

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) Construction in Progress Tiny House	96,488
(2) Construction in Progress CDBG PC	54,220
(3) Security deposits Utilities	7,775
(4) Construction in Progress CDBG SP	6,408
(5) Refundable deposit	1,000
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	165,891

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) Regions Bank Line of Credit	294,225
(3) Refundable deposits	1,488
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	295,713

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include description, sub-row labels (2a-2d, 4a-4b), and final totals (1, 2e, 3, 4c, 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.

Series of horizontal dotted lines for providing supplemental information.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

2020

Open To Public Inspection

Name of the organization Pinellas Ex-Offender Re-Entry Coalition, Inc.	Employer identification number 59-3643636
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 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.

1	(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
				(1)	Michael Jalazo			CEO	Property acquisition	X		60,000	344
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total							\$	344					

Part III Grants or Assistance Benefiting Interested Persons.

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

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

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization Pinellas Ex-Offender Re-Entry Coalition, Inc.	Employer identification number 59-3643636
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Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Return is completed by Independent Certified Public Accountant and provided to the CEO for review. The CEO signs and returns the e-file authorization form to the Independent CPA once the return has been reviewed for completeness and accuracy. The Independent CPA transmits the return to the Internal Revenue Service electronically.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Board of directors list any conflicts annually and through the year if any arise in the interim periods.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documents are provided upon request.

Form 990, Part IX, Line 11g - Other Fees for Services

Description

	Tot/Prog Service	Mgt & General	Fundraising
--	-------------------------	--------------------------	--------------------

Help Us Help You

\$	130,515	\$	0	\$	0
----	---------	----	---	----	---

Mt Zion Human Services

\$	8,060	\$	0	\$	0
----	-------	----	---	----	---

Outside Contract Services

\$	182,803	\$	0	\$	0
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Outside Contract Svc Continen

\$	104,084	\$	0	\$	0
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Name of the organization

Employer identification number

Pinellas Ex-Offender Re-Entry**59-3643636****Outside Contract Svc FHSP**

\$	19,313	\$	0	\$	0
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Outside Contract Svc Workforc

\$	119,774	\$	0	\$	0
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Pinellas County Urban League

\$	189,364	\$	0	\$	0
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Pinellas Opportunity Council

\$	27,025	\$	0	\$	0
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Pinellas Technical College

\$	41,448	\$	0	\$	0
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REACH

\$	143,095	\$	0	\$	0
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The People of Manufacturing

\$	22,028	\$	0	\$	0
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Total

\$	987,509	\$	0	\$	0
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Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Entity reported income that was also reported on return of Allinova Transitions, LLC. for 2016 through 2019. Adjustment for duplicate reporting.

2016	\$28,235
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2017	52,772
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2018	54,823
------	--------

2019	35,559
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Total adjustment	\$171,389
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

**Pinellas Ex-Offender Re-Entry
Coalition, Inc.**

Employer identification number

59-3643636

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Allinova Transitions, LLC 2640 14th Ave N St. Petersburg FL 33713 47-2323054	Rental	FL	N/A					X	N/A		X	
(2)												
(3)												
(4)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c		X
1d	X	
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l		X
1m		X
1n		X
1o		X
1p		X
1q		X
1r		X
1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Allinova Transitions, LLC	d	43,674	Cash
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII

Supplemental Information.

