FOR TAX YEAR 2022

JOHNSON CITY RECOVERY CENTER

KNOB CREEK PROFESSIONAL TAX SVC

1906 KNOB CREEK RD

Johnson City, TN 37604

(423)282-2261

Department of th	e Treasurv

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public

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

Inspection Internal Revenue Service For the 2022 calendar year, or tax year beginning 07-01 2022, and ending 06-30 ,2023 Α в Check if applicable: C Name of organization JOHNSON CITY RECOVERY CENTER D Employer identification number Address change Doing business as 88-2356371 E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite X Initial return 513 E UNAKA AVE (423)262-8903 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return JOHNSON CITY, TN 37601 1,231,734 \$ П X No Application pending F Name and address of principal officer: H(a) Is this a group return for subordinates? Yes H(b) Are all subordinates included? Yes | No X 501(c)(3) 501(c) (4947(a)(1) or 527 If "No," attach a list. See instructions Tax-exempt status:) (insert no.) JCRECOVERYCENTER.ORG J Website: H(c) Group exemption number Form of organization: X Corporation Trust Association Other L Year of formation: 2022 M State of legal domicile: TN Summary Part I 1 Briefly describe the organization's mission or most significant activities: JOHNSON CITY RECOVERY CENTER'S MISSION IS TO IMPROVE THE QUALITY OF LIFE FOR INDIVIDUALS, FAMILIES, AND COMMUNITIES WHO HAVE BEEN AFFECTED Activities & Governance BY SUBSTANCE USE AND ADDICTION IN WASHINGTON COUNTY AND SURROUNDING AREAS OF NORTHEAST TENNESSEE. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 3 5 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 3 6 Total number of volunteers (estimate if necessary) 6 5 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b b 0 **Current Year** Prior Year Contributions and grants (Part VIII, line 1h) 8 1,215,732 Revenue 9 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 16,002 10 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,231,734 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 47,731 Expenses 0 Total fundraising expenses (Part IX, column (D), line 25) b 0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 132,187 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 179,918 19 Revenue less expenses. Subtract line 18 from line 12 1,051,816 **Beginning of Current Year** End of Year Net Assets or Fund Balances 20 Total assets (Part X, line 16) 1,058,293 21 Total liabilities (Part X, line 26) . . 6,477 22 Net assets or fund balances. Subtract line 21 from line 20 . . 1,051,816 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

	DOROTHY GR	EENE					09-27-2023
Sign	Signature of officer					Da	te
Here	DOROTHY GR	EENE, EXECU	TIVE DIRECTOR/PRESIDENT				
	Type or print name and title						
	Print/Type preparer's nam	e	Preparer's signature	Date	Cł	neck if	PTIN
Paid	Richard C Cra	in CPA		09-29-2023	se	If-employed	P01441390
Preparer	Firm's name	KNOB CRE	EK PROFESSIONAL TAX SVC		Firm's EIN		
Use Only	Firm's address	1906 KNC	DB CREEK RD		Phone no.		
		423-	282-2261				
May the IRS	discuss this return wit	h the preparer sh	nown above? See instructions				X Yes 🗌 No

Form	990 (2022) JOHNSON CITY RECOVERY CENTER	88-2356371	Page 2
Pa	rt 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:		
	JOHNSON CITY RECOVERY CENTER'S MISSION IS TO IMPROVE THE QUALITY OF LIFE FOR	INDIVIDUAL	s,
	FAMILIES, AND COMMUNITIES WHO HAVE BEEN AFFECTED BY SUBSTANCE USE AND ADDICT	ION IN WASH	INGTON
	COUNTY AND SURROUNDING AREAS OF NORTHEAST TENNESSEE.		
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	<u>x</u> 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	X 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 measure	d by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$143,068 including grants of \$) (Revenue	\$ 1,215	5,732)
	BUILT ON THE BEST AND MOST CURRENT RECOVERY SCIENCE FROM HARVARD'S RECOVERY H	RESEARCH IN	STITUTE,
	JOHNSON CITY RECOVERY CENTER (JCRC) IS A PEER-LED AND OPERATED RECOVERY COMMU	JNITY CENTE	R.
	ALTHOUGH WE DO NOT PROVIDE PROFESSIONAL TREATMENT SERVICES OR RECOVERY HOUSIN	NG, WE DO PI	ROVIDE
	LINKAGES TO THESE VALUABLE RESOURCES AS WELL AS HELP TO BUILD INDIVIDUAL, FAM	ILY, AND CO	OMMUNITY
	RECOVERY CAPITAL BY PROVIDING ADVOCACY TRAINING, RECOVERY INFORMATION, MUTUAL	L AID SUPPO	RT,
	RECOVERY AND HEALTH INFORMATION, TECHNOLOGY AND INTERNET ASSISTANCE, RESOURCE	E MOBILIZAT	ION,
	EMPLOYMENT ASSISTANCE, RECOVERY COACHING, VOLUNTEERISM, YOGA FOR RECOVERY, SO		
	ETC. JCRC IS A 'RECOVERY HUB' OFFERING A SAFE, SUPPORTIVE, AND NON-JUDGMENTAL	L ENVIRONME	NT FOR
	THOSE SEEKING RECOVERY WHERE ALL PATHS TO RECOVERY ARE WELCOMED, AFFIRMED, AN		
	· · · · · · · · · · · · · · · · · · ·		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
40		Ψ)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 143,068		
EEA		For	m 990 (2022)

