

November 14, 2024

Johnson City Recovery Center 513 E Unaka Ave Johnson City, TN 37601

Subject: Preparation of 2023 Tax Returns

Johnson City Recovery Center:

Thank you for choosing KNOB CREEK PROFESSIONAL TAX SVC to assist with the 2023 taxes for Johnson City Recovery Center. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2023 federal and state income tax returns for Johnson City Recovery Center. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of Johnson City Recovery Center, the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters representative should review all tax-return documents carefully before signing them. Our engagement to prepare the 2023 tax returns will conclude with the delivery of the completed returns to management, or with e-filed returns, with the tax matters representative's signature and our subsequent submittal of the tax return.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at (423)282-2261.

Sincerely,

Richard C Crain CPA KNOB CREEK PROFESSIONAL TAX SVC

Accepted By:		
Officer		
Date		

November 14, 2024

Johnson City Recovery Center 513 E Unaka Ave Johnson City, TN 37601

Johnson City Recovery Center:

Enclosed is the 2023 federal return for a tax-exempt organization, prepared for Johnson City Recovery Center from the information provided. The return was e-filed with the IRS and was accepted on November 12, 2024.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (423)282-2261.

Sincerely,

Richard C Crain CPA KNOB CREEK PROFESSIONAL TAX SVC

	Acknowledgement and General Information for	
	Entities That File Returns Electronically	2023
Name(s) as shown on return		Tax ID Number
JOHNSON CITY RE	COVERY CENTER	**-***6371
Entity address		
513 E UNAKA A	VE	
JOHNSON CITY,	TN 37601	
Thank you for par	ticipating in IRS e-file.	
. x 2023 990	income tax retum for Federal was filed	l electronically.
	ng services were provided by KNOB CREEK PROFESSIONAL TAX SVC	·
	income toy return was accepted as 11 10 2004 using a Pare	and Identification Number (DIN) as
an electronic sign	income tax return was accepted on 11-12-2024 using a Personature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to	
_	D assigned to this return is 6238122024317i4fvfg1	·
DI FASE	DO NOT SEND A PAPER COPY OF ENTITY'S RETURN	TO THE
IRS. IF Y	OU DO, IT WILL DELAY THE PROCESSING OF THE RE	IUKN.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

IIICII		ue service		00 10 11		30 IOI IIISII UCIIOII	o ana mo latot	, <b>.</b>	iatioii.		Inspection
<u>A</u>	For the	2023 calend	ar year, or t	ax year begin	ning	07	7-01 , <b>2023</b> ,	and end	ing	0	6-30 , <b>20</b> 24
В	Check if a	applicable: C Name of organization JOHNSON CITY RECOVERY CENTER						D Emp	loyer identification number		
	Address o	change	Doing business as						88-2356371		
	Name cha	ange	Number and	d street (or P.O. bo	x if mail is not delivered	to street address)		Room/su	uite	E Telep	phone number
	Initial retu	ırn	513 E	UNAKA AV	Æ						(423)262-8903
	Final retu	rn/terminated	City or town	, state or province	, country, and ZIP or fore	ign postal code				<b>G</b> Gros	ss receipts
	Amended	l return	JOHNS	ON CITY,	TN 37601					\$	74,297
	Applicatio	on pending	F Name and a	address of principa	I officer:				H(a) Is this a	group return	for subordinates? Yes X No
									H(b) Are all s	subordina	tes included? Yes No
ı	Tax-exem	npt status:	501(c)(3)	501(c) (	) (insert no.)	4947(a)(1) or	527		If "No,"	attach a li	ist. See instructions
J	Website:			ENTER ORG	3		<del></del>		H(c) Group e	exemption	number
K	Form of o		Corporation		ociation Other		L Year of forma	tion: 20	, , , , ,	•	gal domicile: <b>TN</b>
	rt I	Summar									g
			•	nization's miss	ion or most signific	ant activities: .TO	OHNSON CIT	Y RECC	VERY CE	NTER '	S MISSION IS TO
	-	-	_		_	<del></del>					AVE BEEN AFFECTED
çe						SHINGTON COUN					
ъ		TENNESSE		12(2 11221	.011011 111 1111	<u> </u>	111111111111111111111111111111111111111		1110 11111	01	110111111111111111111111111111111111111
/er	2	-		organization c	liscontinued its one	rations or disposed	of more than 2	5% of its	net assets		
Governance	3			-		I, line 1a)				3	14
જ	4		•	•	• • •	body (Part VI, line				4	14
Activities &	5		•	ŭ	0 0	23 (Part V, line 2a)	,			5	3
ξ	6			rs (estimate if	•					6	14
Ac				•	• ,	C), line 12				7a	
						Part I, line 11				7b	0
	- 5	ivet uniterate	יט טעטווופטט נפ	axable income	11011111011111 990-1,	raiti, iiile ii		<del></del>		7.0	
	8	Contribution	e and grante	(Part VIII line	1b)				Prior Year	. 722	Current Year
a)			•	•	,	• • • • • • • • •			1,215	,/32	35,362
ű	9	Program service revenue (Part VIII, line 2g)					16,002		20.025		
Revenue	10								38,935		
ď	11		•			•					71.007
	12					II, column (A), line	•		1,231	.,734	74,297
	13					s 1-3)					0
	14	•	nefits paid to or for members (Part IX, column (A), line 4)					45.531		0	
Ś	15		•		,	, ,	•		47	7,731	115,437
Expenses			•	•	, ,	e)					0
Ç			• .	•	lumn (D), line 25)		0	_			
Ú		•		. ,.	nes 11a-11d, 11f-24	,				2,187	146,057
						ımn (A), line 25)				,918	261,494
	19	Revenue les	s expenses.	Subtract line 1	18 from line 12 .				1,051		(187,197)
Net Assets or	89		<b>(5)</b>						inning of Curre		End of Year
sets	20		•	•					1,058		869,632
A As	21	Total liabilitie		,						477	5,013
$\overline{}$				ces. Subtract	line 21 from line 20		<u> </u>		1,051	,816	864,619
	rt II		re Block	avancia ad this satu	un including accommon					inf it in	
						ing schedules and staten mation of which preparer			wiedge and bei	ilei, il is	
Sig	n	DORO Signature of office	THY GREE	NE							11-08-2024 ate
_										D	ale
He	е			NE, EXECU	TIVE DIRECTO	DR/PRESIDENT					
		Type or print na			Dramarada - 1		Dat-				DTIN
D - '	_1		eparer's name		Preparer's signature		Date		Check	if	PTIN
Pai			d C Crain				11-14-2		self-em	ployed	P01441390
	parer				EK PROFESSIO	NAL TAX SVC			Firm's EIN		
Us	e Only	Firm's addres	is		B CREEK RD			1	Phone no.		
					City TN 3760					423-	282-2261
May	the IRS	S discuss this	return with th	ne preparer sh	nown above? See ii	nstructions					X Yes No

d	Other program services (D	escribe on Schedule O.)			
	(Expenses \$	including grants of \$	) (Revenue \$	)	