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

Schedule R - Group Exemption Relationships

Allinova Transition, LLC was formed to hold title to residential rental property and manage the property rental that is used as transitional housing for ex-offenders. Pinellas Ex-Offender Re-Entry Coalition, Inc. CEO is a 50% member in the LLC.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Residential Real Property:									
38	Continental improvements	8/19/20	84,050			84,050	27 MMS/L	0	1,146
			<u>84,050</u>			<u>84,050</u>		<u>0</u>	<u>1,146</u>
Prior MACRS:									
3	Dell Server	5/11/12	3,143		X	1,571	5 HY 200DB	3,143	0
4	Office chairs - Sams Club	5/16/12	1,243		X	621	7 HY 200DB	1,243	0
5	8 Dell laptops and accessories	5/17/12	6,454		X	3,227	5 HY 200DB	6,454	0
6	2 - Fire extinguishers	5/21/12	128		X	64	7 HY 200DB	128	0
7	Used telephone system	5/21/12	1,400			1,400	7 HY 200DB	1,400	0
8	Used office furniture	5/30/12	655			655	7 HY 200DB	655	0
9	Locks	5/31/12	100		X	50	7 HY 200DB	100	0
10	File cabinet replacement keys	6/06/12	131		X	65	7 HY 200DB	131	0
11	Used refrigerator	6/22/12	229			229	7 HY 200DB	229	0
12	Desktop computer - Best Buy	8/08/12	867		X	434	5 HY 200DB	867	0
13	Sinage templates	10/17/12	210		X	105	7 HY 200DB	210	0
14	4 Brother HL 2240 printers	5/17/12	400		X	200	5 HY 200DB	400	0
15	1 HP Color Laser 200	5/17/12	250		X	125	5 HY 200DB	250	0
16	1 Epson Workforce all-in-one inkjet	5/17/12	100		X	50	5 HY 200DB	100	0
17	Client check in system Voicent	7/31/12	6,783		X	3,391	7 HY 200DB	6,783	0
19	Building - 16th St. S.	12/02/14	315,116			315,116	39 MMS/L	40,736	8,080
20	Improvements - 16th St. S.	12/31/15	9,311			9,311	39 MMS/L	965	239
21	Improvements -16th Street	11/03/16	25,721			25,721	39 MMS/L	2,061	659
22	Flooring - 16th Street	7/22/16	5,100			5,100	39 MMS/L	452	131
23	Continental mattresses	6/09/16	9,913		X	4,956	7 HY 200DB	8,365	442
24	Continental improvements	11/25/16	1,457			1,457	39 MMS/L	117	37
25	Continental roofing	6/30/16	4,324			4,324	39 MMS/L	393	111
26	Continental HVAC system	8/10/16	35,000		X	17,500	7 HY 200DB	29,534	1,561
27	Continental improvements	8/26/16	25,334			25,334	39 MMS/L	2,192	650
28	Lawn equipment	10/31/16	995		X	497	5 HY 200DB	909	57
32	Continental building	5/19/16	1,375,535			1,375,535	39 MMS/L	127,854	35,270
33	Welch Renovation Costs	12/11/17	290,926			290,926	27 MMS/L	21,599	10,579
34	Welch renovation costs	11/19/18	38,685			38,685	27 MMS/L	1,583	1,406
35	Continental improvements	12/19/18	20,127			20,127	27 MMS/L	762	732
36	Welch Renovation Costs	9/30/19	6,966			6,966	27 MMS/L	74	253
37	Continental Improvements	12/28/19	16,036			16,036	27 MMS/L	24	583
			<u>2,202,639</u>			<u>2,169,778</u>		<u>259,713</u>	<u>60,790</u>
Other Depreciation:									
18	Land - 16th St S	12/02/14	35,000			35,000	0 -- Land	0	0
30	Prescott lot	4/28/16	605			605	0 -- Land	0	0
31	Continental land	5/19/16	153,950			153,950	0 -- Land	0	0
	Total Other Depreciation		<u>189,555</u>			<u>189,555</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>189,555</u>			<u>189,555</u>		<u>0</u>	<u>0</u>
Amortization:									
29	Loan Costs FCLF	11/19/16	4,250			4,250	7 MOAmort	1,923	607
			<u>4,250</u>			<u>4,250</u>		<u>1,923</u>	<u>607</u>
	Grand Totals		2,480,494			2,447,633		261,636	62,543
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>2,480,494</u>			<u>2,447,633</u>		<u>261,636</u>	<u>62,543</u>

AMT Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Residential Real Property:									
38	Continental improvements	8/19/20	84,050			84,050	27 MMS/L	0	1,146
			<u>84,050</u>			<u>84,050</u>		<u>0</u>	<u>1,146</u>
Prior MACRS:									
3	Dell Server	5/11/12	3,143		X	1,571	5 HY 200DB	3,143	0
4	Office chairs - Sams Club	5/16/12	1,243		X	621	7 HY 200DB	1,243	0
5	8 Dell laptops and accessories	5/17/12	6,454		X	3,227	5 HY 200DB	6,454	0
6	2 - Fire extinguishers	5/21/12	128		X	64	7 HY 200DB	128	0
7	Used telephone system	5/21/12	1,400			1,400	7 HY 150DB	1,400	0
8	Used office furniture	5/30/12	655			655	7 HY 150DB	655	0
9	Locks	5/31/12	100		X	50	7 HY 200DB	100	0
10	File cabinet replacement keys	6/06/12	131		X	65	7 HY 200DB	131	0
11	Used refrigerator	6/22/12	229			229	7 HY 150DB	229	0
12	Desktop computer - Best Buy	8/08/12	867		X	434	5 HY 200DB	867	0
13	Sinage templates	10/17/12	210		X	105	7 HY 200DB	210	0
14	4 Brother HL 2240 printers	5/17/12	400		X	200	5 HY 200DB	400	0
15	1 HP Color Laser 200	5/17/12	250		X	125	5 HY 200DB	250	0
16	1 Epson Workforce all-in-one inkjet	5/17/12	100		X	50	5 HY 200DB	100	0
17	Client check in system Voicent	7/31/12	6,783		X	3,391	7 HY 200DB	6,783	0
19	Building - 16th St. S.	12/02/14	315,116			315,116	39 MMS/L	40,736	8,080
20	Improvements - 16th St. S.	12/31/15	9,311			9,311	39 MMS/L	965	239
21	Improvements -16th Street	11/03/16	25,721			25,721	39 MMS/L	2,061	659
22	Flooring - 16th Street	7/22/16	5,100			5,100	39 MMS/L	452	131
23	Continental mattresses	6/09/16	9,913		X	4,956	7 HY 200DB	8,365	442
24	Continental improvements	11/25/16	1,457			1,457	39 MMS/L	117	37
25	Continental roofing	6/30/16	4,324			4,324	39 MMS/L	393	111
26	Continental HVAC system	8/10/16	35,000		X	17,500	7 HY 200DB	29,534	1,561
27	Continental improvements	8/26/16	25,334			25,334	39 MMS/L	2,192	650
28	Lawn equipment	10/31/16	995		X	497	5 HY 200DB	909	57
32	Continental building	5/19/16	1,375,535			1,375,535	39 MMS/L	127,854	35,270
33	Welch Renovation Costs	12/11/17	290,926			290,926	27 MMS/L	21,599	10,579
34	Welch renovation costs	11/19/18	38,685			38,685	27 MMS/L	1,583	1,406
35	Continental improvements	12/19/18	20,127			20,127	27 MMS/L	762	732
36	Welch Renovation Costs	9/30/19	6,966			6,966	27 MMS/L	74	253
37	Continental Improvements	12/28/19	16,036			16,036	27 MMS/L	24	583
			<u>2,202,639</u>			<u>2,169,778</u>		<u>259,713</u>	<u>60,790</u>
Other Depreciation:									
18	Land - 16th St S	12/02/14	35,000			35,000	0 -- Land	0	0
30	Prescott lot	4/28/16	605			605	0 -- Land	0	0
31	Continental land	5/19/16	153,950			153,950	0 -- Land	0	0
	Total Other Depreciation		<u>189,555</u>			<u>189,555</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>189,555</u>			<u>189,555</u>		<u>0</u>	<u>0</u>
	Grand Totals		2,476,244			2,443,383		259,713	61,936
	Less: Dispositions and Transfers		0			0		0	0
	Net Grand Totals		<u>2,476,244</u>			<u>2,443,383</u>		<u>259,713</u>	<u>61,936</u>