	990 (2022) JOHNSON CITY RECOVERY CENTER 88-235	5371	F	Page 3
Pa	rt 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	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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	3		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	4		x
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,	_		
-	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5		
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	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
~	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		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	9		v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		x
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		x
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	1 lu		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	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	11c		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	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f		x
12a				
	Schedule D, Parts XI and XII	12a		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	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b		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	15		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	16		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	17		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	18		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	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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	21		х

		235637	71	P	Page 4
Pa	rt IV Checklist of Required Schedules (continued)				
20	Did the exercise time at more than #5 000 of events on other conjutance to an fer demonstrational individuals on	Г		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		v
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	· • •	~~~		x
25	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J.		23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	Γ			
	to defease any tax-exempt bonds?	· · · L	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	· · ·	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	· · ·	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I	· · ·	25b		х
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 or any of these persons? If "Yes," complete Schedule L, Part II	· • •	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
~~	persons? If "Yes," complete Schedule L, Part III	••••	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,				
-	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		200		
b	"Yes," complete Schedule L, Part IV	E E	28a 28b		x
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	· • •	200		x
C	"Yes," complete Schedule L, Part IV.		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	E E	200		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		23		~
00	conservation contributions? If "Yes," complete Schedule M.		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	-	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		•••		
	complete Schedule N, Part II		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	F			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1		34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	[35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization? If "Yes," complete Schedule R, Part V, line 2	· · ·	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	· • •	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and				
	19? Note: All Form 990 filers are required to complete Schedule O		38	х	
Par					_
	Check if Schedule O contains a response or note to any line in this Part V	· · · · ·	••		
		F		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c	<u>x</u>	(2222)

Form 990 (2022)

Form	Form 990 (2022) JOHNSON CITY RECOVERY CENTER 88-2356371						
Par	't V	Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No	
2a	Ente	r the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	State	ments, filed for the calendar year ending with or within the year covered by this returm	2a 3				
b	If at	east one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	x		
3a	Did t	he organization have unrelated business gross income of \$1,000 or more during the year?		3a		х	
b	lf "Ye	es," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b			
4a	At ar	y time during the calendar year, did the organization have an interest in, or a signature or other authority ov	er,				
	a fina	ancial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		x	
b	lf "Ye	es," enter the name of the foreign country					
	See	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (Fi	BAR).				
5a	Was	the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х	
b	Did a	iny taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		х	
С	lf "Ye	es" 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					
	orga	nization solicit any contributions that were not tax deductible as charitable contributions?		6a		x	
b	lf "Ye	es," did the organization include with every solicitation an express statement that such contributions or					
	gifts	were not tax deductible?		6b			
7	Orga	nizations that may receive deductible contributions under section 170(c).					
а	Did t	he 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	lf "Ye	es," did the organization notify the donor of the value of the goods or services provided?		7b			
с	Did t	he organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	requ	red to file Form 8282?		7c		x	
d	lf "Ye	es," indicate the number of Forms 8282 filed during the year	7d				
е	Did t	he organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .		7e		х	
f	Did t	he organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		х	
g	If the	organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	required?	7g		х	
h	If the	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		х	
8	Spo	nsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	spor	soring organization have excess business holdings at any time during the year?		8			
9	Spor	soring organizations maintaining donor advised funds.					
а	Did t	he sponsoring organization make any taxable distributions under section 4966?		9a			
b	Did t	he sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10	Sect	ion 501(c)(7) organizations. Enter:					
а	Initia	tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gros	s receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Sect	ion 501(c)(12) organizations. Enter:					
а	Gros	s income from members or shareholders	11a				
b	Gros	s income from other sources (Do not net amounts due or paid to other sources					
	agai	nst amounts due or received from them.)	11b				
12a	Sect	ion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b	lf "Ye	es," enter the amount of tax-exempt interest received or accrued during the year	12b	-			
13	Sect	ion 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the	e organization licensed to issue qualified health plans in more than one state?		13a		L	
	Note	: See the instructions for additional information the organization must report on Schedule O.					
b	Ente	r the amount of reserves the organization is required to maintain by the states in which					
	the c	rganization is licensed to issue qualified health plans	13b	-			
С		the amount of reserves on hand	13c				
14a	Did t	he organization receive any payments for indoor tanning services during the tax year?		14a		х	
b		es," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O \ldots		14b			
15	Is the	organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				l	
	exce	ss parachute payment(s) during the year?		15		x	
		es," see the instructions and file Form 4720, Schedule N.					
16		organization an educational institution subject to the section 4968 excise tax on net investment income? .		16		x	
		es," complete Form 4720, Schedule O.					
17		ion 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activiti	es			l	
		vould result in the imposition of an excise tax under section 4951, 4952 or 4953?		17			
	lf "Ye	es," complete Form 6069.					