Part IV

88-2356371

# 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," 1 х 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . . . . . . 2 х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 х 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III. . . . . . . . . . . . . . . . . 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. 7 Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 Х 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b Х c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 11c Х d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . . . . 11e х 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  $\mathbf{x}_{\_}$ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete 12a х **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 Х 13 13 X х 14a 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 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 Х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 Х 20a 20a х 20b 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 x

Part IV

88-2356371

Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	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			ĺ
	to defease any tax-exempt bonds?	24c		-
d or-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			ĺ
	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		v
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		X
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			ĺ
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part.II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			ĺ
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			ĺ
	persons? If "Yes," complete Schedule L, Part III	27		х
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			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			ĺ
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			ĺ
	complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
22	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	20		
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part.VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note</b> : All Form 990 filers are required to complete Schedule O	38	v	
Par		_ 30	Х	
rai	Check if Schedule O contains a response or note to any line in this Part V			
	Chook in Concodic C Contains a response of note to any line in this rait v	• • •	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		.03	.10
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	х	

Page 5

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

88-2356371

Part VI

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

Se	ction A. Governing Body and Management			
4-			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?	2	x	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
-	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	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	х	
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		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		ı	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.	40		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	420		
12	describe on Schedule O how this was done	12c 13	X	77
13 14	Did the organization have a written whistleblower policy?	14		X
1 <del>4</del> 15	Did the process for determining compensation of the following persons include a review and approval by	14		Х
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	x	
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
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			
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			

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

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

### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employees."
- 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.

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

			_					<del>, , , , , , , , , , , , , , , , , , , </del>		
				(	(C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average					nan one s both an	1	Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	or d	Inst	Officer	Key	emp	Former	1099-MISC/	1099-MISC/	organization and
	related	Individual trustee or director	nstitutional trustee	cer	Key employee	Highest compensated employee	ner	1099-NEC)	1099-NEC)	related organizations
	organizations	or tra	nal t		oloye	ë com				
	below	stee	ruste		Õ	pens				
	dotted line)		ě			ated				
_(1)DAMILOLA_AMIRE	1.00									
DIRECTOR		Х						0	0	0
_(2)ANDY_BAKER	1.00									
DIRECTOR		Х						0	0	0
(3) STEPHANIE MYERS	1.00									
DIRECTOR		Х						0	0	0
(4)RYAN_CHANIOTT	1.00									
DIRECTOR		Х						0	0	0
(5) VERONICA_ALSOP	1.00									
DIRECTOR		Х						0	0	0
_(6)TOM_BRADFORD	1.00									
DIRECTOR		Х						0	0	0
_(7)KIM_CROWDER-VAUGHN	1.00									
DIRECTOR		Х						0	0	0
(8)BILL_CURRY	1.00									
DIRECTOR		Х						0	0	0
_(9)MARISSA_KLUK	1.00									
DIRECTOR		Х						0	0	0
(10)JILL_CORVIN	1.00									
CHAIRPERSON				х				0	0	0
(11)DOROTHY GREENE	30.00									
EXECUTIVE DIRECTOR/PRESIDENT				х				0	0	0
(12)SARAH MILLER	1.00									
VICE PRESIDENT				х				0	0	0
(13)ED GREENE	3.00									
TREASURER				х				0	0	0
(14)LEAH LOGSDON				- 1				1	1	I
	1.00							0	0	

EEA Form 990 (2023)

88-2356371

JOHNSON CITY RECOVERY CENTER

Part	VII Section A. Officers, Directors, T	Tustees,					3, an	<u> </u>	Ingriest comp	Cilibated Ellip	Joyces	COITE	lucu
	(A) Name and title		(B)  Average hours hours  (C)  Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from the organization (W-2/	(E)  Reportable compensation from related organizations (W-2/	co	(F) nated amo of other mpensatio	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	orga	anization a	
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b c	Subtotal	ion A .		 		 							
2	Total (add lines 1b and 1c)	ot limited to						ho	received more th	onan \$100,000 o	f		0
	reportable compensation from the organiza											Yes	No
3	Did the organization list any <b>former</b> officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i>	le J for such	individ	lual						• • • • • • • • • • • • • • • • • • •	. 3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater the	an \$150,000											
5	individual	compensation		-			-				. 4		Х
Secti	for services rendered to the organization? If "Yes on B. Independent Contractors	s," complete	Sched	lule .	J for	suc	h pers	on		<u> </u>	. 5		х
1	Complete this table for your five highest concompensation from the organization. Report	-	-									e tay ve	
	(A)		allon	OI t	110	Jaic	iluai y	, ca	(B)		(C)		<u>, ат.</u>
	Name and business addres	58							Description of service	es	Compen	sation	
	<b>T</b> . 1 . 7: 1												
2	Total number of independent contractors (in received more than \$100,000 of compensa	-					ose li	ste	d above) who				

Part VIII Stateme

Statem	ant	Ωf	R۵۱	ıΔn	110
Juaiti	ICIIL	vı	1/6/	<i>,</i> – 1	ue

		Check if Schedule O contains a re	spons	e or note to any li	ne in this Part V	'III		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ice Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns			35,362			sections 512–514
Program Service Revenue		All other program service revenue  Total. Add lines 2a-2f	erest, a	and	20.025	20.025		
Other Revenue	b	other similar amounts)	d proce	eeds	38,935	38,935		
	7a b	Gross amount from sales of assets other than inventory		(ii) Other				
	8a b	Net gain or (loss)	8b					
	9a b c	Net income or (loss) from fundraising ever Gross income from gaming activities. See Part IV, line 19 Less: direct expenses	9a 9b					
Miscellanous Revenue	11a b c	Less: cost of goods sold Net income or (loss) from sales of inventor	10k	Business Code				
Misc	е	All other revenue			74.297	38,935	0	0