Bonus Depreciation Report**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
3	Dell Server	5/11/12	3,143		0	0	1,572	1,571
4	Office chairs - Sams Club	5/16/12	1,243		0	0	622	621
5	8 Dell laptops and accessories	5/17/12	6,454		0	0	3,227	3,227
6	2 - Fire extinguishers	5/21/12	128		0	0	64	64
9	Locks	5/31/12	100		0	0	50	50
10	File cabinet replacement keys	6/06/12	131		0	0	66	65
12	Desktop computer - Best Buy	8/08/12	867		0	0	433	434
13	Sinage templates	10/17/12	210		0	0	105	105
14	4 Brother HL 2240 printers	5/17/12	400		0	0	200	200
15	1 HP Color Laser 200	5/17/12	250		0	0	125	125
16	1 Epson Workforce all-in-one inkjet	5/17/12	100		0	0	50	50
17	Client check in system Voicent	7/31/12	6,783		0	0	3,392	3,391
23	Continental mattresses	6/09/16	9,913		0	0	4,957	4,956
26	Continental HVAC system	8/10/16	35,000		0	0	17,500	17,500
28	Lawn equipment	10/31/16	995		0	0	498	497
Grand Total			<u>65,717</u>		<u>0</u>	<u>0</u>	<u>32,861</u>	<u>32,856</u>