Forr	m 990 (2022) JOHNSON CITY RECOVERY CENTER 88-	235637	'1	Р	age 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a	and for a	"No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See ins				
	Check if Schedule O contains a response or note to any line in this Part VI			•••	х
See	ction 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 1a	5			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O.	_			
b	Enter the number of voting members included in line 1a, above, who are independent	5			
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	х	
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 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	-	5		X
6 70	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		7a		v
h	one or more members of the governing body?	•••	14		х
b	stockholders, or persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	•••	10		
Ū	the year by the following:				
а	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 Q		9		x
Sec	tion 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		х
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	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	•••	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe on Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?		13		х
14	Did the organization have a written document retention and destruction policy?	•••	14		х
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a	The organization's CEO, Executive Director, or top management official		15a	x	
b	Other officers or key employees of the organization	••	15b	х	
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a toyable on the vega?		160		v
h	with a taxable entity during the year?	•••	16a		x
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
			16b		
Ser	organization's exempt status with respect to such arrangements?	••	100		
17	List the states with which a copy of this Form 990 is required to be filed Tennessee				
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 Image in the upper intervention intervention in the upper intervention interventintervention intervention intervention intervention interven				
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.				
	ED GREENE (423)262-8903, 513 E UNAKA AVE, JOHNSON CITY, TN 37601				

Form 990 (202	2) JOHNSON CITY RECOVERY CENTER	88-2356371	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated Employe	es, 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 E	mployees	
1a Complete t	his table for all persons required to be listed. Report compensation for the calendar year ending with	or within the	
organization's	ax year.		
 List all of 	the organization's current officers, directors, trustees (whether individuals or organizations), regardle	ess of amount of	
compensation.	Enter -0- in columns (D), (E), and (F) if no compensation was paid.		

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

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

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

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

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

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

					(C)	, 5411	0.11			
(A) Name and title	(B) Average hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee Individual trustee or director		Highest compensated employee Key employee Officer		Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) LEAH_LOGSDONSECRETARY	1.00			x				0	0	0
(2) ED GREENE	3.00			^				0	0	U
TREASURER				x				0	0	0
(3) SARAH MILLER	1.00									
VICE PRESIDENT				x				0	0	0
(4) DOROTHY GREENE	30.00									
EXECUTIVE DIRECTOR/PRESIDENT				х				0	0	0
(5) JILL CORVIN	1.00									
CHAIRPERSON				х				0	0	0
<u>(6)</u>										
(7)										
(8)										
(9)										
<u>(10)</u>										
(11)										
(12)										
(13)										
(14)										
										Earm 000 (2022)

	90 (2022) JOHNSON CITY RECO										3-23563			age 8
Part	VII Section A. Officers, Directors, T	rustees,	Key E	Emj			s, an	d F	lighest Comp	ensated	l Emplo	oyees	(conti	inued
	(A) Name and title	(B) Average hours per week	box,	, unle	Po: eck m ss pei	rson is	nan one s both ar /trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related	able ation ated	con	(F) ated amo of other opensation	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizatior 1099-MI 1099-NI	SC/	orgar	om the hization a organiz	
(15)														
(16)			-											
(17)			-											
(18)			-											
<u>(19)</u>			-											
(20)			-											
(21)			-											
(22)			-											
(23)			-											
(24)			-											
(25)			-											
1b c d	Subtotal		· · · ·	•••	•••	•••	•••	•	0		0			0
2	Total number of individuals (including but not limiter reportable compensation from the organization								ore than \$100,000	of				C
3	Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedul	le J for sucl	h individ	dual	•••		••••	•••	•••••			3	Yes	No X
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater the individual	an \$150,00	0? If "Y	′es,"	' con	nplei	te Sch	edul	le J for such			4		x
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes	compensati	ion from	n any	unr	elate	ed orga	aniza	ation or individual			5		x
	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Report comp										ay vear			
	(A)	chisation for		Critic	ur yc			with	(B)		ar year.	(C)		
	Name and business address	s							Description of servic	es		Compensa	ation	
2	Total number of independent contractors (including received more than \$100,000 of compensation from	-		thos	se lis	ated a	above)) wh	0					