and domestic governments. See Part IV, line 21 Grates and other assistance to domestic individuals. See Part IV, line 22 Grates and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trussees, and to or for members Compensation of current officers, directors, trussees, and they employees Compensation of current officers, directors, trussees, and they employees Compensation not included above to disqualified persors (as defined under section 4958(I(1)) and persors described in section 4958(I(1)) and persons plan accrusis and corributions (Include section 4018(I) and 403(I) and		rt IX Statement of Functional Expenses	ate all columns All o	ther organizations n	gust complete column	) (A)
No not include amounts reported on lines 65, 75, 18, 98, and 100 P Part VII.  10. Greats and other assistance to demestic organizations and domestic powerments. See Part IV, line 21  21. Greats and other assistance to domestic includious. See Part IV, line 22  22. Greats and other assistance to domestic includious. See Part IV, line 22  23. Greats and other assistance to foreign organizations, foreign powerments, and foreign includious. See Part IV, line 22  24. Expressions (so defined under section 4958/gl(1/g) and params described in section 4958/gl(1/g) and 4979 and 12,153 1,417 and 1,218 1,319 1,318	360				•	
10, 90, and 100 of Part VIII.   Corats and other assistance to demestic organizations and domestic governments. See Part IV, line 21	Do n	•	(A)	(B)	(C)	(D)
and domestic povernments. See Part IV, line 21 Grarks and other assistance to domestic individuals. See Part IV, line 22 Grarks and other assistance to foreign organizations, foeign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Benefits paid to or for members Compensation of current officers, directors, trustees, and foreign individuals. See Part IV, lines 15 and 16 Compensation and contributions (include persons (as defined under section 4958(I)(I)) and persons described in section 4958(I)(I) and persons described in section 4958(I)(I) and persons described and contributions (include section 4910(and 403(b) employer contributions) Payroll taxes 10, 13, 18 1, 318 1, 318 1, 318 1, 318 1, 318 1, 318 1, 318 1, 317 1, 318 1, 318 1, 318 1, 318 1, 317 1, 318 1, 318 1, 317 1, 318 1, 318 1, 318 1, 317 1, 318 1, 318 1, 317 1, 318 1, 318 1, 318 1, 317 1, 318 1, 318 1, 318 1, 317 1, 318 1, 318 1, 318 1, 318 1, 317 1, 318 1, 318 1, 318 1, 318 1, 317 1, 318 1, 318 1, 318 1, 317 1, 318 1, 31	8b, 9	b, and 10b of Part VIII.	Total expenses			
2 Grants and other assistance to domestic individuals. See Part IV, line 122 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 4 Benefits paid to or for members 5 Compensation of uncert officers, directions, trustees, and key employees 6 Compensation of uncert officers, directions, trustees, and key employees 7 Other salaries and wages 8 Pension plan accruats and contributions (include section 401(k) and 403(b) employer contributions (include section 401(k) and 403(b) employer contributions 9 Other employee benefits	1	Grants and other assistance to domestic organizations				
individuals. See Part IV, line 22  Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  Benefits paid to or for members  Compensation of current officers, directors, trustees, and key emptyoges  Compensation of current officers, directors, trustees, and key emptyoges  Compensation of current officers, directors, trustees, and key emptyoges  Compensation not included above to disqualified persons (as Setfined under seation 4658(k)(3)(8)  Persons described in section 4958(k)(3)(8)  Pension plan accruals and contributions (include section 401(k) and 402(b) employer contributions)  Pension plan accruals and contributions (include section 401(k) and 402(b) employer contributions)  Pension plan accruals and contributions (include section 401(k) and 402(b) employer contributions)  Pension plan accruals and contributions (include section 401(k) and 402(b) employer contributions)  Pension plan accruals and contributions (include section 401(k) and 402(b) employer contributions)  Pension plan accruals and contributions (include section 401(k) and 402(b) employer contributions)  Pension plan accruals and contributions (include section 401(k) and 402(b) employer contributions)  Pension plan accruals and excellent 402(b) and 479 (a. 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		and domestic governments. See Part IV, line 21				
3 Grints and other assistance to foreign organizations, foreign promotes, 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 emptyees.  6 Compensation of current officers, directors, trustees, and key emptyees.  7 Other salaries and wages.  9 Pension plan accrusis and contributions (include section 401(k) and 403(b) emptyer contributions.  9 Persion plan accrusis and contributions (include section 401(k) and 403(b) emptyer contributions.  9 Payroll taxes.  1 1, 318 1, 318 1.  1 2, 318 1.  1 2, 318 1.  1 417 1.  1 Fees for services (nonemptyees):  8 Management.  1 2, 318 1, 318 1.  1 479 479 479 479 479 479 479 479 479 479	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		individuals. See Part IV, line 22				
foreign individuals. See Part IV, lines 15 and 16	3	Grants and other assistance to foreign				
4 Benefits paid to or for members .  Compensation of current officers, directors, trustees, and key employees .  Compensation for included above to dequalified persons (as offined under section 4958(c)(3)(B) .  7 Other salaries and wages .  8 Pension plan accruals and contributions (include section 401(k) and 405(b) employer contributions .  9 Pension plan accruals and contributions (include section 401(k) and 405(b) employer contributions .  1 1,318		organizations, foreign governments, and				
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of included above to disqualified persons (as officined under section 4958(h(11)) and persons described in section 4958(h(11)) and 493(b) employer contributions (include section 491(k) and 493(b) employer expenses (include section 491(k) employer expenses (include section		foreign individuals. See Part IV, lines 15 and 16				
trustees, and key employees	4	Benefits paid to or for members				
6 Compensation not included above to disqualified persons (as defined under section 4958()(1)) and persons described in section 4958()(3)) 8  7 Other salaries and wages  100,549  78,096  22,453  8 Pension plan accruals and contributions (include section 4018() and 403(b) employer contributions)  Other employee benefits  1,318  1,318  1,318  1,417  1 Fees for services (nonemployees):  Alangament  Lobelying  Accounting  C Accounting  Lobelying  Lobelying  Accounting  Acco	5	Compensation of current officers, directors,				
persons (as defined under section 4958(p(1)) and persons described in section 4958(p(3)(B)		trustees, and key employees				
persons described in section 4958(c)(3)(B)  7 Other salaries and wages  8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  9 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  9 Other employee benefits	6	Compensation not included above to disqualified				
100,549   78,096   22,453		persons (as defined under section 4958(f)(1)) and				
8 Pension plan accruats and contributions (Include section 401(k) and 402(b) employer contributions) 9 Other employee benefits		persons described in section 4958(c)(3)(B)				
section 401(k) and 403(b) employer contributions)  Other employee benefits  1,318  1,318  1,1417  Fees for services (nonemployees):  Management  Legal.  479  479  479  479  479  479  479  47	7	Other salaries and wages	100,549	78,096	22,453	
9 Other employee benefits	8	Pension plan accruals and contributions (include				
13,570   12,153   1,417		section 401(k) and 403(b) employer contributions)				
1 Fees for services (nonemployees): a Management b Legal	9	Other employee benefits	1,318	1,318		
a Management	10	Payroll taxes	13,570	12,153	1,417	
b Legal	11	` , ,				
Comparison   Com	а					
d Lobbying . e Professional fundraising services. See Part IV, line 17 . f Investment management fees . g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . 108 99 9 2 Advertising and promotion	b		479		479	
Professional fundraising services. See Part IV, line 17.	С	-				
f   Investment management fees   g   Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)   108   99   9   9		· · ·				
Q Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) .		_ <del>_</del>				
(A), amount, list line 11g expenses on Schedule O.)  2 Advertising and promotion  3,509  3,509  3,509  3,509  3,509  3,509  4 Information technology  185  185  185  Royalties  6 Occupancy  22,974  18,173  4,801  7 Travel  489  Payments of travel or entertainment expenses for any federal, state, or local public officials  9 Conferences, conventions, and meetings  Interest  1 Payments to affiliates  Depreciation, depletion, and amortization  3 Insurance  1 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on Schedule O.)  a EDUCATION & TRAININGS  b PROFESSIONAL SERVICES  4 All other expenses  5,770  4,096  1,674  Total functional expenses. Add lines 1 through 24e.  5 Joint costs. Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation. Check here   ff		<del>_</del>				
2 Advertising and promotion   3,509   3,509     3 Office expenses   6,547   6,547     Information technology   185   185     5 Royalties	g	, ,				
3 Office expenses 6,547 6,547 4 Information technology 185 185 5 Royalties				99		
Information technology	12					
5 Royalties	13	·				
22,974   18,173   4,801     7 Travel	14	57	185		185	
### Travel	15	· · · · · · · · · · · · · · · · · · ·				
Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings  Interest	16	_ '. '		18,173		
for any federal, state, or local public officials	17		489		489	
Conferences, conventions, and meetings Interest Depreciation, depletion, and amortization Insurance Insura	18					
Interest	40	• • • • • • • • • • • • • • • • • • • •				
Payments to affiliates		, , ,				
Depreciation, depletion, and amortization		F				
Insurance		· · · · · · · · · · · · · · · · · · ·				
Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)  a EDUCATION & TRAININGS  b PROFESSIONAL SERVICES  c MAINTENANCE  d UTILITIES  f All other expenses  All other expenses  5,770  4,096  1,674  5 Total functional expenses. Add lines 1 through 24e 261,494  212,240  49,254  0  Other expenses not covered above (List miscellaneous expenses on line 24e. If	23		154	154		
above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)  a EDUCATION & TRAININGS  b PROFESSIONAL SERVICES  c MAINTENANCE  d UTILITIES  All other expenses  For tal functional expenses. Add lines 1 through 24e.  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	24		154	134		
line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)  a EDUCATION & TRAININGS  b PROFESSIONAL SERVICES c MAINTENANCE d UTILITIES e All other expenses 5,770 4,096 5,201 c Total functional expenses. Add lines 1 through 24e. 5 Total functional expenses. Add lines 1 through 24e. 6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if		·				
(A), amount, list line 24e expenses on Schedule O.)  a EDUCATION & TRAININGS  b PROFESSIONAL SERVICES  c MAINTENANCE  d UTILITIES  e All other expenses  Total functional expenses. Add lines 1 through 24e.  5 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		•				
a EDUCATION & TRAININGS b PROFESSIONAL SERVICES c MAINTENANCE d UTILITIES e All other expenses Total functional expenses. Add lines 1 through 24e.  Total functional expenses. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if						
b PROFESSIONAL SERVICES c MAINTENANCE d UTILITIES e All other expenses Total functional expenses. Add lines 1 through 24e 261,494 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if	а	, , , , , , , , , , , , , , , , , , , ,	3.500	3.500		
to MAINTENANCE  d UTILITIES  e All other expenses  Total functional expenses. Add lines 1 through 24e 261,494  25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if	_					
d UTILITIES 5,201 5,201  e All other expenses 5,770 4,096 1,674  Total functional expenses. Add lines 1 through 24e 261,494 212,240 49,254 0  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				31,031	2 - 490	
e All other expenses 5,770 4,096 1,674  Total functional expenses. Add lines 1 through 24e 261,494 212,240 49,254 0  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						
Total functional expenses. Add lines 1 through 24e 261,494 212,240 49,254 0  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		-		4 - 096		
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	25	·				n
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  if	<u> 26</u>	·	201,134	212,210	15,251	
fundraising solicitation. Check here Till if		organization reported in column (B) joint costs				
following SOP 98-2 (ASC 958-720)		following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** 

	Check if Schedule O contains a response or note to any line in this Part X		<u>.</u>	
		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	58,720	1	55,304
2	Savings and temporary cash investments	997,602	2	812,357
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
. 7	Notes and loans receivable, net		7	
Assets © ©	Inventories for sale or use		8	
P Ass	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 10b		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	1,971	15	1,971
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,058,293	16	869,632
17	Accounts payable and accrued expenses	6,477	17	5,013
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	
ທ 22	Loans and other payables to any current or former officer, director,			
Liabilities	trustee, key employee, creator or founder, substantial contributor, or 35%			
abi	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	6,477	26	5,013
	Organizations that follow FASB ASC 958, check here			
v	and complete lines 27, 28, 32, and 33.			
ညီ 27	Net assets without donor restrictions	1,051,816	27	864,619
<u>e</u> 28	Net assets with donor restrictions		28	
B B	Organizations that do not follow FASB ASC 958, check here			
ڄ	and complete lines 29 through 33.			
27 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Capital stock or trust principal, or current funds		29	
ਝੂ 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS 31	Detained comings and comment account detail in come another founds		31	
30	Retained earnings, endowment, accumulated income, or other funds			
<u>ㅎ</u> 32	Total liabilities and net assets/fund balances	1,051,816	32	864,619

EEA Form 990 (2023)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		74,	297
2	Total expenses (must equal Part IX, column (A), line 25)	2		261,	494
3	Revenue less expenses. Subtract line 2 from line 1	3		(187,	197)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,051,	816
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		864,	619
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\Box$
				Yes	No
1	Accounting method used to prepare the Form 990:   Cash   Accrual   Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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	, ,		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?	• • •	<u>2c</u>		
	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				(0000)
EEA			For	m <b>990</b>	(2023)

### **SCHEDULE A** (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 trust.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

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

**Open to Public** Inspection

JOH	1S	ON (	CITY RECOVERY CENTER					88-235637		
Par	t l		Reason for Public Cha	rity Status. (Al	l organizations mus	t comple	ete this p	oart.) See instruction	ons.	
The c	org		ation is not a private foundation be	•	•	•	,			
1	Ĺ	A (	church, convention of churches,	or association of cl	hurches described in <b>se</b>	ction 170(	(b)(1)(A)(i)			
2	Ĺ	_ A s	school described in <b>section 170</b>	<b>(b)(1)(A)(ii).</b> (Attac	h Schedule E (Form 990	0).)				
3	Ĺ		hospital or a cooperative hospita	_						
4	L		medical research organization of	perated in conjunct	tion with a hospital descr	ibed in <b>se</b>	ction 170	(b)(1)(A)(iii). Enter the		
	_	_	spital's name, city, and state:							
5	5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
_	Г		ction 170(b)(1)(A)(iv). (Complet	•		4=0(1)(	43/43/			
6	L		federal, state, or local governme	-				and the second subtraction		
7	Ŀ		organization that normally received			overnmen	tal unit or t	rom the general public		
	Г		scribed in <b>section 170(b)(1)(A)(</b> community trust described in <b>sec</b>							
8 9	L	_	n agricultural research organization			porated in	conjunctio	n with a land grant call	000	
9	L		university or a non-land-grant co				-	_	ege	
			iversity:	liege of agriculture	(See instructions). Litter	trie riarrie,	city, and s	late of the college of		
10	Γ	_	organization that normally receive	ves (1) more than 3	3 1/3% of its support fro	m contribu	itions mem	hershin fees, and gros	2	
	_	rec	ceipts from activities related to its	exempt functions,	subject to certain except	tions; and	(2) no mor	e than 33 1/3% of its		
			pport from gross investment inco quired by the organization after .					) from businesses		
11	Γ	_	organization organized and ope					1).		
12	Ī	_	organization organized and ope						es of	
		on	e or more publicly supported org	anizations describ	ed in section 509(a)(1)	or <b>section</b>	509(a)(2)	. See <b>section 509(a)(</b> 3	). Che	ck
		the	e box on lines 12a through 12d th	at describes the typ	oe of supporting organiza	ation and c	omplete lir	nes 12e, 12f, and 12g.		
а	l		Type I. A supporting organizat	ion operated, supe	rvised, or controlled by i	ts support	ed organiz	ation(s), typically by gi	ving	
			the supported organization(s) the	he power to regula	rly appoint or elect a maj	ority of the	directors	or trustees of the		
			supporting organization. You r	nust complete Pa	rt IV, Sections A and B	-				
b	)		Type II. A supporting organiza	tion supervised or	controlled in connection	with its su	pported or	ganization(s), by havin	g	
			control or management of the s		•	persons tha	at control o	r manage the supporte	d	
			organization(s). You must cor	-						
С	;	Ш	Type III functionally integrate		•			•	with,	
			its supported organization(s) (s							
d	ı	Ш	Type III non-functionally inte	•					` '	
			that is not functionally integrate					ient and an attentivenes	S	
^			requirement (see instructions).  Check this box if the organization	-				I Type II Type III		
е		Ш	functionally integrated, or Type					i, Type ii, Type iii		
f		Ente	r the number of supported organ		integrated supporting of	gariizatioi	ı.			
g			ride the following information about		nanization(s)					
			ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(v	i) Amount of
		.,		.,	(described on lines 1-10	listed in you	-	support (see		er support (see
					above (see instructions))	docum	ient?	instructions)	'	nstructions)
						Yes	No			
<b>(</b>										
(A)										
(B)										
(C)										
(D)										
(D)										
(E)										
Total										

88-2356371 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

1 Gifts, grants, contributions, and membership fees received. (Do not		on A. Public Support						
membership fees received. (Oo not include any "unusual grants.")	Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  The value of services or facilities furnished by a governmental unit to the organization 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)  Public support. Subtract line 5 from line 4.  Section B. Total Support  Calendar year (or fiscal year beginning in)  A mounts from line 4  The protection B. Total Support  Calendar year (or fiscal year beginning in)  Net income from unrelated business activities, whether or not the business is regularly carried on  Net income from unrelated business activities, whether or not the business is regularly carried on  Color income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).  Total support. Add lines 7 through 10  Coress receipts from related activities, etc. (see instructions)  Total support experiments of the organization of the progenization of the organization of the check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization organization ones, and if the organization did not check a box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization organi	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3. The value of services or facilities furnished by a governmental unit to the organization without charge 4. Total. Add lines 1 through 3 5. The portion of total contributions by each person (other than a governmental unit or publicly support dorganization) included on line 1 that exceede 2% of the amount shown on line 11, column (f)  7. Public support. Subract line 5 from line 4.  8. Section B. Total Support 2. Calendar year (or fiscal year beginning in) 7. Amounts from line 4 8. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9. Net income from unrelated business activities, whether or not the business is regularly carried on. 10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11. Total support. Add lines 7 through 10 12. Gross receipts from related activities, etc. (see instructions) 11. Total support. Add lines 7 through 10 12. Gross receipts from related activities, etc. (see instructions) 13. First 5 years. If the Form 990 is for the organizations first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage 14. Public support percentage from 2022 Schedule A, Part II, line 14 15. 19. Support support percentage from 2023. If the organization did not check box on line 13, and line 14 is 33 13% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  17. 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, 077a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, theck this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization qualifies a		membership fees received. (Do not						
organization's benefit and either paid to or expended on its behalf		include any "unusual grants.")				1,215,732	35,362	1,251,094
to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 11 Total support. Add lines 7 through 10 13 First 5 years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage 14 Public support percentage from 2022 Schedule A. Part II, line 14 15 Public support percentage from 2023. If the organization of the check the box on line 13, and line 14 is 33 173% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  15 33 173% support test - 2023. If the organization did not check box on line 13, and line 14 is 33 173% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  16 15 10% and stop here. The organization meets the facts-and-circumstances test, theck this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 15 10% or more, and if the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.  16 Private foundation. If the organization did not ch	2	Tax revenues levied for the						
The value of services or facilities furnished by a governmental unit to the organization without charge		organization's benefit and either paid						
furnished by a governmental unit to the organization without charge		to or expended on its behalf						
organization without charge	3	The value of services or facilities						
Total. Add lines 1 through 3								
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)    Public support. Subtract line 5 from line 4.    Public support. Subtract line 5 from line 4.    Public support Total Support  Calendar year (or fiscal year beginning in)  Amounts from line 4    Gross income from interest, dividends, payments received on securities loans, rents, royallies, and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on    Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)    11 Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)    12   Total support. Add lines 7 through 10  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.    Section C. Computation of Public Support Percentage  14 Public support percentage for 2023 (g) (ii) en 6, column (f), divided by line 11, column (f))    15 Public support percentage from 2022 Schedule A, Part II, line 14    16 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here.    17 a ordinary support sets - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here.    18 Public support test - 2022. If the organization did not check a box on line 13, 16a, or 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, theck this box and stop here.    19 Public organization meets the facts-and-circumst		•						
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)  7 Public support. Subtract line 5 from line 4.  Section B. Total Support  8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  9 Net income from unrelated business activities, whether or not the business is regularly carried on  10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)  11 Total support. Add lines 7 through 10  2 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  12 Gross receipts from related activities, etc. (see instructions)  13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  14 Public support percentage from 2022 Schedule A, Part II, line 14  15 May 3 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 10%-facts-and-circumstances test - 2022. If the organization did not check the sox on line 13, and line 15 is 33 1/3% or more, check this 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, the organization qualifies as a publicly supported organization in Part VI how the organization meets the facts-and-circumstances test, the K this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, the organization qualifies as a publicly supported organization in the organization meets the facts-and-circumstances test, the organization qualifies as a publicly supporte		•				1,215,732	35,362	1,251,094
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	5	· · · · · · · · · · · · · · · · · · ·						
supported organization) included on line 1 that expected 2% of the amount shown on line 11, column (f)								
inn 1 that exceeds 2% of the amount shown on line 11, column (f)								
shown on line 11, column (f)								
Section B. Total Support  (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total  Amounts from line 4								
Section B. Total Support  Calendar year (or fiscal year beginning in) 7 Amounts from line 4								
Calendar year (or fiscal year beginning in)  7 Amounts from line 4								1,251,094
7 Amounts from line 4			T	T	T		Ι	
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			(a) 2019	<b>(b)</b> 2020	(c) 2021			
payments received on securities loans, rents, royalties, and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on						1,215,732	35,362	1,251,094
rents, royalties, and income from similar sources  Net income from unrelated business activities, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	8							
Section C. Computation of Public Support Percentage  14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))  15 Public support test - 2023. If the organization did not check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 and support test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		• •						
Net income from unrelated business activities, whether or not the business is regularly carried on		-						
activities, whether or not the business is regularly carried on	_							
is regularly carried on	9							
Other income. Do not include gain or loss from the sale of capital assets  (Explain in Part VI.)								
loss from the sale of capital assets (Explain in Part VI.)		· ·						
Total support. Add lines 7 through 10	10	•						
Total support. Add lines 7 through 10  Gross receipts from related activities, etc. (see instructions)  First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))  Public support percentage from 2022 Schedule A, Part II, line 14  15  95.79 %  Public support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  17a  18  19  10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.  10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.								
First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))  Public support percentage from 2022 Schedule A, Part II, line 14  33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  17a  18a  19b  19c  19c  19c  19c  19c  19c  19c	44					16,002	38,935	
First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  Section C. Computation of Public Support Percentage  14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))  15 Public support percentage from 2022 Schedule A, Part II, line 14  16 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  17 3 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.  18 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		• • • • • • • • • • • • • • • • • • • •	(				40	1,306,031
organization, check this box and stop here.   Section C. Computation of Public Support Percentage  14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))		•	•	,				-)(0)
Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	13	-	•			•	,	, , ,
Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	Sooti							· · · · · · <u> </u>
Public support percentage from 2022 Schedule A, Part II, line 14					11 solumn (f))		11	05 50 9/
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
box and stop here. The organization qualifies as a publicly supported organization		· · · · · · · · · · · · · · · · · · ·						
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	IVa							
this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	h		•		•			
<ul> <li>10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li></ul>	~							
10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	17a		-		_			
Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			_					
organization							-	
<ul> <li>b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization</li></ul>		<b>G</b>			•	•		_
15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	h	•						_
in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	~		-					
organization		<del>-</del>					-	•
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see					-		-	
	18	•						_
	-							

Schedule A (Form 990) 2023 EEA

88-2356371

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	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						
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	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
~	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
_	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	(1)	(4)		(27)	(3)	()
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						
	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	rd, fourth, or fi	fth tax year as	a section 501(	c)(3)
	organization, check this box and stop her	e					
Secti	on C. Computation of Public Suppor	t Percentag	je				
15	Public support percentage for 2023 (line 8	, column (f), c	divided by line	13, column (f))		15	%
16	Public support percentage from 2022 Sch	edule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2023 (I			y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2022			-		18	%
19a	33 1/3% support tests - 2023. If the orga					ore than 33 1/3	3%, and line
	17 is not more than 33 1/3%, check this be						
b	33 1/3% support tests - 2022. If the organizati	-	_	•			
	line 18 is not more than 33 1/3%, check this bo						
20	Private foundation. If the organization die	-	_			-	_

### 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
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Secti	ion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		163	NO
-	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
_	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"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 <b>Part VI</b> how the organization had such control and discretion	41-		
_	despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	70		
ou	answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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			
0-	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			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which	9a		
D	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit	30		
Ū	from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer line 10b below.	10a		

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.)

Schedule	e A (Form 990) 2023	JOHNSON CITY RECOVERY CENTER 88-2356371		P	Page 5
Part I	V Supporting (	Organizations (continued)			
				Yes	No
11	_	accepted a gift or contribution from any of the following persons?			
а	•	or indirectly controls, either alone or together with persons described on lines 11b and			
	-	ning body of a supported organization?	11a		
	-	person described on line 11a above?	11b		
С	A 35% controlled enti	ity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part		11c		
Section	on B. Type I Suppo	orting 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 organiz	ations 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 <b>Part VI</b> how the supported organization(s)			
	effectively operated, sup	pervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe h	now the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations	s and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization of	operate for the benefit of any supported organization other than the supported			
	organization(s) that o	perated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such	h benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or contro	lled the supporting organization.	2		
Section	on C. Type II Suppo	orting Organizations			
				Yes	No
1	Were a majority of the	e 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	e supporting organization was vested in the same persons that controlled or managed			
	the supported organiz	zation(s).	1		
Section	on D. All Type III Si	upporting Organizations			
				Yes	No
1	Did the organization pro	vide 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 Fo	orm 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 orga	nization'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 relat	tionship described in line 2, above, did the organization's supported organizations have			
	a significant voice in t	the organization's investment policies and in directing the use of the organization's			
	income or assets at a	all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organization	ons played in this regard.	3		
Section		tionally Integrated Supporting Organizations			
1		o the method that the organization used to satisfy the Integral Part Test during the year <b>(se</b>	e inst	ructio	ons).
а		satisfied the Activities Test. Complete line 2 below.			
b	_	is the parent of each of its supported organizations. Complete line 3 below.			
С		pported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions)		
2		er lines 2a and 2b below.		Yes	No
а	-	f the organization's activities during the tax year directly further the exempt purposes of			
		zation(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported org	ganizations and explain how these activities directly furthered their exempt purposes,			
	how the organization	was responsive to those supported organizations, and how the organization determined			
		onstituted substantially all of its activities.	2a		
b		cribed on line 2a, above, constitute activities that, but for the organization's			
		nore of the organization's supported organization(s) would have been engaged in? If			
		t VI the reasons for the organization's position that its supported organization(s) would			
		se activities but for the organization's involvement.	2b		
3	Parent of Supported	Organizations. Answer lines 3a and 3b below.			
а		have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of th	e supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exe	rcise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organiza	ations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Control of the Control of	gan	izations	
1	$\hfill \square$ Check here if the organization satisfied the Integral Part Test as a qualifying	j trus	st on Nov. 20, 1970 (expl	lain in <b>Part VI</b> ). <b>See</b>
	instructions. All other Type III non-functionally integrated supporting organ	izati	ons must complete Secti	ons A through E.
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(0  11 0 11 011
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-functional	lly ir	ntegrated Type III suppor	ting organization
	(see instructions).			

EEA Schedule A (Form 990) 2023

Schedu	le A (Form 990) 2023 <b>JOHNSON CITY RECOVERY CEN</b>	ITER	88-	235	6371 Page <b>7</b>
Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continue	ed)	
Sect	ion 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	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	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				
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	Section E - Distribution Allocations (see instructions)  (i)  Excess Distributions  (ii)  Underdistribution  Pre-2023			ns	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
С	From 2020				

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

EEA Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## Schedule B (Form 990)

### Schedule of Contributors

OMB No. 1545-0047

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or Form 990-PF.

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

2023

JOHNSON CITY RECOVERY CENTER 88-2356371 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 🗵 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

JOHNSON CITY RECOVERY CENTER

Employer identification number

8	8	_	2	3	5	6	3	7	

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1_	TWEED FAMILY FOUNDATION  129 GLENFIELD TRAIL  GREENEVILLE TN 37745	\$10,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	BCBSTN  PO BOX 180150  CHATTANOOGA TN 37401	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Moncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person

## **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

Department of the Treasury Internal Revenue Service Name of the organization

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

**Open to Public** Inspection

Employer identification number

JOHNS	ON CITY RECOVERY CENTER		88-2356371
Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds or Acc	counts
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors i	n writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization	-	
6	Did the organization inform all grantees, donors, and donor		
	only for charitable purposes and not for the benefit of the d		
	conferring impermissible private benefit?		
Par			
	Complete if the organization answered "Yes"	on Form 990. Part IV. line 7.	
1	Purpose(s) of conservation easements held by the organiz		
•	Preservation of land for public use (for example, recreating the second		historically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form of	a conservation
_	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic s		_
d	Number of conservation easements included on line 2c, ac		
ű	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred,		
ŭ	tax year	released, extinguished, or terminated by the e	riganization daling the
4	Number of states where property subject to conservation e	easement is located	
5	Does the organization have a written policy regarding the p		
	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting		
•	Cian and volunes. House devoted to monitoring, inspecting	, mandaring of violations, and officing consorv	ation oddernerite during the year
7	Amount of expenses incurred in monitoring, inspecting, har	adling of violations, and enforcing conservation	n easements during the year
•	, under the expenses incurred in mornioning, inoposing, mar	iding of violations, and officing consolivation	in casemente adming the year
8	Does each conservation easement reported on line 2d abo	ove satisfy the requirements of section 170(h)(	(4)(B)(i)
9	In Part XIII, describe how the organization reports conserv		
•	sheet, and include, if applicable, the text of the footnote to t		
	organization's accounting for conservation easements		
Par		s of Art. Historical Treasures. or C	Other Similar Assets
	Complete if the organization answered "Yes"		
1a	If the organization elected, as permitted under FASB ASC		d balance sheet works
	of art, historical treasures, or other similar assets held for p		
	service, provide in Part XIII the text of the footnote to its fir		
b	If the organization elected, as permitted under FASB ASC		lance sheet works of
	art, historical treasures, or other similar assets held for pub		
	provide the following amounts relating to these items:		and of pasie correct,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>\$</b>
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical t		
-	following amounts required to be reported under FASB AS		ga, p. 01100 tilo
а	Revenue included on Form 990, Part VIII, line 1	_	<b>\$</b>
a b	Assets included in Form 990, Part X		
			· · · · · · · · · · · · · · · · · · ·

гаі	t III   Organizations Maintaining	Juliections of	A11, 111	Storicar i	reasures, or	Other Similar As	3 <b>513</b> (C	Jiiuii	<i>ieu)</i>
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the fo	ollowing that make	e significant use of its			
	collection items (check all that apply):			_					
а	Public exhibition		d	Loan o	r exchange progr	am			
b	Scholarly research		е	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co XIII.	llections and explai	n how the	ey further the	e organization's e	xempt purpose in Part			
5	During the year, did the organization solicit or	receive donations	of art, his	torical treas	ures, or other sim	ilar			
	assets to be sold to raise funds rather than to	be maintained as	part of th	e organizati	on's collection?		Ye	s 🗌	No
Par	t IV Escrow and Custodial Arrar								
	Complete if the organization a 990, Part X, line 21.	answered "Yes"	on Foi	m 990, P	art IV, line 9,	or reported an am	ount on	Form	1
1a	Is the organization an agent, trustee, custodia	n or other intermed	iary for co	ontributions	or other assets n	ot			
	included on Form 990, Part X?						. 🗌 Ye	s 🗌	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing to	able.	r				
						Amo	ount		
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance				L	1f			
2a	Did the organization include an amount on Fo								No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the e	explanation	n has been	provided on Part	XIII			
Par			_						
	Complete if the organization a	answered "Yes"	on Fo	m 990, P	art IV, line 10				
		(a) Current year	(b) F	Prior year	(c) Two years back	(d) Three years back	(e) Fou	r years b	ack
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and								
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g	j, column (a)	)) held as:				
а	Board designated or quasi-endowment	%							
b	Permanent endowment%								
С	Term endowment%								
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.							
3a	Are there endowment funds not in the posses	ssion of the organiz	ation that	t are held ar	nd administered fo	r the			
	organization by:							Yes	No
	(i) Unrelated organizations?								
	(ii) Related organizations?								
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requ	ired on S	Schedule R?			. 3b		
4	Describe in Part XIII the intended uses of the		lowment t	funds.					
Par	Land, Buildings, and Equip		. –						_
-	Complete if the organization a	answered "Yes"	on Fo	<u>m 990, P</u>	art IV, line 11	a. See Form 990,	Part X,	line 1	0.
	Description of property	(a) Cost or oth		1	or other basis other)	(c) Accumulated depreciation	( <b>d</b> ) Boo	k value	
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
е	Other								
Total.	Add lines 1a through 1e. (Column (d) must e		rt X, line	10c, column	(B)				

(=) = =====	(,
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15 col. (B))	
Part Y Other Liabilities	

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

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

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

Complete if th			100 100		
•	e organization answered "Ye				
•	other support per audited financial st			1	
	1 but not on Form 990, Part VIII, line				
	ses) on investments				
	e of facilities				
	grants				
·	III.)				
				2e	
	1	1 1		3	
	n 990, Part VIII, line 12, but not on lir				
	included on Form 990, Part VIII, line				
,	III.)				
			-	4c	
	3 and 4c. (This must equal Form 9			5	
	n of Expenses per Audited			Return	
	e organization answered "Ye				
•				1	
	1 but not on Form 990, Part IX, line 2	1 1			
	e of facilities				
		<del></del>			
·	III.)				
Add lines 2a through 2d				2e	
Subtract line 2e from line	1			3	
Amounts included on For	n 990, Part IX, line 25, but not on line	e 1:			
Investment expenses not	included on Form 990, Part VIII, line				
Investment expenses not Other (Describe in Part X	III.)	4b			
Investment expenses not Other (Describe in Part X		4b		4c	
a Investment expenses not b Other (Describe in Part X c Add lines 4a and 4b . Total expenses. Add line rt XIII Supplementa de the descriptions required	III.)	990, Part I, line 18.)	and 2b; Part V, line 4; Pa	5	
Investment expenses not Other (Describe in Part X Add lines 4a and 4b . Total expenses. Add line t XIII Supplementate the descriptions required	III.)	990, Part I, line 18.)	and 2b; Part V, line 4; Pa	5	
Investment expenses not Other (Describe in Part X Add lines 4a and 4b . Total expenses. Add line t XIII Supplementa te the descriptions required	III.)	990, Part I, line 18.)	and 2b; Part V, line 4; Pa	5	
Investment expenses not Other (Describe in Part X Add lines 4a and 4b . Total expenses. Add line t XIII Supplementa te the descriptions required	III.)	990, Part I, line 18.)	and 2b; Part V, line 4; Pa	5	
Investment expenses not Other (Describe in Part X Add lines 4a and 4b . Total expenses. Add line t XIII Supplementa the the descriptions required	III.)	990, Part I, line 18.)	and 2b; Part V, line 4; Pa	5	
Investment expenses not Other (Describe in Part X Add lines 4a and 4b . Total expenses. Add line t XIII Supplementate the descriptions required	III.)	990, Part I, line 18.)	and 2b; Part V, line 4; Pa	5	
Investment expenses not Other (Describe in Part X Add lines 4a and 4b . Total expenses. Add line T XIII Supplementa de the descriptions required	III.)	990, Part I, line 18.)	and 2b; Part V, line 4; Pa	5	

EEA Schedule D (Form 990) 2023

## 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

**Employer identification number** 

88-2356371 JOHNSON CITY RECOVERY CENTER 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.

## Form **8879-TE**

# IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning 07-01, 2023, and ending 06-30, 2024

Do not send to the IPS Keep for your records

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

JOHNSON CITY RECOVERY CENTER 88-2356371				
Name and title of officer or person subject to tax				
DOROTHY GREENE, EXECUTIVE DIRECTOR/PRESIDENT				
Part I Type of Return and Return Information				
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b,				
3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. <b>Do not</b> complete more than one line in Part I.				
1a Form 990 check here x b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 74	297			
2a       Form 990-EZ check here				
3a       Form 1120-POL check here				
5a Form 8868 check here				
6a Form 990-T check here				
7a Form 4720 check here				
8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b				
9a Form 5330 check here				
10a Form 8038-CP check here D b Amount of credit payment requested (Form 8038-CP, Part III, line 22) . 10b				
Part II Declaration and Signature Authorization of Officer or Person Subject to Tax				
Under penalties of perjury, I declare that				
of entity) , (EIN) and that I have examined a copy of the				
2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and				
complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my				
intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an				
acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal				
(direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this				
return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at				
1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the				
processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to				
electronic funds withdrawal.				
PIN: check one box only				
I authorize to enter my PIN as my signature				
ERO firm name Enter five numbers, but do not enter all zeros				
on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state				
agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.				
As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.				
56371				
Signature of officer or person subject to tax  Date 11-08-2024				
Part III Certification and Authentication				
ERO's EFIN/PIN. Enter your six-digit electronic filing identification				
number (EFIN) followed by your five-digit self-selected PIN. 623812 50035				
Do not enter all zeros				
I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.				
ERO's signature Date				
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So				

Federal Supporting Statements	<b>2023</b> PG01
Name(s) as shown on return	Tax ID Number
JOHNSON CITY RECOVERY CENTER	88-2356371

Statement #EL43

Section 1.263(a)-1(f) de minimis safe harbor election

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 harbor election

under §1.263(a)-1(f).