Depreciation Adjustment Report**All Business Activities**

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	3	Dell Server	0	0	0
Page 1	1	4	Office chairs - Sams Club	0	0	0
Page 1	1	5	8 Dell laptops and accessories	0	0	0
Page 1	1	6	2 - Fire extinguishers	0	0	0
Page 1	1	7	Used telephone system	0	0	0
Page 1	1	8	Used office furniture	0	0	0
Page 1	1	9	Locks	0	0	0
Page 1	1	10	File cabinet replacement keys	0	0	0
Page 1	1	11	Used refrigerator	0	0	0
Page 1	1	12	Desktop computer - Best Buy	0	0	0
Page 1	1	13	Sinage templates	0	0	0
Page 1	1	14	4 Brother HL 2240 printers	0	0	0
Page 1	1	15	1 HP Color Laser 200	0	0	0
Page 1	1	16	1 Epson Workforce all-in-one inkjet	0	0	0
Page 1	1	17	Client check in system Voicent	0	0	0
Page 1	1	19	Building - 16th St. S.	8,080	8,080	0
Page 1	1	20	Improvements - 16th St. S.	239	239	0
Page 1	1	21	Improvements -16th Street	659	659	0
Page 1	1	22	Flooring - 16th Street	131	131	0
Page 1	1	23	Continental mattresses	442	442	0
Page 1	1	24	Continental improvements	37	37	0
Page 1	1	25	Continental roofing	111	111	0
Page 1	1	26	Continental HVAC system	1,561	1,561	0
Page 1	1	27	Continental improvements	650	650	0
Page 1	1	28	Lawn equipment	57	57	0
Page 1	1	32	Continental building	35,270	35,270	0
Page 1	1	33	Welch Renovation Costs	10,579	10,579	0
Page 1	1	34	Welch renovation costs	1,406	1,406	0
Page 1	1	35	Continental improvements	732	732	0
Page 1	1	36	Welch Renovation Costs	253	253	0
Page 1	1	37	Continental Improvements	583	583	0
Page 1	1	38	Continental improvements	1,146	1,146	0
				<u>61,936</u>	<u>61,936</u>	<u>0</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
3	Dell Server	5/11/12	3,143	0	0
4	Office chairs - Sams Club	5/16/12	1,243	0	0
5	8 Dell laptops and accessories	5/17/12	6,454	0	0
6	2 - Fire extinguishers	5/21/12	128	0	0
7	Used telephone system	5/21/12	1,400	0	0
8	Used office furniture	5/30/12	655	0	0
9	Locks	5/31/12	100	0	0
10	File cabinet replacement keys	6/06/12	131	0	0
11	Used refrigerator	6/22/12	229	0	0
12	Desktop computer - Best Buy	8/08/12	867	0	0
13	Sinage templates	10/17/12	210	0	0
14	4 Brother HL 2240 printers	5/17/12	400	0	0
15	1 HP Color Laser 200	5/17/12	250	0	0
16	1 Epson Workforce all-in-one inkjet	5/17/12	100	0	0
17	Client check in system Voicent	7/31/12	6,783	0	0
19	Building - 16th St. S.	12/02/14	315,116	8,080	8,080
20	Improvements - 16th St. S.	12/31/15	9,311	238	238
21	Improvements -16th Street	11/03/16	25,721	660	660
22	Flooring - 16th Street	7/22/16	5,100	131	131
23	Continental mattresses	6/09/16	9,913	443	443
24	Continental improvements	11/25/16	1,457	37	37
25	Continental roofing	6/30/16	4,324	110	110
26	Continental HVAC system	8/10/16	35,000	1,562	1,562
27	Continental improvements	8/26/16	25,334	650	650
28	Lawn equipment	10/31/16	995	29	29
32	Continental building	5/19/16	1,375,535	35,270	35,270
33	Welch Renovation Costs	12/11/17	290,926	10,579	10,579
34	Welch renovation costs	11/19/18	38,685	1,407	1,407
35	Continental improvements	12/19/18	20,127	732	732
36	Welch Renovation Costs	9/30/19	6,966	253	253
37	Continental Improvements	12/28/19	16,036	584	584
38	Continental improvements	8/19/20	84,050	3,057	3,057
			<u>2,286,689</u>	<u>63,822</u>	<u>63,822</u>

Other Depreciation:

18	Land - 16th St S	12/02/14	35,000	0	0
30	Prescott lot	4/28/16	605	0	0
31	Continental land	5/19/16	153,950	0	0
	Total Other Depreciation		<u>189,555</u>	<u>0</u>	<u>0</u>

Total ACRS and Other Depreciation

<u>189,555</u>	<u>0</u>	<u>0</u>
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Amortization:

29	Loan Costs FCLF	11/19/16	4,250	607	607
			<u>4,250</u>	<u>607</u>	<u>607</u>

Grand Totals

<u>2,480,494</u>	<u>64,429</u>	<u>64,429</u>
------------------	---------------	---------------

Form 990	Two Year Comparison Report	2019 & 2020
For calendar year 2020, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

**Pinellas Ex-Offender Re-Entry
Coalition, Inc.**

59-3643636

		2019	2020	Differences
R e v e n u e	1. Contributions, gifts, grants	1. 148,495	76,262	-72,233
	2. Membership dues and assessments	2.		
	3. Government contributions and grants	3. 1,536,017	578,736	-957,281
	4. Program service revenue	4. 1,386,517	2,003,263	616,746
	5. Investment income	5.		
	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.		
	12. Total revenue. Add lines 1 through 11	12. 3,071,029	2,658,261	-412,768
E x p e n s e s	13. Grants and similar amounts paid	13.		
	14. Benefits paid to or for members	14. 103,933	35,333	-68,600
	15. Compensation of officers, directors, trustees, etc.	15. 70,788	73,478	2,690
	16. Salaries, other compensation, and employee benefits	16. 1,041,616	825,351	-216,265
	17. Professional fundraising fees	17.		
	18. Other professional fees	18. 950,892	993,514	42,622
	19. Occupancy, rent, utilities, and maintenance	19. 267,355	343,959	76,604
	20. Depreciation and Depletion	20. 61,757	62,546	789
	21. Other expenses	21. 506,372	454,291	-52,081
	22. Total expenses. Add lines 13 through 21	22. 3,002,713	2,788,472	-214,241
	23. Excess or (Deficit). Subtract line 22 from line 12	23. 68,316	-130,211	-198,527
O t h e r I n f o r m a t i o n	24. Total exempt revenue	24. 3,071,029	2,658,261	-412,768
	25. Total unrelated revenue	25.		
	26. Total excludable revenue	26. 1,386,517	2,003,263	616,746
	27. Total assets	27. 2,721,542	2,511,534	-210,008
	28. Total liabilities	28. 2,634,400	2,725,992	91,592
	29. Retained earnings	29. 87,142	-214,458	-301,600
	30. Number of voting members of governing body	30. 11	12	
	31. Number of independent voting members of governing body	31. 11	12	
	32. Number of employees	32. 31	24	
	33. Number of volunteers	33.		