Form 99	90 (20	JOHNS	ON	CITY RE	COVER	RY CENTER			88-23563	71 Page 9
Part	VIII	Statement of Rev	/enu	ie						
		Check if Schedule O co	ontair	ns a respons	se or n	ote to any line in thi	s Part VIII		<u></u>	<u> [</u>
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
6 6	b	Membership dues	•••		1b					
ants	С	Fundraising events			1c					
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations .		1d						
	е	· · · · · · · · · · · · · · · · · · ·			1e	1,215,732				
ns, Simi	f		-							
utio		and similar amounts not i			1f					
di li	g				1	¢				
Cor	h	lines 1a-1f			1g		1 015 700			
	+ "	Total. Add lines 1a-11	••		• • •	Business Code	1,215,732			
	2a					Busiliess Code				
ice.	b									
erv iue	c									
Program Service Revenue	d									
gra Re	е									
Pro	f	All other program service	rever	nue						
	g	Total. Add lines 2a-2f .	••							
	3	Investment income (includ	ing d	ividends, int	erest, a	and				
		other similar amounts) .					16,002	16,002		
	4	Income from investment of		•	•					
	5	Royalties	•••							
	6-	Over an analta	0	(i) Rea	al	(ii) Personal				
		Gross rents								
		Less: rental expenses Rental income or (loss)	6b 6c							
		Net rental income or (loss)	<u> </u>							
			, . 	(i) Securit		(ii) Other				
	78	Gross amount from sales of assets		(1) 0000111		() Outoi				
		other than inventory	7a							
	b	Less: cost or other basis								
e		and sales expenses	7b							
/eni	С	Gain or (loss)	7c							
Re		Net gain or (loss)			• • •					
Other Revenue	8a	Gross income from fundra	ising							
ð		events (not including \$			-					
		of contributions reported of								
	h	1c). See Part IV, line 18 Less: direct expenses .								
		Net income or (loss) from								
		Gross income from gamin		along even						
	- Ou	activities, See Part IV, line	-		9a					
	b	Less: direct expenses .			9b					
	с	Net income or (loss) from	gami	ng activities						
	10a	Gross sales of inventory, I	ess							
		returns and allowances .			10a					
		Less: cost of goods sold								
	С	Net income or (loss) from	sales	of inventor	у					
						Business Code				
e e	11a									
lanc enu(b									
Miscellanous Revenue	C d	All other revenue								
Miš F		Total. Add lines 11a-11d				L				
		Total revenue. See instru					1,231,734	16,002	0	0

JOHNSON CITY RECOVERY CENTER

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c	columns. All other orga	nizations must comple	te column (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX			
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B) Brogram sonvice	(C) Management and	(D) Fundraising
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	44,339	44,339		
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,392	3,392		
11	Fees for services (nonemployees):				
a					
b					
C					
a					
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				
12	(A) amount, list line 11g expenses on Schedule O.) Advertising and promotion	233		233	
12	Office expenses	5,725 15,174		5,725 15,174	
14	Information technology	1,310		1,310	
15	Royalties	1,310		1,310	
16		19,206	14,405	4,801	
17	Travel	19,200	11,105	4,001	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23					
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.)				
а	EDUCATION & TRAININGS	9,522	9,522		
b	PROFESSIONAL SERVICES	69,530	69,530		
С	MAINTENANCE	3,763		3,763	
d	UTILITIES	4,604		4,604	
е	All other expenses	3,120	1,880	1,240	
25	Total functional expenses. Add lines 1 through 24e	179,918	143,068	36,850	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

	990 (20			8-235	6371 Page 11
Part	t 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
	1	Cash - non-interest-bearing		1	58,720
	2	Savings and temporary cash investments		2	997,602
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) \ldots		6	
6	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	1,971
	16	Total assets. Add lines 1 through 15 (must equal line 33)	0	16	1,058,293
	17	Accounts payable and accrued expenses		17	6,477
	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	
ŝ	22	Loans and other payables to any current or former officer, director,			
ilitie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	6,477
		Organizations that follow FASB ASC 958, check here			
ŝ		and complete lines 27, 28, 32, and 33.			
ů.	27	Net assets without donor restrictions		27	1,051,816
sala	28	Net assets with donor restrictions		28	
Б		Organizations that do not follow FASB ASC 958, check here			
Fur		and complete lines 29 through 33.			
o	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ase	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	0	32	1,051,816
	33	Total liabilities and net assets/fund balances	0	33	1,058,293
EEA					Form 990 (2022)

Form 990 (2022)

Form	990 (2022) JOHNSON CITY RECOVERY CENTER	88-2356373	L	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	231,	734
2	Total expenses (must equal Part IX, column (A), line 25)	2		179,	918
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	051,	816
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,	051,	816
Pa	t 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	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? \ldots		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990	(2022)