Form 990	Tax Return History	2020
Name Pinellas Ex-Offender Re-Entry Coalition, Inc.		Employer Identification Number 59-3643636

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	380,871	910,290	953,501	1,684,512	654,998	
Membership dues						
Program service revenue	486,351	1,481,810	1,110,329	1,386,517	2,003,263	
Capital gain or loss						
Investment income						
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue	867,222	2,392,100	2,063,830	3,071,029	2,658,261	
Grants and similar amounts paid						
Benefits paid to or for members	7,456	8,051	9,629	103,933	35,333	
Compensation of officers, etc.	28,505	65,000	67,098	70,788	73,478	
Other compensation	242,221	592,907	656,180	1,041,616	825,351	
Professional fees	408,755	696,360	735,288	950,892	993,514	
Occupancy costs	167,405	259,387	273,402	267,355	343,959	
Depreciation and depletion	58,409	52,793	61,181	61,757	62,546	
Other expenses	153,231	289,408	352,899	506,372	454,291	
Total expenses	1,065,982	1,963,906	2,155,677	3,002,713	2,788,472	
Excess or (Deficit)	-198,760	428,194	-91,847	68,316	-130,211	
Total exempt revenue	867,222	2,392,100	2,063,830	3,071,029	2,658,261	
Total unrelated revenue						
Total excludable revenue	486,351	1,481,810	1,110,329	1,386,517	2,003,263	
Total Assets	2,053,569	2,414,934	2,573,445	2,721,542	2,511,534	
Total Liabilities	2,271,090	2,204,261	2,454,619	2,634,400	2,725,992	
Net Fund Balances	-217,521	210,673	118,826	87,142	-214,458	

60503 Pinellas Ex-Offender Re-Entry

59-3643636

FYE: 12/31/2020

Federal Statements

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
Help Us Help You	\$ 130,515	\$ 130,515	\$	\$
Mt Zion Human Services	8,060	8,060		
Outside Contract Services	182,803	182,803		
Outside Contract Svc Continen	104,084	104,084		
Outside Contract Svc FHSP	19,313	19,313		
Outside Contract Svc Workforc	119,774	119,774		
Pinellas County Urban League	189,364	189,364		
Pinellas Opportunity Council	27,025	27,025		
Pinellas Technical College	41,448	41,448		
REACH	143,095	143,095		
The People of Manufacturing	22,028	22,028		
Total	<u>\$ 987,509</u>	<u>\$ 987,509</u>	<u>\$ 0</u>	<u>\$ 0</u>

60503 Pinellas Ex-Offender Re-Entry

59-3643636

FYE: 12/31/2020

Federal Statements

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
Amounts below Sch B threshold	\$ 9,000
Sub Abuse Mental Health Svc Admin Cash Contribution	176,992
Arthur Family Foundation Cash Contribution	37,500
Career Source Pinellas Cash Contribution	11,650
Department of Justice Cash Contribution	209,462
Jerry Gehrend Cash Contribution	14,762
Pinellas County Bd of County Comm Cash Contribution	90,432
Tampa Bay Rays Foundation Cash Contribution	15,000
United Way Suncoast Cash Contribution	75,000
Worknet Pinellas Cash Contribution	15,200
Total	\$ <u><u>654,998</u></u>

60503 Pinellas Ex-Offender Re-Entry

59-3643636

FYE: 12/31/2020

Federal Statements

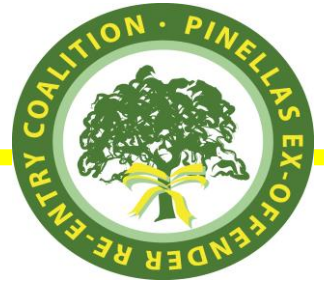
Schedule A, Part II, Line 12 - Current year

Description

Amount

Class fees	\$ 107,687
Client service fees	14,623
Cohort of Champions	161,881
Continental	382,852
Evening Reporting Center	96,609
Fdn for Healthy St Pete	42,066
HEP	124,000
STARS	174,236
Tansition in Place	429,450
Workforce Reimbursement	469,859
Total	<u>\$ 2,003,263</u>

PERC



www.exoffender.org

Phone: (855) 505-7372

Fax: (727) 600-8096

Email: info@exoffender.org

FEIN: 59-3643636; 501c3 Tax Exempt Designation

Florida Solicitation of Contributions #CH21771

Pinellas Ex-Offender Re-Entry Coalition, Inc.
12810 US HWY 19 N
Clearwater, FL 33764

Enclosed please find consolidated financial statements prepared after review in preparation of the 20 1 990 for the Pinellas Ex Offender Re Entry Coalition (PERC).

Wells, Houser & Schatzel, P.A. has worked directly with the Pinellas Ex-Offender Re-Entry Coalition for more than 15 years in a consulting position in the annual maintenance of this system (QuickBooks Professional), with consulting services as requested, and in the preparation of the organization's annual filings with the Internal Revenue Service. PERC is a 501c3 Non Profit Organization, thus no ownership interest is involved as noted in the included 990 filing.

Included:

- 20 1 Profit and Loss including all income and expenses, Year End
- 20 1 Balance Sheet including all assets and liabilities, Year End
- 20 1 Cash Flow Statement

Pinellas County Re-Entry Enhancement Centers

12810 US HWY 19 N

1601 16th Street South

1200 South Pinellas Avenue

Suite 8

Clearwater, FL 33764

St. Petersburg, FL 33705

Tarpon Springs, FL 34698

Pinellas Ex Offender Re Entry Coalition

Balance Sheet

As of December 31, 2021

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	
Allinova Transition (#8579)	1,551.39
Cash Clearing	-24,750.00
Cash on hand	100.00
OZK Continental Square	-74,031.14
OZK Main	184,447.07
PERC BB&T	78.85
PERC Master (Regions #1516)	-21,663.95
PERC Synovous (#6821)	-581.65
PERC Transitional (WF #2901)	43.30
Regions Square (#1334)	-4,080.66
Total Bank Accounts	\$61,113.21
Accounts Receivable	
11000 Accounts Receivable	122,480.01
Total Accounts Receivable	\$122,480.01
Other Current Assets	
Credit Line Transfer	0.00
Future disbursement - Hotel FCLF Inc	0.00
Loan Receivable - AT, LLC	0.00
Loan Receivable - One Unique Transition	0.00
Refundable deposits	1,000.00
Uncategorized Asset	-145,725.97
Total Other Current Assets	\$ -144,725.97
Total Current Assets	\$38,867.25
Fixed Assets	
15000 Furniture and Equipment	23,087.83
Accumulated Depreciation	-321,651.46
Accumulated Depreciaton Allinova	0.00
Allinova Building	0.00

Pinellas Ex Offender Re Entry Coalition

Balance Sheet

As of December 31, 2021

	TOTAL
Allinova Building improvements	0.00
Allinova Land	0.00
Allinova Building Improvements	0.00
Building Improvements	376,708.57
Building Improvements - Continental	196,242.66
Buildings	
Building - 16th St S	315,115.65
Buildings - Hotel	1,375,534.74
Total Buildings	1,690,650.39
Construction in Progress CDBG PC	54,219.77
Construction in Progress CDBG SP	6,408.75
Construction in Progress Tiny House	96,488.28
Land	
Land - 16th St S	35,000.00
Land - Hotel	153,950.00
Land - Prescott lot (16th St/Welch)	605.44
Total Land	189,555.44
Total Fixed Assets	\$2,311,710.23
Other Assets	
18600 Other Assets	0.00
18700 Security Deposits Asset	0.00
Due from Allinova	43,673.51
Intangibles	
Accumulated amortization	-2,529.75
Loan Costs - Hotel	4,250.00
Total Intangibles	1,720.25
Security Deposits - Utilities	7,775.00
Wells Fargo Transitional	0.00
Total Other Assets	\$53,168.76
TOTAL ASSETS	\$2,403,746.24

Pinellas Ex Offender Re Entry Coalition

Balance Sheet

As of December 31, 2021

	TOTAL
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
20000 Accounts Payable	0.00
Total Accounts Payable	\$0.00
Credit Cards	
American Express (#72004)	-191,481.49
American Express II	8,020.46
BB&T Visa (#6556)	7,239.27
BB&T Visa Card- Allinova (#2936)	0.00
Capital One CC (#9656)	-5,092.74
Credit Card	22,269.96
Wells Fargo Visa Card (#4732)	10,929.70
Total Credit Cards	\$ -148,114.84
Other Current Liabilities	
CC AJE Holding Account	0.00
Credit for AV taxes - Hotel	0.00
Loan payable - EBF	0.00
Loan Premium	0.00
Total Loan payable - EBF	0.00
Loan payable - EIDL	25,000.00
Loan Payable - FCLF #334	50,000.00
Loan Payable - FCLF Hurricane Recovery	89,377.33
Loan payable - Jalazo	344.25
Loan Payable - Pearl Capital	0.00
Loan Premium	0.00
Total Loan Payable - Pearl Capital	0.00
Rental deposits - Hotel	1,488.00
Unearned revenue	0.00
Total Other Current Liabilities	\$166,209.58
Total Current Liabilities	\$18,094.74