SCHE	DULE	Α
(Form	990)	

Public Charity Status and Public Support

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

ıst.	2022			
	Open to Public			

OMB No. 1545-0047

		he Treasury		Attac	h to Form 990 or Form	990-EZ.			Open to Public
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.			Inspection						
Name	of the or	ganization						Employer identificati	on number
JOHN	SON C	ITY RECO	VERY CENTER					88-23563	71
Part	t I	Reason	for Public Cha	rity Status. (A	I organizations mus	st comple	ete this p	art.) See instruct	ions.
The or	rganizati	ion is not a p	private foundation b	ecause it is: (For lir	nes 1 through 12, check of	only one bo	.)		
1	_				hurches described in se				
2	=	-			h Schedule E (Form 990				
3					ion described in section		(A)(iii).		
4	=	•	· ·	-	tion with a hospital desc			b)(1)(A)(iii). Enter th	e
•			, city, and state:						0
5		•		enefit of a college o	r university owned or op	erated by a	a dovernme	ental unit described in	
Ŭ		-	(1)(A)(iv). (Comple	•			governing		
6	_			,	I unit described in section	on 170(b)([,]	1)(Δ)(v)		
7	=		-	•	art of its support from a g			om the general public	
•		-	-	(vi). (Complete Par				on the general public	
8	_				(vi). (Complete Part II.)				
9	_	-			ction 170(b)(1)(A)(ix) o	nerated in	conjunctio	n with a land-grant of	
Ŭ		-	-		(see instructions). Enter		-	-	liege
		/ersity:	a norriana grani oc	lege of agriculture		the name,	ony, and si	are of the concyc of	
10		· ·	that normally recei	ives: (1) more than	33 1/3% of its support fr	om contribu	utions men	hershin fees and ar	200
10	rece	eipts from ac	tivities related to it	s exempt functions,	subject to certain excep	tions; and	(2) no mor	e than 33 1/3% of its	555
					business taxable income) from businesses	
11	_		-		e section 509(a)(2). (Co to test for public safety. \$			`	
12	=	-	•	•	or the benefit of, to perform				see of
12		-		-	ed in section 509(a)(1)				
				-	pe of supporting organization				
а			-		ervised, or controlled by i			-	
a					rly appoint or elect a ma		-		giving
				-		-			
h			-	-	rt IV, Sections A and E		poorted or	appization(a) by boy	ina
b					controlled in connection		• •	• • • •	•
			•		tion vested in the same			manage the suppon	eu
		-		mplete Part IV, Se		onnotion	with and	upotionally intograte	ط بدينغام
С					rganization operated in o				u with,
لم					ou must complete Par				ation(a)
d			-	•	ing organization operate				. ,
				•	n generally must satisfy a			ent and an attentivene	355
		•	,	•	ete Part IV, Sections A				
е			-		en determination from the			і, туре ії, туре ії	
		-	• •		integrated supporting o	rganization	1.		
f			of supported organ		•••••		• • • • •		• • • • •
g			-	but the supported or					
	(i) Name o	of supported org	anization	(ii) EIN	(iii) Type of organization (described on lines 1-10		rganization Ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))	docum	• •	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									

Total

Schedu	e A (Form 990) 2022 JOHNSON CI					88-235637	
Part							
	(Complete only if you checked th	e box on line	e 5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, pl	lease comple	ete Part III.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					1,215,732	1,215,732
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					1,215,732	1,215,732
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)						1,175,365
6	Public support. Subtract line 5 from line 4.						40,367
Secti	on B. Total Support		•		·		
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4					1,215,732	1,215,732
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.)					16,002	16,002
11	Total support. Add lines 7 through 10						1,231,734
12	Gross receipts from related activities, etc.	(see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the or						c)(3)
	organization, check this box and stop her						
Secti	on C. Computation of Public Support	rt Percentag	е				
14	Public support percentage for 2022 (line 6	6, column (f), d	livided by line 1	11, column (f))		14	%
15	Public support percentage from 2021 Sch					15	%
16a	33 1/3% support test - 2022. If the organ	ization did not	check the box	on line 13, an	d line 14 is 33	1/3% or more,	check this
	box and stop here. The organization qua	lifies as a publ	icly supported	organization.			🗌
b	33 1/3% support test - 2021. If the organ	ization did not	check a box o	n line 13 or 16	a, and line 15	is 33 1/3% or m	nore, check
	this box and stop here. The organization	qualifies as a	publicly support	rted organizati	on		🗌
17a	10%-facts-and-circumstances test - 202	22. If the orgar	nization did not	check a box o	on line 13, 16a	, or 16b, and lin	e 14 is
	10% or more, and if the organization mee	ts the facts-an	d-circumstance	es test, check	this box and s	t op here. Expla	in in
	Part VI how the organization meets the fa	cts-and-circum	nstances test	The organization	on qualifies as	a publicly supp	orted
	organization						🗌
b	10%-facts-and-circumstances test - 202	21. If the orgar	nization did not	check a box c	on line 13, 16a	, 16b, or 17a, a	nd line
	15 is 10% or more, and if the organization	meets the fac	cts-and-circum	stances test, c	heck this box a	and stop here.	Explain
	in Part VI how the organization meets the	facts-and-circ	umstances tes	t. The organiza	ation qualifies	as a publicly su	pported
	organization						
18	Private foundation. If the organization di	d not check a	box on line 13,	16a, 16b, 17a	a, or 17b, chec	k this box and s	ee
	instructions	<u></u> .	<u></u> .	<u></u>	<u></u> .	<u></u>	<u></u>

Schedu	le A (Form 990) 2022 JOHNSON CII	Y RECOVERY	CENTER			88-2356371	Page 3
Part	III Support Schedule for Organiza	ations Descr	ibed in Sect	ion 509(a)(2))		
	(Complete only if you checked th	e box on line	10 of Part I	or if the orgar	nization failed	to qualify und	er Part II.
	If the organization fails to qualify	under the te	sts listed belo	ow, please co	mplete Part II	.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						
	fumished in any activity that is related to the organization's tax-exempt purpose						
2							
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
, N	received from other than disqualified						
	-						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
-	on B. Total Support		1	T	1	1	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, .						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
••							
	activities not included on line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	ganization's fi	rst, second, thi	ird, fourth, or fil	fth tax year as	a section 501(c)	(3)
	organization, check this box and stop her	е					🗌
Secti	on C. Computation of Public Suppor	t Percentag	e				
15	Public support percentage for 2022 (line 8	, column (f), d	ivided by line	13, column (f))		15	%
16	Public support percentage from 2021 Sch		-			16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2022 (I			ov line 13. colu	mn (f))	17	%
18	Investment income percentage from 2022 (I			-		18	%
19a	33 1/3% support tests - 2022. If the orga						
	17 is not more than 33 1/3%, check this be						
b	33 1/3% support tests - 2021. If the organizati	-	-			•••	
b							
20	line 18 is not more than 33 1/3%, check this bo	-	-			-	
20	Private foundation. If the organization di	u not check a		, isa, ui 190, C	A XOG KINS DOX 8		ບເອ 🗋

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JOHNSON CITY RECOVERY CENTER 88-2356371 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below. 3a b Did the organization confirm that each supported organization gualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) С purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b Did the organization support any foreign supported organization that does not have an IRS determination С under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a Type I or Type II only. Was any added or substituted supported organization part of a class already b 5b designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c С 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 7 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which b the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b С Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below. 10a b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
2 1	supervised, or controlled the supporting organization.	2		
Sect	on C. Type II Supporting Organizations			
-			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	-		
Ũ	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Poot	ion E. Type III Functionally Integrated Supporting Organizations	3		
		- 1		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (se	e inst	ructio	ns).
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ictions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
b	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
D				
D	"Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would			
D	"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	2h		
	have engaged in these activities but for the organization's involvement.	2b		
3	have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	2b		
	have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
3 a	 have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 	2b 3a		
3	have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			

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Yes No

Schedule A (Form 990) 2022 JOHNSON CITY RECOVERY CENTER

Supporting Organizations (continued)

Part IV

V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gani		6371 Faye
Check here if the organization satisfied the Integral Part Test as a qualifying	trus	t on Nov. 20, 1970 <i>(exp.</i>	
instructions. All other Type III non-functionally integrated supporting organ	izatio	ons must complete Secti	
on A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of			
	6		
	7		
	8		
		(A) Prior Year	(B) Current Yea (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ on A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion 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) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) and the Income (subtract lines 5, 6, and 7 from line 4) and B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. Recoveries of prior-year distributions Minimum Asset Amount Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3. Income tax imposed in prior year	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organizatio on A - Adjusted Net Income Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 on B - Minimum Asset Amount	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (exp. instructions. All other Type III non-functionally integrated supporting organizations must complete Section A - Adjusted Net Income (A) Prior Year On A - Adjusted Net Income (A) Prior Year Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income (see instructions) 6 Other gross income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 on B - Minimum Asset Amount (A) Prior Year Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a Average monthly value of securities 1a Average monthly value of securities 1a Average monthly value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors 2 (explain in detail in Par

JOHNSON CITY RECOVERY CENTER

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

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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Schedu	e A (Form 990) 2022 JOHNSON CITY RECOVERY CEN		88-235	6371 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	izations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes	1	
2	Amounts paid to perform activity that directly furthers exer		ed	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	izations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI) 5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
-	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023 . Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			
EEA				Schedule A (Form 990) 2022

	France Representation Provide the explorections required by Part II, line 40, Part II, line 47, or 47, Part
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.

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

2022

Name of the organization	Employer identification number		
JOHNSON CITY RECOVERY CENTER	88-2356371		
Organization type (check one):			

Filers of:	Section:				
Form 990 or 990-EZ	■ 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

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

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

General Rule

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

Special Rules

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

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

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

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

Scheo	dule B (F	Form 9	90) ((2022)

Name of organization

Page 2
Employer identification number

JOHNSON CITY RECOVERY CENTER

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Part I	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is n	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WASHINGTON COUNTY TENNESSEE 100 E MAIN STREET JONESBOROUGH TN 37659	\$1,200,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2	EAST TENNESSEE RECOVERY 2408 SUSANNAH ST JOHNSON CITY TN 37601	\$5,000	PersonxPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	PersonPayrollNoncash(Complete Part II for noncash contributions.)

SCHEDULE D)
(Form 990)	

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.

OMB No. 1545-0047 2022

Open to	Public

Department of the Treasury

JOHNSON CITY RECOVERY CENTER

ļ	Interna	Reve	nue	Servic	э
Ì	Name (of the	orga	anizati	on

Part I

1

ervice	Go to	www.irs.
	•	

e Treasury				e pointe i a			
Service	Go to www.irs.gov/Form990 for instructions and the latest information.						
ganization			Employer identific	ation number			
ITY REC	OVERY CENTER		88-23563	71			
Organiz	ations Maintaining Donor Advised	Funds or Other Similar Funds or Ac	counts.				
Complet	e if the organization answered "Yes" of	on Form 990, Part IV, line 6.					
		(a) Donor advised funds	(b) Funds	s and other accounts			
number at o	end of year						
nate value	of contributions to (during year)						

2	Aggregate value of contributions to (during year)								
2									
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in	-			_	_			
	funds are the organization's property, subject to the organization's exclusive legal control?								
6									
	only for charitable purposes and not for the benefit of the do	nor or donor advisor, o	or for any other purpose						
	conferring impermissible private benefit?				🗌 Yes	No			
Par	II Conservation Easements.								
	Complete if the organization answered "Yes"	on Form 990, Part I	V, line 7.						
1	Purpose(s) of conservation easements held by the organization	tion (check all that app	oly).						
	Preservation of land for public use (for example, recreati	on or education)	Preservation of a hist	orically in	nportant land area				
	Protection of natural habitat		Preservation of a cert	tified histo	oric structure				
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a quali	fied conservation cont	ribution in the form of a co	onservatio	on				
	easement on the last day of the tax year.				Held at the End of th	e Tax Year			
а	Total number of conservation easements			2a					
b	Total acreage restricted by conservation easements			2b					
c	Number of conservation easements on a certified historic st			20 20					
				20					
d	Number of conservation easements included in (c) acquired			24					
•	historic structure listed in the National Register			2d	le color an de a				
3	Number of conservation easements modified, transferred, re	eleased, extinguisned,	or terminated by the orga	nization	during the				
	tax year								
4	Number of states where property subject to conservation ea								
5	Does the organization have a written policy regarding the pe	eriodic monitoring, insp	ection, handling of		_	_			
	violations, and enforcement of the conservation easements					No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	and enforcing conservation	n easem	ents during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and	enforcing conservation ea	asements	during the year				
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the require	ments of section 170(h)(4)	(B)(i)					
	and section 170(h)(4)(B)(ii)?				🗌 Yes	No			
9	In Part XIII, describe how the organization reports conserva								
	balance sheet, and include, if applicable, the text of the footr								
	organization's accounting for conservation easements.	.							
Par		of Art. Historica	I Treasures, or Oth	er Sim	ilar Assets.				
	Complete if the organization answered "Yes"			•••••					
1a				lance sh	eet works				
iu	a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public								
	·								
L	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of								
b	-								
	art, historical treasures, or other similar assets held for publi	c exhibition, education	i, or research in furtheranc	e of publi	ic service,				
	provide the following amounts relating to these items:				•				
	(i) Revenue included on Form 990, Part VIII, line 1								
	(ii) Assets included in Form 990, Part X								
2	If the organization received or held works of art, historical tr		•	, provide	the				
	following amounts required to be reported under FASB ASC	C 958 relating to these	items:						
а	Revenue included on Form 990, Part VIII, line 1				. \$				

\$

Schedu	le D (Form 990) 2022 JOHNSON CITY R							88-2356			Page 2
Par	t III Organizations Maintaining	Coll	ections of	Art, His	torical T	reasures	, or Ot	her Similar As	sets (c	ontir	nued)
3	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):										
а	Public exhibition			d	🗌 Loan o	r exchange p	orogram				
b	Scholarly research			е	Other						_
С	Preservation for future generations										
4	Provide a description of the organization's of	collecti	ons and explai	n how they	/ further the	e organizatio	n's exen	npt purpose in Part			
	XIII.										
5	During the year, did the organization solicit	or rece	vive donations	of art, histo	orical treas	ures, or othe	r similar				
	assets to be sold to raise funds rather than	to be i	maintained as	part of the	organizatio	on's collectio	n?		🗌 Ye	s	No
Par	t IV Escrow and Custodial Arra										
	Complete if the organization			on Forr	n 990, P	art IV, line	9, or i	reported an amo	ount on	For	m
	990, Part X, line 21.				,	,	,	•			
1a	Is the organization an agent, trustee, custod	lian or	other intermed	iary for cor	ntributions	or other asse	ets not				
	included on Form 990, Part X?			-					. 🗌 Ye	s	No
b	If "Yes," explain the arrangement in Part XI										
	······································							Amo	ount		
с	Beginning balance						. 10				
d	Additions during the year										
e	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F										No
b	If "Yes," explain the arrangement in Part XI							•			ייר ב ר
Par				, Apianation					• • • •	· L	<u></u>
I ui	Complete if the organization	ansv	vered "Yes"	on Forr	n 990 P	art IV line	10				
			Current year	(b) Pri		(c) Two year		(d) Three years back	(e) Fou		back
1a	Beginning of year balance	(a)	Current year	(0) PI	or year	(C) Two year	S DACK	(d) Three years back	(e) FOU	i years	DACK
b											
С	Net investment earnings, gains, and										
									+		
d	Grants or scholarships								+		
е	Other expenditures for facilities and										
	programs										
f	Administrative expenses										
g	End of year balance	L									
2	Provide the estimated percentage of the cur	rrent ye		e (line 1g,	column (a))) held as:					
a	Board designated or quasi-endowment		%								
b	Permanent endowment%	þ									
С	Term endowment%										
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the poss	session	of the organiz	ation that a	are held ar	nd administer	ed for th	e			_
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)	<u> </u>	
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organi	zations	s listed as requ	ired on Sc	hedule R?				3b		
4	Describe in Part XIII the intended uses of the			owment fu	nds.						
Par		-									
	Complete if the organization	ansv	vered "Yes"	on Forr	n 990, P	art IV, line	<u>, 11a. S</u>	See Form 990, I	Part X,	line	10.
	Description of property		(a) Cost or othe	er basis	(b) Cost o	r other basis	(c)	Accumulated	(d) Boo	ok value	÷
			(investme	ent)	(0	other)	d	epreciation			
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
е	Other									-	
Total.	Add lines 1a through 1e. (Column (d) must		Form 990, Pai	rt X, colum	n (B), line	10c.)					
EEA			· · ·						dule D (F	orm 99	90) 2022

Schedule D (Form 990) 2022

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 (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.). Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

Schedu	le D (Form 990) 2022 JOHNSON CITY RECOVERY CENTER	88-2356371	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	
Part		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	- 1 - 1	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Part	XIII Supplemental Information.		

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

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

JOHNSON CITY RECOVERY CENTER

Employer identification number 88-2356371

01. Officer, directors, etc. family relationship (Part VI, line 2)

DOROTHY GREENE, PRESIDENT IS THE SPOUSE OF ED GREENE, TREASURER.

02. Form 990 governing body review (Part VI, line 11)

THE BOARD REVIEWS 990 ANNUALLY.

03. Conflict of interest policy compliance (Part VI, line 12c)

THE BOARD REVIEWS CONFLICT OF INTEREST COMPLIANCE AT REGULARLY HELD MEETINGS, AND

MANAGEMENT REVIEWS CONFLICT OF INTEREST COMPLIANCE IN THE REGULAR COURSE OF OPERATIONS.

04. CEO, executive director, top management comp (Part VI, line 15a)

THE BOARD REVIEWS AND SETS MANAGEMENT COMPENSATION.

05. Other officer or key employee compensation (Part VI, line 15b

ALL OFFICERS AND THE EXECUTIVE DIRECTOR WORKED ON A VOLUNTEER BASIS FOR THIS TAX YEAR.

06. Governing documents, etc, available to public (Part VI, line 19)

PUBLIC DOCUMENTS ARE MADE AVAILABLE UPON WRITTEN REQUEST.

Federal Supporting Statements	2022 PG01
Name(s) as shown on return	Tax ID Number
JOHNSON CITY RECOVERY CENTER	88-2356371
	Statement #E
Section 1.263(a)-1(f) de minimis safe harbor e	lection
Name: JOHNSON CITY RECOVERY CENTER Address: 513 E UNAKA AVE, JOHNSON CITY, TN 37601	
EIN: 88-2356371]+
Statement: Taxpayer is making the de minimis safe harb under §1.263(a)-1(f).	or election