Pinellas Ex Offender Re Entry Coalition

Balance Sheet

As of December 31, 2021

	TOTAL
Long-Term Liabilities	
27200 Other Liabilities	0.00
CARES Act Loan	194,000.00
Due to PERC	0.00
Loan payable - BB&T	214,475.08
Loan payable - Synovus LOC	0.00
Mortgage payable - hotel	1,646,623.04
Regions Bank Line of Credit	294,225.00
SBA Loan Payable	154,261.94
Total Long-Term Liabilities	\$2,503,585.06
Total Liabilities	\$2,521,679.80
Equity	
30000 Opening Bal Equity	5,004.12
32000 Unrestricted Net Assets	-214,458.36
Net Income	91,520.68
Total Equity	\$ -117,933.56
TOTAL LIABILITIES AND EQUITY	\$2,403,746.24

Pinellas Ex Offender Re Entry Coalition

Profit and Loss

January - December 2021

	TOTAL
Income	
43300 Direct Public Grants	12,140.00
43340 Nonprofit Organization Grants	1,840.00
Total 43300 Direct Public Grants	13,980.00
44500 Government Grants	24,043.71
47200 Program Income	
47240 Program Service Fees	137,142.53
Continental	56,982.07
HEP	115,170.00
Program Fees OUT	12,630.26
Program Income One Unique	3,420.00
Total 47200 Program Income	325,344.86
48000 Pinellas REACH Grant Reimbursement	339,363.39
CDBG	3,865.57
Client Program Service Fees (DOC)	6,122.50
Cohort of Champions Reimbursement	195,731.34
Continental Income	307,602.78
Donation-Mahaffey	1,000.00
Framework Income	29,286.00
Hidden Voices	49,425.00
Mortgage Income	365,447.14
Program Income FHSP	8,247.50
Refund	2,695.91
Reimbursement	1,320.00
Rent Payment Welch	6,400.00
Rent Received Business Enterprise Park	1,500.00
Rent Received Emerson	16,885.00
Sales of Product Income	261.00
Second Chance Tiny House Grant	72,000.00
SPW Grant Reimbursement	154,841.56
STARS Reimbursement	86,862.74
Transition In Place	511,271.64
Uncategorized Income	49.00
United Way Suncoast	157,500.00
Workforce Reimbursement	54,979.40
Total Income	\$2,736,026.04
GROSS PROFIT	\$2,736,026.04
Expenses	
13000 Cell Phone Expenses	14,700.68

Pinellas Ex Offender Re Entry Coalition

Profit and Loss

January - December 2021

	TOTAL
62100 Contract Services	
62110 Accounting Fees	13,311.25
62150 Outside Contract Services	106,153.70
62160 Outside Contract Services Continental	106,135.00
Outside Contract Servicese	530.00
Total 62100 Contract Services	226,129.95
62800 Facilities and Equipment	
62870 Property Insurance	55,426.73
62890 Rent, Parking, Utilities	79,495.15
Continental Utilies	102,683.15
Total 62890 Rent, Parking, Utilities	182,178.30
Total 62800 Facilities and Equipment	237,605.03
65000 Operations	
65030 Printing and Copying	4,560.00
65040 Supplies	6,252.05
65050 Telephone, Telecommunications	54,395.42
Office/General Administrative Expenses	5.35
Taxes & Licenses	15,239.06
Total 65000 Operations	80,451.88
65100 Other Types of Expenses	
65120 Insurance - Liability, D and O	28,806.26
Total 65100 Other Types of Expenses	28,806.26
66000 Payroll Expenses	809,703.68
68300 Travel and Meetings	79.96
69000 Direct Client Costs REACH	-890.80
69100 Grant Reimbursement REACH	161,643.55
69150 Contract/Other Payments REACH	60,524.00
69200 Supplies & Materials REACH	5,805.83
69250 Cell Phone Expenses-REACH	1,350.00
69260 Liability Insurance- REACH	2,153.25
69270 Program/Data MGMT - REACH	24,750.00
Advertising/Promotional	3,782.29
Allinvoa taxes and licenses	516.25
Allinvoa utilities	5,961.97
Architecture Services	4,428.49
Automobile Insurance	4,580.00
Automotive Expenses	471.90
Bank fee	950.80
Campbell Park Mortgage	9,508.44
Client refund	271.98
Cohort of Champions Incentives	12,855.00

Pinellas Ex Offender Re Entry Coalition

Profit and Loss

January - December 2021

	TOTAL
Continental Daily Expenses	17,277.72
Continental Mortgage	128,340.00
Continental Renovation	10,179.95
Continental Repairs	438.40
Continuing Education Staff	2,145.27
Credit Line Payment	308,986.92
Cyber Liability Insurance	874.00
Direct Client Costs	11,258.26
Donation	1,279.00
Dues & Subscriptions	650.00
Emerson Profit	4,958.10
Employee Reimbursement	3,403.62
Fees	1,006.92
Gas	3,733.14
Grant Reimbursement	31,685.68
Insurance	12,700.56
Interest expense	496.71
iPad Data Plans	179.91
Loan Repayment	47,939.52
Loan/Advance	3,915.26
Meals	2,493.48
Office/General Administrative Expenses	6,157.50
outside contract Services FHSP	5,610.00
outside contract Services Hidden Voices	46,108.75
outside contract Services Workforce	73,983.00
OZK Bank Transfer	68,900.00
Permits	785.04
Program Incentives	4,876.97
Renovation Continental	1,683.56
Renovation Costs Campbell park	5,745.00
Rent	-0.09
Rent- Tarpon	9,611.05
Storage Units	11,330.39
Total Rent	20,941.35
Rent Zephyrhills	7,600.00
Rent- New Port Richey	14,731.14
Repairs & Maintenance	86.60
Technical Support	9,577.00
Tele Health	2,049.00
Tiny House Expenses	29,610.57
Training	25.00
UA Screen	1,229.36

Pinellas Ex Offender Re Entry Coalition

Profit and Loss

January - December 2021

	TOTAL
Uncategorized Expense	150.26
Vehicle Lease	7,698.42
Website Expenses	12,000.00
Welch Property Mortgage	25,758.21
Welch Renovation Costs	6,904.48
Total Expenses	\$2,642,294.02
NET OPERATING INCOME	\$93,732.02
Other Expenses	
80400 Program Admin Allocations	1,711.34
Reconciliation Discrepancies	500.00
Total Other Expenses	\$2,211.34
NET OTHER INCOME	\$ -2,211.34
NET INCOME	\$91,520.68

Pinellas Ex Offender Re Entry Coalition

Statement of Cash Flows

January - December 2021

	TOTAL
OPERATING ACTIVITIES	
Net Income	139,460.20
Adjustments to reconcile Net Income to Net Cash provided by operations:	
Uncategorized Asset	145,725.97
American Express (#72004)	-191,481.49
American Express II	-16,773.13
Capital One CC (#9656)	-18,327.72
Credit Card	22,269.96
Loan Repayment	-47,939.52
Total Adjustments to reconcile Net Income to Net Cash provided by operations:	-106,525.93
Net cash provided by operating activities	\$32,934.27
FINANCING ACTIVITIES	
30000 Opening Bal Equity	5,004.12
Net cash provided by financing activities	\$5,004.12
NET CASH INCREASE FOR PERIOD	\$37,938.39
Cash at beginning of period	23,174.82
CASH AT END OF PERIOD	\$61,113.21



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/03/22

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER ALL BUSINESS UNDERWRITERS BOX 3075 DUNNELLON FL 34430	CONTACT NAME: ALL BUSINESS UNDERWRITERS	FAX (A/C, No):	
	PHONE (A/C, No, Ext): (727) 403-9470	E-MAIL ADDRESS: ALLBIZUNDERWRITERS@BELLSOUTH.NET	
INSURED P E R C (PINELLAS EX-OFFENDER RE-ENTRY COALITION) MIKE JALAZO, EXECUTIVE DIRECTOR 12810 U S HWY 19 NORTH CLEARWATER FL 33764	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: LANDMARK AMERICAN INSUR CO.		
	INSURER B: UNITED STATES LIABILITY INSUR CO		
	INSURER C: HARTFORD STEAM BOILER INSPECTION		
	INSURER D: NATIONAL LIABILITY & FIRE INSUR CO.		
	INSURER E: INSURER F:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> PROFESSIONAL LIABILITY <input type="checkbox"/> COVERAGE INCLUDED GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			LHC-796-723	06/03/22	06/03/23	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 1,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
D	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			73-APR-404-193	02/28/22	02/28/23	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/>	N/A			PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
B	DIRECTORS & OFFICERS INSURANCE COVERAGE			NDO-157-3699-E	06/14/22	06/14/23	AGGREGATE LIMIT	\$ 500,000
C	CYBER INSURANCE			01-CY-0005-512-012-00	04/07/22	04/07/23	AGGREGATE LIMIT	\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
SOCIAL SERVICES ORGANIZATION OPS : 6 OFFICE LOCATIONS AS FOLLOWS : (1): 12810 U S HWY 19 NORTH, CLEARWATER, FL, 33764; (2): 1601 16TH STREET SOUTH, ST PETE, FL, 33712; (3): 1200 S PINELLAS AVE, TARPON SPRINGS, FL, 34689; (4): 6581 43RD STREET # 1512, PINELLAS PARK, FL, 33781; (5): 7621 LITTLE ROAD # 300-D, NEW PORT RICHEY, FL, 34654; (6): 36825 S/R 54, ZEPHYRHILLS, FL, 33541

CERTIFICATE HOLDER	CANCELLATION
FLORIDA COMMUNITY LOAN FUND - ISAOA 800 N MAGNOLIA AVENUE # 106 ORLANDO, FLA, 32803 CTHOMPSON@FCLF.ORG	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE