Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY



March 27, 2025

Heather Ormand Nexus Recovery Center 8733 LaPrada Drive Dallas, TX 75228

Dear Heather:

Enclosed is the organization's 2023 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by July 15, 2025.

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

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

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Brett K. Burton

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

August 31, 2024

Prepared For:

Nexus Recovery Center Foundation 8733 LaPrada Drive Dallas, TX 75228

Prepared By:

Still Burton PLLC 13465 Midway Road, Suite 475 Farmers Branch, TX 75244

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by July 15, 2025

~	070 TF		IRS E-file Sig	nature Aut	horization	ļ	OMB No. 1545-0047
Form C	8879-TE				-		
		For calendar yea	r 2023, or fiscal year beginning <u>S</u>	he IRS. Keep for yo		, 20 <u>4 4</u>	2023
	ent of the Treasury Revenue Service		Go to www.irs.gov/Fo				
Name o						EIN or SSN	
	Nexus	Recovery	v Center Founda	ation		92-09	960995
Name a	nd title of officer or pe	erson subject to ta	x Heather Orma	and			
			CEO				
Part			Return Information				
Form 5 or 10a whiche	5330 filers may enter below, and the am	r dollars and ce ount on that line	u are using this Form 8879-1 nts. For all other forms, ente e for the return being filed wi er -0-). But, if you entered -0	er whole dollars only ith this form was bla	. If you check the box on ink, then leave line 1b, 2 t	line 1a, 2a, b, 3b, 4b, 5b	2023 260995 Form 8038-CP and 3a, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b, Do not complete more 1b 989, 859. 2b 3b 6 6b 7b 8b 9b 0 10b 7b 8b 9b 0 6b 7b 8b 9b 0 10b 9b 1 ect to (name examined a copy of the examined a copy of the 10b 10b 10b 10b 10b 10b 10b 10b
1a	Form 990 check I	nere	b Total revenue, if a	any (Form 990, Part	VIII, column (A), line 12)		1b 989,859.
2a	Form 990-EZ che	eck here	b Total revenue, if a	any (Form 990-EZ, lir	ne 9)		
3a	Form 1120-POL	check here					3b
4a	Form 990-PF che				orm 990-PF, Part V, line 5		
5a	Form 8868 check						
6a _	Form 990-T chec	-					
7a	Form 4720 check	_					
8a 9a	Form 5227 check Form 5330 check	_			rm 5227, Item D)		
9a 10a	Form 8038-CP cl	_			d (Form 8038-CP, Part III,		
Part			nature Authorization				100
Under			X I am an officer of the a				ect to (name
of enti				-			-
financi later th payme persor PIN: c	al institution to deb nan 2 business days nt of taxes to receiv nal identification nur heck one box only	it the entry to the prior to the pay ve confidential ii nber (PIN) as m	ndicated in the tax preparation is account. To revoke a pay yment (settlement) date. I als nformation necessary to ans y signature for the electronic	ment, I must contac so authorize the fina swer inquiries and re	t the U.S. Treasury Finan ncial institutions involved solve issues related to the	icial Agent at I in the proce e payment. I	1-888-353-4537 no ssing of the electronic have selected a withdrawal.
	X I authorize St	ill Burt	on PLLC		t	to enter my F	42000
			ERO firm	name			
	with a state age on the return's o As an officer or return. If I have	ncy(ies) regulat disclosure cons person subject indicated within	2023 electronically filed ret ing charities as part of the IF ent screen. to tax with respect to the er this return that a copy of th nter my PIN on the return's c	RS Fed/State progra ntity, I will enter my F ne return is being file	m, I also authorize the afo PIN as my signature on th d with a state agency(ies)	prementioned le tax year 20	ERO to enter my PIN 23 electronically filed
Signatur	e of officer or person subje		thentication			Date	
	er (EFIN) followed by	-	tronic filing identification self-selected PIN.		80035975228 Do not enter all zeros		
submi		•	y PIN, which is my signature the requirements of Pub. 4		•		
ERO's s	signature				Date		
			ERO Must Retain			50	
Fer P	iveev Act and Day		t Submit This Form to		s nequested to Do	30	Earm 8870-TF (0000)
For Pr	ivacy Act and Pape	erwork Reduct	ion Act Notice, see instruc	uons.			FUTHI 667 5-1 E (2023)
LHA :	302521 01-05-24						

(Rev. January 2024)

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

Department of the Treasury Internal Revenue Service

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

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

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

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

	se Form 7004 to request an extension of time to file incom	e tax retur	ns.			
Part I -	Identification					
Туре о	r Name of exempt organization, employer, or other filer	, see instru	uctions.	Taxpaye	r identificatior	n number (TIN)
Print						
File by the	Nexus Recovery Center Found	lation			92-096	0995
due date	for Number, street, and room or suite no. If a P.O. box, s	ee instruct	ions.			
filing your return. Se						
instructio		oreign add	ress, see instructions.			
	Dallas, TX 75228					
Enter t	ne Return Code for the return that this application is for (file	e a separat	te application for each return)			
Applica	ation Is For	Return	Application Is For			Return
		Code				Code
Form 9	90 or Form 990-EZ	01	Form 4720 (other than individual)			09
Form 4	720 (individual)	03	Form 5227			10
Form 9	90-PF	04	Form 6069			11
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
Form 9	90-T (trust other than above)	06	Form 5330 (individual)			13
Form 9	90-T (corporation)	07	Form 5330 (other than individual)			14
Form 1	041-A	08				
 After 	you enter your Return Code, complete either Part II or Par	t III. Part II	I, including signature, is applicable o	only for an	extension of	
time to	file Form 5330.					
• If this	application is for an extension of time to file Form 5330, y	ou must e	nter the following information.			
F	Plan Name					
F	Plan Number					
F	Plan Year Ending (MM/DD/YYYY)					
Part II -	Automatic Extension of Time To File for Exempt Organ	izations (s	see instructions)			
The	books are in the care of Heather Ormand					
		lve –	Dallas, TX 75228-5	5036		
Tele	phone No. <u>214-321-0156</u>		Fax No			
• If th	e organization does not have an office or place of business	s in the Uni	ited States, check this box			
• If th	is is for a Group Return, enter the organization's four-digit	Group Exe	mption Number (GEN)	If this is fo	r the whole g	roup, check this
box		and atta	ch a list with the names and TINs o	f all memb	ers the exten	sion is for.
1	request an automatic 6-month extension of time until J^{1}	uly 1	5, 2025, to fil	e the exen	npt organizati	on return for
t	he organization named above. The extension is for the orga	anization's	return for:			
	calendar year 20 or					
Σ		, 20	23 , and ending	AUG 3	1.	, 20 24
2 It	the tax year entered in line 1 is for less than 12 months, c	heck reaso	on: 🗌 Initial return 📃	Final retur	'n	
Γ	Change in accounting period					
3a li	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less			
a	ny nonrefundable credits. See instructions.			3a	\$	0.
-	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			
	stimated tax payments made. Include any prior year overp	-		3b	\$	0.
	Balance due. Subtract line 3b from line 3a. Include your pa					
	sing EFTPS (Electronic Federal Tax Payment System). See	-		3c	\$	0.

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

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 154:00 A For the 2023 calendar year, or tax year beginning SEP 1, 2023 and ending AUG 31, 2024 Demolyce B check if applicable: C Name of organization D Employer identification number Address Charage
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 Publi Inspection A For the 2023 calendar year, or tax year beginning SEP 1, 2023 and ending AUG 31, 2024 B Check if applicable: C Name of organization D Employer identification number Oning business as orange cha
Department of the Treasury Internal Revueue Service Go to www.irs.gov/Form990 for instructions and the latest information. Open of to full Inspection A For the 2023 calendar year, or tax year beginning SEP 1, 2023 and ending AUG 31, 2024 B Check if applicable: C Name of organization D Employer identification number Address Name Name Name Name Name Name Name Name
A For the 2023 calendar year, or tax year beginning SEP 1, 2023 and ending AUG 31, 2024 B Check if applicable: C Name of organization Charge Context if applicable: Nexus Recovery Center Foundation Charge Context if applicable: D Employer identification number Charge Context if applicable: Number and street (or P.0. box if mail is not delivered to street address) Room/suite Final Context if application Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 2143210156 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 989,85 989,85 Application F Name and address of principal officer: Heather Ormand 8733 La Prada Drive, Dallas, TX 75228-5036 H(a) Is this a group return for subordinates? I Tax-exempt status: X 501(c)(3)501(c) () (insert no.)4947(a)(1) or527 If "No," attach a list. See instructions J Website: www.nexusrecovery.org H(c) Group exemption number K Form of organization: C corporation
B Check if applicable: C Name of organization D Employer identification number Address Nexus Recovery Center Foundation 92-0960995 Name Doing business as 92-0960995 Initial Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 2143210156 G Gross receipts \$ 989,85 Amended Dallas, TX 75228 H(a) Is this a group return for subordinates included? Yes X Applica- F Name and address of principal officer: Heather Ormand H(b) Are all subordinates? Yes X I Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 J Website: WWw.nexusrecovery.org H(c) Group exemption number If "No," attach a list. See instructions K Form of organization: X Corporation Trust Association Other L Year of formation: 2023 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Supporting organization to Nexus
Address change Nexus Recovery Center Foundation 92-0960995 Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 2143210156 Final return ated 8733 LaPrada Drive City or town, state or province, country, and ZIP or foreign postal code Dallas, TX 75228 G Gross receipts \$ 989,85 Maneded return ated F Name and address of principal officer: Heather Ormand 8733 La Prada Drive, Dallas, TX 75228-5036 H(a) Is this a group return for subordinates included? Yes X I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 J Website: WWW.nexusrecovery.org H(c) Group exemption number K Form of organization: X corporation Trust Association Other L Year of formation: 2023 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Supporting organization to Nexus
Name change linitial return Doing business as 92-0960995 Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 2143210156 Final return 8733 LaPrada Drive 2143210156 City or town, state or province, country, and ZIP or foreign postal code Dallas, TX 75228 G Gross receipts \$ 989,85 H(a) Is this a group return for subordinates? Yes X Applica- pending F Name and address of principal officer: Heather Ormand 8733 La Prada Drive, Dallas, TX 75228-5036 H(b) Are all subordinates? I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 J Website: WWW.nexusrecovery.org H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 2023 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Supporting organization to Nexus
Initial return Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 2143210156 S733 LaPrada Drive 2143210156 Gity or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 989,85 Amended Dallas, TX 75228 H(a) Is this a group return for subordinates? Monipoind Pending F Name and address of principal officer: Heather Ormand 8733 La Prada Drive, Dallas, TX 75228-5036 I Tax-exempt status: \$ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 J Website: WWW.nexusrecovery.org H(c) Group exemption number K Form of organization: X Corporation Trust Association Other Part I Summary 1 Briefly describe the organization's mission or most significant activities: Supporting Organization to Nexus
Final return/ return/ ated 8733 LaPrada Drive 2143210156 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 989,85 Applica- return F Name and address of principal officer: Heather Ormand H(a) Is this a group return for subordinates? Applica- pending F Name and address of principal officer: Heather Ormand H(b) Are all subordinates? Yes X I Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 J Website: WWW .nexusrecovery.org H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 2023 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Supporting organization to Nexus
termin- arrended return City or town, state or province, country, and ZIP or foreign postal code Dallas, TX 75228 G Gross receipts \$ 989,85 Amended return Amended Dallas, TX 75228 H(a) Is this a group return for subordinates? H(a) Is this a group return for subordinates? Amended return F Name and address of principal officer: Heather Ormand 8733 La Prada Drive, Dallas, TX 75228-5036 H(b) Are all subordinates? Yes X I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 J Website: WWW • nexusrecovery • org H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 2023 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Supporting Organization to Nexus
Ireturn Application Application F Name and address of principal officer: Heather Ormand B 733 La Prada Drive, Dallas, TX 75228-5036 H(a) Is this a group return for subordinates? I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 J Website: WWW.nexusrecovery.org H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 2023 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Supporting Organization to Nexus
pending 8733 La Prada Drive, Dallas, TX 75228-5036 H(b) Are all subordinates included? Yes I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 J Website: WWW.nexusrecovery.org H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 2023 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Supporting Organization to Nexus
I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 J Website: WWW.nexusrecovery.org If "No," attach a list. See instructions K Form of organization: X Corporation Trust Association Other L Year of formation: 2023 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Supporting Organization to Nexus
J Website: www.nexusrecovery.org H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 2023 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Supporting organization to Nexus
K Form of organization: X Corporation Trust Association Other L Year of formation: 2023 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: Supporting organization to Nexus
Part I Summary 1 Briefly describe the organization's mission or most significant activities: Supporting organization to Nexus
1 Briefly describe the organization's mission or most significant activities: Supporting organization to Nexus
Briefly describe the organization's mission or most significant activities: <u>Supporting organization to Nexus</u> Recovery Center Incorporated.
Recovery Center Incorporated. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a
 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b)
Image: Orgin of the governing body (Part VI, line 1b)Image: Orgin of the governing body (Part VI, line 1b)Image: Orgin of the governing body (Part VI, line 1b)Image: Orgin of the governing body (Part VI, line 1b)Image: Orgin of the governing body (Part VI, line 1b)Image: Orgin of the governing body (Part VI, line 1b)Image: Orgin of the governing body (Part VI, line 1b)Image: Orgin of the governing body (Part VI, line 2a)Image: Orgin of the governing body (Part VI, line 2a)Image: Orgin of the governing body (Part VI, line 2a)Image: Orgin of the governing body (Part VI, line 2a)Image: Orgin of the governing body (Part VI, line 2a)Image: Orgin of the governing body (Part VI, line 2a)Image: Orgin of the governing body (Part VI, line 2a)Image: Orgin of the governing body (Part VI, line 2a)
 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary)
6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a
b Net unrelated business taxable income from Form 990-T, Part I, line 11
Prior Year Current Year
8 Contributions and grants (Part VIII, line 1h)
0 Contribution and grants (rait vin, mic rin) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2 , 316 32 , 14
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2, 316. 32, 14
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 81, 61
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)
15 Solaring other componentian employee herefits (Part IX column (A) lines 5.10) 293, 936 486, 11
15 Satalles, other compensation, employee benefits (Part IX, column (A), line 35:10) 233,330:100 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 1,153,439. 17 Other expenses (Part IX, column (A), line 11e, 11d, 11f,24e) 1,227,639.
b Total fundraising expenses (Part IX, column (D), line 25) 1,153,439.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,521,575. 1,507,31
19 Revenue less expenses. Subtract line 18 from line 12 2,127,241. -517,46
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 6,724,135. 15,644,81 398,139. 9,836,28
⁶ / ₂ 3 ⁷ / ₂ 4, 135 ⁷ / ₂ ⁷ /
22 Net assets or fund balances. Subtract line 21 from line 20
Part II Signature Block
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer			Date
-	Heather Ormand, CEO			
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	Brett K. Burton	Brett K. Burton		self-employed P00845451
Preparer	Firm's name Still Burton PLLC			Firm's EIN 82-3247531
Use Only	Firm's address 13465 Midway Road	, Suite 475		
	Farmers Branch, T	X 75244		Phone no. (469) 701-1710
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No
LHA For	Paperwork Reduction Act Notice, see the separation	rate instructions. 332001 12-21-23		Form 990 (2023)

	III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
,	Briefly describe the organization's mission:	
	Supporting organization to Nexus Recovery Center Incorpor	ated.
-		
I	Did the organization undertake any significant program services during the year which were not listed on the orior Form 990 or 990-EZ?	Yes 🔀
I	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X
I	f "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as m Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	
	revenue, if any, for each program service reported.	
1 ((Code:)(Expenses \$268,540. including grants of \$) (Revenue Supporting organization to Nexus Recovery Center Incorpor	
-		
-		
-		
-		
-		
1	Code:) (Expenses \$) (Revenue	∋\$
-		
-		
•		
-		
-		
	Code:) (Expenses \$) (Revenue) (Revenue) (Revenue)	e\$
-		
-		
•		
-		
_	Other program services (Describe on Schedule O.)	
l		`
	Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 268,540.)

Form 990 (2				Center	Foundation
Part IV	Che	ecklist of Required S	Schedules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
0	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
-1	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	11d		х
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11a		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		v
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		X
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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		Х
332003	12-21-23	Form	990 ((2023)

332003 12-21-23

Form	aan	(2023)
FUIII	990	(2020)

			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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ŭ	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
		<u>24u</u>		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	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 member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
U		28c	х	
00	"Yes," complete Schedule L, Part IV		~~~~	x
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
57	and that is tracted as a partnership for foderal income tay purposed (r. 1	37		x
20		31		- 23
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	00	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	л	
1 41				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
332004	12-21-23	Form	990	(2023)
	5			

12230327 151657 17450.005

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. 2a 1 Text and the optimization have entered with entry with or within the year covered by this return? 2b. 2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. 2b. 2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. 2b. 3a Dette to expansion have enclosed bounces options the number of the one on their statement on the statements on the statement on a statement on or during the year? 3a. b If Yes, 'Institution have enclosed control forms as tank account, securities account, or other statement or year. 4a X b If Yes, 'Institution accounts of propholicit at shall the transaction of year. 5b. X b Was the organization in form 808017 5c. X c If Yes, 'India the organization in form 808017 5b. X b If Yes, 'India the organization in form 808017 7a. X b If Yes, 'India the organization in control with evalue of the goods and services provided to the pare of the organization receive a parenet in account of yea andia accountes provin andia party in goods and services provided t	Form	990 (2023) Nexus Recovery Center Foundation	92-096	0995	Р	age 5
2a Enter the number of employees reported on Form W3. Transmittal of Wege and Tax Statements. 2a 0 b If at least one is reported on line 2a, dd the organization file all required federal employment tax returns? 2a 2a b If the statement on line 2a, dd the organization file all required federal employment tax returns? 2a 2a b If Yes, "hast filted 5 Form 900-Ticr this year," dt the organization here an infered in year? 3a X b If Yes, "hast filted 5 Form 900-Ticr this year," dt the organization here an infered in year? 4a X b If Yes, "hast the tax on of the foreign country (such as a bank account, securities account, or other francial accounts (FBAP), 5a X b B A State organization a party to a prohibited tax shaft account signature or other francial Accounts (FBAP), 5a X c If Yes, "other the rank and the organization her tax and a rank tig greater than \$100,000, and dd the organization solicit an organization solicit an an correal greater state rank account solicit an an correal greater than \$100,000, and dd the organization solicit an an correal greater than \$100,000, and dd the organization solicit an an correal greater solicit an an correal solicit an an correal solicit an an correal solicit an an correal solicit an an coreal an contrea dombit an anoreal an and an anoreal greater solici	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
test exist or the calendar year ending with or within the year covered by this return 2a 0 3a bit for exist on iteration from the calendar of the air counting the year? 3a 3a 3b bit for year counting the calendar year, dit the organization have an interset in, or alignature or other subhorly over, a financial account? 3a 3a 4a At my time during the calendar year, dit the organization have an interset in, or other financial account? 4a 4a 5b If "Yes," enter the name of the foreign country 5a 5a X 5b Was the organization a party to a prohibit data sale the transaction at any time during the tax year? 5a X 5b UP any taxable party notify the organization for BMSB-17 5a X 5c L TYes," of the sea or 5b, dift the organization for BMSB-17 5a X 5c L TYes," of the deductble of manable press statement that such combibutions of the way collection an express statement that such combibutions of the way and the sea orb, dift the regensization near the goods or services provided? 7a X 5c D D TYes," of the deductble and the sea orbibility of the safe and the sea orbibility of the anglibility of the organization set and safe and the sea orbibility of the anglibility of probibility ata safe and sale and the sea orbibility of the					Yes	No
test exist or the calendar year ending with or within the year covered by this return 2a 0 3a bit for exist on iteration from the calendar of the air counting the year? 3a 3a 3b bit for year counting the calendar year, dit the organization have an interset in, or alignature or other subhorly over, a financial account? 3a 3a 4a At my time during the calendar year, dit the organization have an interset in, or other financial account? 4a 4a 5b If "Yes," enter the name of the foreign country 5a 5a X 5b Was the organization a party to a prohibit data sale the transaction at any time during the tax year? 5a X 5b UP any taxable party notify the organization for BMSB-17 5a X 5c L TYes," of the sea or 5b, dift the organization for BMSB-17 5a X 5c L TYes," of the deductble of manable press statement that such combibutions of the way collection an express statement that such combibutions of the way and the sea orb, dift the regensization near the goods or services provided? 7a X 5c D D TYes," of the deductble and the sea orbibility of the safe and the sea orbibility of the anglibility of the organization set and safe and the sea orbibility of the anglibility of probibility ata safe and sale and the sea orbibility of the	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
b If a test one is reported on line 2a, diff the organization file all required federal employment tax returns? 20 a Dath the organization have unrelated business grows income of 51,000 more ouring the year? 3a X b If "Yes," has if field a form 900 T for this year? diff the organization have an inferred line, or a signature or other numberoit yover, a financial account in a foreign country (such as a back account, securities account, or other financial accounts (FIDAF). 3a X b If "Yes," inter the name of the foreign country (such as a back account, securities account, or other financial accounts (FIDAF). 5a X b Dod any fusacity bart yout if the organization that was or is a party to a prohibited tax shelfer transaction? 5a X c Dod any fusacity party offity the organization that was or is a party to a prohibited tax shelfer transaction? 5a X b If "Yes" to line is a of bi, did the organization that was or is a party to a prohibited tax shelfer transaction? 5a X b If "Yes" to line is a of bi, did the organization that was or is a party to a prohibited tax shelfer transaction? 5a X b If "Yes" to line is a of bi, did the organization that was or is a party to a prohibited tax shelf tax anomal yeast that shelf tax anomal yeast that shelf tax anomal yeast that anomal yeast tax an			2a	0		
a Did the organization have unrelated business gross income of \$1,000 or more during the year? ga X b II *Yes, "nate theal form 3000 roles year, during the organization on backed do ga X da At any time during the calendar year, dut the organization have an interest in, or asignature or other authority over, a financial account? da X b II *Yes, "noter the name of the foreign country (such as a bark account, securities account, or other financial account? da X b Did any taxable party notify the arganization fin Brow B86-17. Ge Ce Ge c II *Yes, "into the organization in active as the transaction of a growthere bark and the organization include with every solicitation at any time during the tax year? Ge X Ga Des the organization include with every solicitation an express statement that such contributions or gfts were not tax deductibles of antatale contributions? Ge X f *Yes," did the organization include with every solicitation and argin for goods and sarvices provided? Ge X f U*Yes," did the organization notify the done of the value of the goods or aerices provided? To Ta X f U*Yes," did the organization setware any fund, directly or indirectly to pay premume on a personal benefit contract? Ta X f U*Yes," did the organization setware any fund, directly or indirectly to pay premume on a personal benefit contract? <t< th=""><th>b</th><th></th><th>is?</th><th>2b</th><th></th><th></th></t<>	b		is?	2b		
b If Yes, 'that it filed a form 990-Tro this yea? / Wo't form 32b, provide an explanation on the authority over, a francial account in a foreign country (such as a bank account, securities account, or other financial account)? 3b b If Yes, 'there the name of the foreign country (such as a bank account, securities account, or other financial account)? 4a X b If Yes, 'there the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAF). 5a X 5a Was the organization the organization that was or is a party to a prohibited tax shelter transaction? 5a X b Dod any taxable party noith the organization that was or is a party to a prohibited tax shelter transaction? 5a X c If Yes' to line Sa or 5b, did the organization that was or is a party to a prohibited tax shelter transaction? 5a X b If Yes' to line Sa or 5b, did the organization that was or is a party to a prohibited tax shelter transaction? 6a X c If Yes' to line Sa or 5b, did the organization neader shelt that such or is party to a prohibited tax shelter transaction? 6a X d If Yes' to line Sa or 5b, did the organization have provided party to post and services provided to the party or othat was or is a party sa contribution or any solication neaves or tax shelts transaction? 7a X d If Ye						X
4 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a dar financial account is (cerein data bank account, securities account, or other functial account)? 4 X b If "Yes," enter the name of the foreign country (securities account, securities account, or other functial accounts (FBAR). 5a X 5a Was the organization a party to a prohibited tax ehelter transaction at any time during the tax year? 5a X 5b If "Yes," into ise a or 5b, did the organization if foreign BBAR or Foreign BBAR or Granus (BBAR). 5a X 6b Desc the organization have annual gross receipts that are normally greater than \$100.000, and did the organization solitit ary contributions that were normally greater than \$100.000, and did the organization solitit ary contributions that develocible contributions are preses statement that such contributions or gifts were not tax deductible or contributions and error base in another the such contributions or gifts were not tax deductible contributions under section 170(c). 7a X 7 Organization receive a gament mesos of \$27 min darity as a contribution of any any transition free any contribution and arytif or goods and services provided? 7a X 8 Did the organization receive a gament mesos of \$282 find during the year Td Td Td 7 Using an addition of arms \$282 find during the year Td Td Td Td 9 Did the organization receive a anoritichit of a qame divised funds.						
manuclai account in a foreign country (such as a bank account, excurties account, or other financial account)? 4a X b If 'Yes,' reter the name of the foreign country 5a 5a 5a See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a Sa Was the organization have more aparty to a prohibited tax shelter transaction? 5a 5a X Did any taxable party notify the organization that two or is a party to a prohibited tax shelter transaction? 5c 5c 6 Does the organization have montal gross needpests that are normally greater than \$100,000, and did the organization solid are organization selected that such contributions or gifts were not tax deductible? 7a X 7 Organization sele canadity of the argeneit of the value of the gods or services provided? 7a X 7 Urs,'' indicate the number of Forms \$222 field during the year 7d 7a X 9 If Yes,'' did the organization needwe any funds, directly or indirectly, to pary premume on aperional benefit contract? 7a X 10 Ut the organization needwe any funds, directly or indirectly, to park prohibitions funds of the asses of \$75 made party as a contribution on aperional benefit contract? 7a X 10 Ut the organization needwe any funds, directly or indirectly, to pary member the area organization service a contribution of cass. boats, aphanes, or other vehicles, did the organization funder were services provided? 7a 7a						
b #"Yes," enter the name of the foreign country Image: the probability of the probabi				4a		x
See instructions for time requirements for FinOCIN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 58 X 59 Was the organization and party to a prohibited tax shelter transaction? 56 X 60 Dod any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 56 X 61 Press* to line 6a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 56 X 62 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid as charitable contributions? 66 X 7 Organizations that may receive deductible as charitable contributions and party for goods and services provided to the payor? 7a X 7 Organizations that may receive deductible contributions under section 170(c). 7a X 8 If "Yes," (did the organization necks or 375 made party as a contribution and party for goods and services provided? 7a X 9 Did the organization necks or any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7a X 11 H*Gariatton necks ware any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7a X 11 H*Gariatton necks ware any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7a X 12 <td< th=""><th>b</th><th></th><th></th><th></th><th></th><th></th></td<>	b					
Sa Was the organization a party to a prohibited tax shelts transaction at any time during the tax year? Sa X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelts transaction? Sa X c Dises the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible or a charitable contributions? Sa X d Tyes, ' did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible? Ga X d I''Yes, ' did the organization notify the chore of the value of the godo creations provided? Ta X d I''Yes, ' did the organization notify the chore of the value of the godo creations provided? Ta X d I''Yes, ' indicate the number of Forms 8282? filed during the year Td Td Td d Did the organization neever any funds, directly or indirectly, to pay premiums on a personal benefit contract? Td Td g If the organization neever a contribution of qualified intelectual property (ad the organization file a form 1089C? Td Td g If the organization neever a contribution of cas. botas, singlanes, or thervices, did the organization			counts (FBAR)			
b Dd any taxalle party notry the organization that it was or is a party to a prohibited tax shelter transaction? 56 X c If 'Yes' to line Ba or 50, did the organization file Form 8886-17. 56 X 6 Does the organization nave annual gross receipts that are normally greater than \$100,000, and did the organization sile of the organization include with every solicitation an express statement that such contributions or gifts 68 X 7 Organization shat may receive deductible contributions? 74 X 7 Organization shat may receive deductible contributions under section 170(c). 74 X 7 Did the organization notify the donor of the value of the goods or services provided? 75 76 7 Did the organization neceive any funds, directly or indirectly, to pay premums on a personal benefit contract? 76 76 7 Did the organization neceive a contribution of cars, boats, aiplanes, or other vehicles, did the organization file form 1086/27 76 77 7 Did the spreamization meave a distribution of cars, boats, aiplanes, or other vehicles, did the organization file form 1086/27 76 76 7 Did the organization neceived a contribution of cars, boats, aiplanes, or other vehicles, did the organization file form 1086/27 76 76 8 Sponsoring orga	5a			5a		x
c If "Yes" to line Ba or Sb, did the organization file Form 8886-T7 56 Gb Dess the organization have annual goes receipts that are normally greater than \$100,000, and did the organization solidit any contributions that were not tax ceducibiles 56 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax ceducibile contributions under section 170(c). 56 D Did the organization notity the donor of the value of the goods or services provided? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7a X c Did the organization notion set with every solicitation and party for goods and services provided? 7a X d If "Yes," ridicate the number of Forms 8282 filed during the year 7d 7e X d Did the organization neceve any funds, directly or indirectly, to pay premums on a personal benefit contract? 7e X f Hot the organization neceve any contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? 7a 7a f Hot organization neceve any excess business holdings at any the during the year? 7a 7a 7a f Hot organization neceve any table, direcoland the organization file F						
Ga Dess 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 chartable contributions? Ga X b If 'Yes,'' did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible? Ga X c Or organizations that may receive deductible contributions under section 170(c). B Ga X d) If 'Yes,'' did the organization netwive adaption of the value of the goods or services provided? 7a X c Did the organization netwive adaption of the value of the goods or services provide? 7b						<u> </u>
any contributions that were not tax deductible as charable contributions? 6a X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? D did the organization needres sets of 57 made party as a contribution and party for pools and services provided to the payor? To organization reselve, and payment in excess of 57 made party as a contribution and party for pools and services provided to the payor? D did the organization needre any funds, directly or indirectly, to pay premiums on a personal perfect for which it was required To it for massion of the payor. To it for massion of the payor. To it for massion of the organization needre any funds, directly or indirectly, to pay premiums on a personal benefit contract? To it for organization received a contribution of cars, boats, any time during the year? If the organization received a contribution of cars, boats, any time during the year? Sponsoring organization have excess business holdings at any time during the year? Sponsoring organization maintaining door advised funds. Did the sponsoring organization make any taxable distributions under section 4986? Did the sponsoring organization maintaining door advised funds. Did the sponsoring organization make any taxable distributions and section 4986? Sponsoring organization make any taxable distributions and explicate person? Section 501(c)(2) organizations. Enter: Bi Initiation feron members or shareholders Gross income from members or shareholders Gross income from mothers ources. (Do not net amounts due or paid to ther sources against amount of exery				00		
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 66 7 Organizations that may receive deductible contributions under section 170(c). 77 a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for gods and services provided to the payor? 78 b If 'Yes,' ididate the number of Forms 8282 filed during the year 7d c Did the organization neceive any funds, directly or indirectly, no a personal benefit contract? 7f d If 'Yes,' idicate the number of Forms 8282 filed during the year 7d 7d d Did the organization received a contribution of qualified intellectual property, idid the organization file Form 8989 as required? 7d 7d f the organization maintaining door advised funds. Did a door advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9a Sponsoring organization make ad idistribution to a donor, donor advised fund maintained by the goor solution form 9m pay part VIII, line 12, for public use of club facilities 10a 10a Did the sponsoring organization make ad idistribution to a donor, donor advised fund maintained by the sponsoring organization make ad idistribution to a donor, donor advised funds. 10a 9b 9a 9b 9a	Ua			62		x
were not tax deductible? 60 7 Organizations that may receive deductible contributions under section 170(c). 7a 8 Did the organization notify the donor of the value of the goods or services provided? 7b 9 Did the organization notify the donor of the value of the goods or services provided? 7c 10 The organization notify the donor of the value of the goods or services provided? 7c 10 The organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c 11 The organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d 11 The organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file for m898 as required? 7h 11 the organization make any taxable distributions under section 4966? 9a 20 Did the sponsoring organization make any taxable distributions under section 4966? 9a 20 Did the sponsoring organization make any taxable distributions under section 4966? 9a 21 Did the sponsoring organization schulded on Part VIII, line 12 10a 22 11a 10a 23 Section 501(c)(2) organizations. Enter: 11a 24 Section 501(c)(2) organizations. Enter: 11a 25 Section 501(c)(2) organizations. Enter:<	h	•		Ua		
7 Organizations that may receive deductible contributions under section 170(c). a) lid the organization neelve a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor 7a X 7a X Ta X 7b 11 'Yes, 'I did the organization notify the door of the value of the goods or services provided? 7a X 7b 12' 7a X 7c X 7a X 7b 11''se, 'I did the organization notify the door of the value of the goods or services provided? 7a X 7c 11''se, 'I did the organization receive any tunds, directly or indirectly, or a personal benefit contract? 7t 7t 9 10 the organization, diring the year, payo premiums, directly or indirectly, or a personal benefit contract? 7t 7t 9 Sponsoring organization maintaining donor advised funds. Did a donor advised funds. Did a donor advised funds. 10 10 10 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9b 9a 9b 9a 9b 9a 9b 10 10 10 10 10 10 10 10 10 10 10 10	D			Ch		
a Did the organization neelve a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 7c X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c X b If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X d If 'Yes," indicate the number of Forms 8282 filed during the year 7d 7c X f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7r 7g g If the organization received a contribution of cars, boats, applanes, or other vehicles, did the organization file Form 8089 as required? 7n 7d h If the organization make any taxable distributions under section 4966? 9a 9a 9a 9a 9 Did the sponsoring organization make any taxable distributions on davised, or related person? 9a 9b 9a 9a 9a 9b <	-			40		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d Zd 7e X d If "Yes," indicate the number of Forms 8282 filed during the year 7g Zd 7f Zd			tinen municipal to the movies			v
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d 7d 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7d f Did the organization received a contribution of qualified indirectly, on a personal benefit contract? 7f 7g g If the organization received a contribution of qualified indirectly, on a personal benefit contract? 7f 7g h If the organization received a contribution of qualified indirectly, on a personal benefit contract? 7f 7g g Sponsoring organization maintaining donor advised funds. 10d a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9a 9 Bonsoring organization make any taxable distributions under section 4966? 9a 9a 9a 10 bid the sponsoring organization make any transhulder on advised fund maintained by the sponsoring organization make any transhulder on advised on advised fund maintaine the sponsoring organization make any transhulder on advised funds. 10a 10a 10a 10a 10a 10a 10a 10a <td< th=""><th></th><th></th><th></th><th></th><th></th><th></th></td<>						
to file Form 8282? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d Did the organization receives any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e g If the organization received a contribution of qualified intellectual property, did the organization free form 8898 as required? 7f g If the organization received a contribution of cars, boats, aipplanes, or other vehicles, did the organization face weaks and the organization face weaks and the organization face weaks and the organization face weaks business holdings at any time during the year? 8 g Sponsoring organizations maintaining door advised funds. 8 8 a Did the sponsoring organization make a distribution to a door, door advisor, or related person? 9a 9a g If the organization received on Form 990, Part VIII, line 12, for public use of club facilities 10a 10b g Gross income from members or shareholders 11a 10b 12a g Gross income from ther sources. (Do not net amounts due or paid to other sources against amounts due or realer dorm them.) 11b 12a 12a 13a 13a 13a 12b Section 501(2/2) organization. Enter: 13a 13a a fores income from members or shareholders 13a 13a 13a </th <th></th> <th></th> <th></th> <th><u>/b</u></th> <th></th> <th><u> </u></th>				<u>/b</u>		<u> </u>
d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, pay premiums, on a personal benefit contract? 7e Did the organization, during the year, pay premiums, on a personal benefit contract? 7f If the organization during the year, pay premiums, on the vehicles, did the organization file a Form 1098-C? 7g Sponsoring organizations maintaining door advised funds. 7 9 Sponsoring organization make a distribution to a door advised fund. 8 10 dit the sponsoring organization make and track bid a door advised funds. 9a 10 dit the sponsoring organization make and track bid a door advised funds. 9a 10 dit the sponsoring organization make and track bid schubble. 9a 10 dit the sponsoring organization make and track bid schubble. 9a 10 dit the sponsoring organization make a distribution to a donor adviser, or related person? 9b 10 dit the sponsoring organizations. Enter: 10a 10b 11 Section 501(c)(7) organizations. Enter: 10a 10b 12 Section 4947(a)(1) non-exempt interest received or accrued during the year 11a 12a 13 Section 501(c)(2) organizations. Enter: 11a 12a 12a 14 Section 501(c)(2) organizations anupt biders 11a <t< th=""><th>с</th><th></th><th></th><th></th><th></th><th>v</th></t<>	с					v
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g n If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7n 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9 Sponsoring organization make any taxable distributions under section 4966? 9a 10 did the sponsoring organization make any taxable distributions under section 4966? 9a 10 did the organization make any taxable distributions under section 4966? 9a 10 did the organization make any taxable distributions under section 4966? 9a 10 did the organization make any taxable distributions under section 4966? 9a 10 did the organization make any taxable distributions under section 4966? 9a 10 did the organization make any taxable distributions at donor, donor advised runds. 10a 11 section 501(c)(12) organizations. Enter: 10a 11 section 501(c)(12) organizations. Enter: 11a 12 Section 501(c)(20) qualified nonproff health insurance issuers. <th></th> <th></th> <th></th> <th>7c</th> <th></th> <th></th>				7c		
1 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 71 g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 72 8 73 74 9 The organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 70 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a 9 Did the sponsoring organization make and tistribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 12 Gross income from mothers or shareholders 11a 10b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 11a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 14 Is the organization licensed to issue qualified health plans in more than one state? 13a 13a 14 Did the organiz				_		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7n 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9a 9 Did the sponsoring organization make any taxable distribution to a donor, donor advised, or related person? 9a 10 Bestion 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a 11 Section 501(c)(12) organizations. Enter: 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a 12a 10b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 11a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13a 13a 14a X 14b 13a 15 Section 501(c)(29) qualified nonprofit health plans in more than one state? 14a 14b 13a 14b 13a 14b	е					<u> </u>
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a 9 Did the sponsoring organizations. Enter: 10a 10 Bettion 501(c)(7) organizations. Enter: 10a 11 Section 501(c)(12) organizations. Enter: 11a 11 Section 501(c)(12) organizations. Enter: 11a 11 Section 601(c)(12) organizations. Enter: 11b 12 Section 6047(a)(11) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(22) qualified nearbit hinsurance issuers. 13a 13a 13 Section 501(c)(22) qualified nearbit plans in more than one state? 13a 13a 14 Did the organization is locensed to issue qualified health plans in more than sit nono Schedule 0. 14a X 15						<u> </u>
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 organization make any taxable distributions under section 49667 9a 9 Did the sponsoring organization make any taxable distributions under section 49667 9a 10 Section 501(c)(7) organizations. Enter: 10a 10a 11 Bid the sponsoring organization sincluded on Part VIII, line 12. 10a 10b 11 Section 501(c)(12) organizations. Enter: 10a 10a 10b 12 Gross income from others sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 501(c)(12) organization fulling form 900 in lieu of Form 1041? 12a 13 Section 501(c)(2)(1) on -exempt interest received or accrued during the year 12b 13a 14a X 13a 13a 13a 15 Section 501(c)(2) qualified nonprofit health insurance issuers. 13a 13a 14 If "Yes," has it field a form 720 to report these payments? If "No," provide an explanation on Schedule O. 14a X 15 Is the organization subjec	-					<u> </u>
sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a 0 Did the sponsoring organization make any taxable distributions under section 4966? 9a 0 Section 501(c)(7) organizations. Enter: 10a 10a 10 Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 11 Section 501(c)(12) organizations. Enter: 10b 10b 11a 13 Gross income from members or shareholders 11a 11b 11b 14 Section 501(c)(22) organizations. Enter: 11b 11b 12a 14 Gross income from members or shareholders 11a 11b 12a 15 Section 501(c)(22) organization futerest received or accrued during the year 12b 12a 12a 16 Tryes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 13a 13 Section 501(c)(22) qualified nonprofit health insurance issuers. 13a 13a 13a 14 Did hor organization is required to maintain by the states in which the organization is licensed to issue qualified heal	h			7h		
9 Sponsoring organizations maintaining donor advised funds. 9 9 Did the sponsoring organization make any taxable distributions under section 4966? 9a 9 Section 501(c)(7) organizations. Enter: 10a 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12. 10a 10b 11 Section 501(c)(7) organizations. Enter: 10b 10b 12 Section 501(c)(7) organizations. Enter: 11a 10b 13 Gross income from members or shareholders 11a 11b 14 Section 501(c)(29) qualified nonprofit health surface issuers. 11b 12a 14 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a 15 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 14a X 13b 13a 14b 13c 13a 13a 14a X 13b 13a 14a X 13b 13a 14a X 13b 13a 14a X 13b <td< th=""><th>8</th><th></th><th>by the</th><th></th><th></th><th></th></td<>	8		by the			
a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from members or shareholders 11a b Gross income from members or shareholders 11a a Gross income from members or shareholders 11a b Gross income from members or shareholders 11a b Gross income from memount of tax exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 14a X b If "Yes," has it flied a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14a X b Id the organization subj		sponsoring organization have excess business holdings at any time during the year?		8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 13a 3 Section 501(c)(29) qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14a X b If "Yes," see the instructions and file Form 4720, Schedule N. 15 X f "Yes," see the instructions and file Form 4720, Schedule N. 16 X 17 If "Yes," complete Form 04720, Sche	9	Sponsoring organizations maintaining donor advised funds.				
10 Section 501(c)(7) organizations. Enter: 10a 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 10b 11 Section form members or shareholders 11a 11b 11b 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 13a 14 Dote: See the instructions for additional information the organization must report on Schedule O. 13a 14a X 14a Did the organization sicensed to issue qualified health plans in more than one state? 13a 14a X 15 Is the organization receive any payments for indoor tanning services during the xyear? 14a X 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in renuneration or excess parachute payment(s) during the year? 15 X 15 Is the organization an educational institu						<u> </u>
a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 3 Section 501(c)(22) qualified nonprofit health insurance issuers. 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14a X b If "Yes," see the instructions and file Form 4720, Schedule N. 15 15 a 15 X 16 X 16 X 16 X 16 X 17 Yes," see the instructions and file Form 4720, Schedule N. 16 X 16 X 15 Is the organization nece	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
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: 11a a Gross income from members or shareholders 11a b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14a X b If "Yes," see the instructions and file Form 4720, Schedule N. 15 X fi "Yes," see the instructions and file Form 4720, Schedule N. 16 X 15 Steoringanization an educational institution subject			1			
11 Section 501(c)(12) organizations. Enter: 11a 11a a Gross income from members or shareholders 11a 11b b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a 14 Note: See the instructions for additional information the organization must report on Schedule O. 13a 13a 14a D 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 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 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 15 If "Yes," complete Form 4720, Schedule O. 14b 15 15 X 16 <th>а</th> <th>Initiation fees and capital contributions included on Part VIII, line 12</th> <th>10a</th> <th>_</th> <th></th> <th></th>	а	Initiation fees and capital contributions included on Part VIII, line 12	10a	_		
a Gross income from members or shareholders 11a 11b 11b b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13c c Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 16 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," see the instructions and	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13a 14a X b Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 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 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? <th>11</th> <th>Section 501(c)(12) organizations. Enter:</th> <th>1</th> <th></th> <th></th> <th></th>	11	Section 501(c)(12) organizations. Enter:	1			
amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 15 Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 49	а	Gross income from members or shareholders	11a			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 3 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 14a X b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 14b 15 Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 17 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 14a b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 14b 15 Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete						
13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization receive any payments for indoor tanning services during the tax year? 14a X 144 Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 14b 15 Is the organization an educational institution subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 If "Yes," complete Form 4720, Schedule O. 17 18 18 18 18 the organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the impositio	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Image: Comparization is licensed to issue qualified health plans b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 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 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 17 17 17 If "Yes," complete Form 6069. 17 17 17	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
Note: See the instructions for additional information the organization must report on Schedule O. Image: Description of the section of the section is required to maintain by the states in which the organization is licensed to issue qualified health plans	13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
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 13b c Enter the amount of reserves on hand 13c 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> 14b 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 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 17 17 If "Yes," complete Form 4720, Schedule O. 17 17 If "Yes," complete Form 6069. 17 17	а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
organization is licensed to issue qualified health plans 13b 13b 13c c Enter the amount of reserves on hand 13c 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 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 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 17 17 If "Yes," complete Form 4720, Schedule O. 17 17 If "Yes," complete Form 4720, Schedule O. 17 17 If "Yes," complete Form 6069. 10 17 17		Note: See the instructions for additional information the organization must report on Schedule O.				
c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 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 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X If "Yes," complete Form 4720, Schedule O. 16 X If "Yes," complete Form 4720, Schedule O. 17 16 X If "Yes," complete Form 4720, Schedule O. 17 17 17 If "Yes," complete Form 4720, Schedule O. 17 17 17 If "Yes," complete Form 6069. 10 10 10 10 10	b	Enter the amount of reserves the organization is required to maintain by the states in which the				
14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14a X 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 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 17 16 "Yes," complete Form 6069. 10 10 10		organization is licensed to issue qualified health plans	13b			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X 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 X 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. 17 If "Yes," complete Form 6069. 17	с	Enter the amount of reserves on hand	13c			
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 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 17 If "Yes," complete Form 6069. 10 10 10 10	14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
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 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 17 If "Yes," complete Form 6069. 10 10 10 10	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b		
excess parachute payment(s) during the year? 15 X If "Yes," see the instructions and file Form 4720, Schedule N. 16 X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 17 If "Yes," complete Form 6069. 10 10 10 10						
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 X If "Yes," complete Form 4720, Schedule O. 16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 17 If "Yes," complete Form 6069. 10 10 10 10				15		Х
16 X 17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069.						
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? If "Yes," complete Form 6069.	16		income?	16		Х
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. 10						
that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069. 10	17		ivities			
If "Yes," complete Form 6069.				17		
				_		
	332005	· · ·		Form	990	(2023)

12230327 151657 17450.005

b E 2 C 3 C 4 C	inter the number of voting members of the governing body at the end of the tax year there are material differences in voting rights among members of the governing body, or if the governing ody delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent	<u>1a</u>		6		
b E 2 C 3 C 4 C	ody delegated broad authority to an executive committee or similar committee, explain on Schedule O. Inter the number of voting members included on line 1a, above, who are independent					
b E 2 C 3 C 4 C	inter the number of voting members included on line 1a, above, who are independent					
2 [3 [4]				c		
3 C 3 C 4 C	of any officer, director, trustee, or key employee have a family relationship or a business relationsh		1	6		
3 C c 4 C		ip with a	any other			
c 4 C	fficer, director, trustee, or key employee?			2		<u> x</u>
4 C	id the organization delegate control over management duties customarily performed by or under t	ne direct	t supervision			
	f officers, directors, trustees, or key employees to a management company or other person?			3		
	id the organization make any significant changes to its governing documents since the prior Form	990 was	s filed?	4		X
5 D	oid the organization become aware during the year of a significant diversion of the organization's as	sets?		5		X
6 [id the organization have members or stockholders?			6		X
7 a D	d the organization have members, stockholders, or other persons who had the power to elect or a	ppoint c	one or			
n	nore members of the governing body?			7a		X
b A	re any governance decisions of the organization reserved to (or subject to approval by) members,					
	ersons other than the governing body?			7b		X
•	id the organization contemporaneously document the meetings held or written actions undertaken during the y					
	he governing body?			8a	х	
	ach committee with authority to act on behalf of the governing body?				X	\top
	s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					\uparrow
	rganization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
	on B. Policies (This Section B requests information about policies not required by the Internal F			[9	1	
u	(This Section B requests information about policies not required by the Internal F	evenue	Coue.)		Yes	N
0~ [_]	hid the examination have local chapters, branches, or effiliates?			40-	res	No X
	Vid the organization have local chapters, branches, or affiliates?			<u>10a</u>		$+^{\Lambda}$
	"Yes," did the organization have written policies and procedures governing the activities of such o		, ,	1.0		
	nd branches to ensure their operations are consistent with the organization's exempt purposes?					+
	las the organization provided a complete copy of this Form 990 to all members of its governing bo	ay before	e tiling the form	? 11a	A	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				37	
	bid the organization have a written conflict of interest policy? If "No," go to line 13					+
	Vere officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12 b	X	+
сD)id the organization regularly and consistently monitor and enforce compliance with the policy? If	'Yes," de	escribe			
С	n Schedule O how this was done				_	1
3 D	old the organization have a written whistleblower policy?			13	Х	\perp
4 C	bid the organization have a written document retention and destruction policy?			14	X	
5 D	id the process for determining compensation of the following persons include a review and approv	al by inc	dependent			
F	ersons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,				
a⊺	he organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization			15b		X
	"Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment wi	ith a			
	axable entity during the year?			16a		X
	"Yes," did the organization follow a written policy or procedure requiring the organization to evalu		articipation			
	n joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evalu	-	-			
	xempt status with respect to such arrangements?			16b		
	on C. Disclosure			100	1	<u> </u>
	ist the states with which a copy of this Form 990 is required to be filed TX					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990,	and gan.	-T (section 501/c	c)(3)s only	availa	hle
	pr public inspection. Indicate how you made these available. Check all that apply.		. ,0001001(0		avano	
10		in cn O	bodyle O			
ا م ت			,	and finan		
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or tetemonte available to the public during the tax year		minuerest policy	, and inai	udd	
	tatements available to the public during the tax year.		l			
	State the name, address, and telephone number of the person who possesses the organization's be $Ieather \ Ormand - 214-321-0156$	oks and	a records			
_	3733 La Prada Drive, Dallas, TX 75228-5036					
	2-21-23			For	n 990	(202

<u>Form 990 (</u>					Foundation	92-0960995
Part VI	Governance, I	Managem	ent, and Discl	osure. _{For}	each "Yes" response to	lines 2 through 7b below, and for a "No" re
						hedule O. See instructions.

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

12

Section A. Governing Body and Management

Χ

Yes No

⁹²⁻⁰⁹⁶⁰⁹⁹⁵ Page 6 esponse

Form 990 (202	Nexus Recovery Center Foundation	92-0960995	Page 7
Part VII C	compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
E	mployees, and Independent Contractors		
Cł	heck if Schedule O contains a response or note to any line in this Part VII		
Section A. C	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
	this table for all persons required to be listed. Report compensation for the calendar year ending wit of the organization's current officers, directors, trustees (whether individuals or organizations), regar	5	

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

Name and title Average hours per mode and stretch variation of the and stretch variation from related organization (M2/1098-NEC) Estimated composition from related organization (M2/1098-NEC) Estimated composition from related organization (M2/1098-NEC) (1) Billy Murray Chair 1.00 2.000 X X 0. 0. 0. (1) Billy Murray Chair 1.00 2.000 X X 0. 0. 0. (1) Billy Murray Chair 1.00 2.000 X X 0. 0. 0. (1) Billy Murray Chair 1.00 2.000 X X 0. 0. 0. (1) Billy Murray Chair 1.00 2.000 X X 0. 0. 0. (1) Billy Murray Chair 1.00 2.000 X X 0. 0. 0. (1) Billy Murray Chair 1.00 2.000 X X 0. 0. 0. (2) Ratio Base Director 1.00 2.000 X 1 0. 0. 0. Director 1.00 2.000 X 0. 0. 0. 0. Director 1.00 2.000 X 0. 0. 0. 0. Director 1.00 1.00 1	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per veek (list any veek (lis	Name and title	Average	(do					ne	Reportable	Reportable	Estimated
Week (list ary hours for gainizations organizations (list ary log billy line) Inon related organizations (list ary log billy below line) Inon line (list ary builty below line) Inon list ary builty below line) Inon list ary builty below list ary builty		hours per	box	, unle	ss pei	rson i	s both	ı an	compensation	compensation	amount of
(1) Billy Murray 1.00 x x 0. 0. 0. Chair 2.00 x x 0. 0. 0. Secretary 2.00 x x 0. 0. 0. Geovery Risig Campaign Co x x 0. 0. 0. 0. Director x 0. 0. 0. 0. 0. 0. Director x 0. 0. 0. 0. 0. 0. (7) Sharon King 1.00 x 0. 0. 0. 0. 0.				cer ar		Irecto	r/trus	tee)			
(1) Billy Murray 1.00 x x 0. 0. 0. Chair 2.00 x x 0. 0. 0. Secretary 2.00 x x 0. 0. 0. Geovery Risig Campaign Co x x 0. 0. 0. 0. Director x 0. 0. 0. 0. 0. 0. Director x 0. 0. 0. 0. 0. 0. (7) Sharon King 1.00 x 0. 0. 0. 0. 0.			recto								
(1) Billy Murray 1.00 x x 0. 0. 0. Chair 2.00 x x 0. 0. 0. Secretary 2.00 x x 0. 0. 0. Geovery Risig Campaign Co x x 0. 0. 0. 0. Director x 0. 0. 0. 0. 0. 0. Director x 0. 0. 0. 0. 0. 0. (7) Sharon King 1.00 x 0. 0. 0. 0. 0.			e or di	ee			sated				
(1) Billy Murray 1.00 x x 0. 0. 0. Chair 2.00 x x 0. 0. 0. Secretary 2.00 x x 0. 0. 0. Geovery Risig Campaign Co x x 0. 0. 0. 0. Director x 0. 0. 0. 0. 0. 0. Director x 0. 0. 0. 0. 0. 0. (7) Sharon King 1.00 x 0. 0. 0. 0. 0.			rustee	trust		ee	npens			1099-NEC)	0
(1) Billy Murray 1.00 x x 0. 0. 0. Chair 2.00 x x 0. 0. 0. Secretary 2.00 x x 0. 0. 0. Geovery Risig Campaign Co x x 0. 0. 0. 0. Director x 0. 0. 0. 0. 0. 0. Director x 0. 0. 0. 0. 0. 0. (7) Sharon King 1.00 x 0. 0. 0. 0. 0.		l v	dual ti	itiona		nploy	st cor yee	-	1000 NEO)		
(1) Billy Murray 1.00 x x 0. 0. 0. Chair 2.00 x x 0. 0. 0. Secretary 2.00 x x 0. 0. 0. Geovery Risig Campaign Co x x 0. 0. 0. 0. Director x 0. 0. 0. 0. 0. 0. Director x 0. 0. 0. 0. 0. 0. (7) Sharon King 1.00 x 0. 0. 0. 0. 0.			ndivid	nstitu	Office	key er	Highe	orme			e.gamzanene
(2) Karl Nelson 1.00 x x 0. 0. 0. Secretary 2.00 x x 0. 0. 0. Recovery Risig Campaign Co x x 0. 0. 0. 0. Recovery Risig Campaign Co x x 0. 0. 0. 0. (4) Telias Schelln 1.00 x x 0. 0. 0. Director x 0. 0. 0. 0. 0. (5) Robb James 1.00 x 0. 0. 0. 0. Director x 0. 0. 0. 0. 0. 0. (6) Michelle Langenberg 1.00 x 0. 0. 0. 0. 0. Ex-Officio Nexus Recovery 2.00 X 0. 0. 0. 0. 0.	(1) Billy Murray	1.00									
Secretary 2.00 X X 0. 0. 0. (3) Raymond Faus 1.00 X X 0. 0. 0. 0. Recovery Risig Campaign Co X X 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. (5) Robb James 1.00 X 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. (6) Michelle Langenberg 1.00 X 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. 0. Ex-Officio Nexus Recovery 2.00 X 0. 0. 0. 0. 0. 0.	Chair		Х		Х				0.	0.	0.
(3) Raymond Faus 1.00 x x 0. 0. 0. Recovery Risig Campaign Co 1.00 x 0. 0. 0. 0. Director x 0. 0. 0. 0. 0. 0. (1) Sharon King 1.00 Ex-Officio Nexus Recovery 2.00 X 0. 0. 0. 0.	(2) Karl Nelson										
Recovery Risig Campaign Co X X X 0. 0. 0. (4) Telias Schelin 1.00 X 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. (6) Michelle Langenberg 1.00 X 0. 0. 0. 0. Director X 0. 0. 0. 0. 0. 0. (7) Sharon King 1.00 X 0. 0. 0. 0. 0. Ex-Officio Nexus Recovery 2.00 X 0. 0. 0. 0.	Secretary		Х		Х				0.	0.	0.
(4) Telisa Schelin 1.00 x 0. 0. 0. Director 1.00 x 0. 0. 0. (5) Robb James 1.00 x 0. 0. 0. Director x 0. 0. 0. 0. (6) Michelle Langenberg 1.00 x 0. 0. 0. Director x 0. 0. 0. 0. (7) Sharon King 1.00 x 0. 0. 0. Ex-Officio Nexus Recovery 2.00 X 0. 0. 0.	(3) Raymond Faus	1.00									
Director X 0. 0. 0. 0. (7) Sharon King 1.00 X 0. 0. 0. Ex-Officio Nexus Recovery 2.00 X 0. 0. 0.	Recovery Risig Campaign Co		Х		Х				0.	0.	0.
(5) Robb James 1.00 x 0. 0. 0. Director x 0. 0. 0. 0. (6) Michelle Langenberg 1.00 x 0. 0. 0. Director x 0. 0. 0. 0. (7) Sharon King 1.00 x 0. 0. 0. Ex-Officio Nexus Recovery 2.00 x 0. 0. 0.	(4) Telisa Schelin	1.00									
Director X 0. 0. 0. Director X 0. 0. 0. (7) Sharon King 1.00 X 0. 0. Ex-Officio Nexus Recovery 2.00 X 0. 0. Image: State of the state of			Х						0.	0.	0.
(6) Michelle Langenberg 1.00 X 0. 0. 0. Director X 0. 0. 0. 0. (7) Sharon King 1.00 X 0. 0. 0. Ex-Officio Nexus Recovery 2.00 X 0. 0. 0.		1.00									
Director X 0. 0. 0. (7) Sharon King 1.00 X 0. 0. 0. Ex-Officio Nexus Recovery 2.00 X 0. 0. 0. Image: State of the state of th			Х						0.	0.	0.
(7) Sharon King 1.00 X 0.0.0.0. Ex-Officio Nexus Recovery 2.00 X 0.0.0.0.	(6) Michelle Langenberg	1.00									
Ex-Officio Nexus Recovery 2.00 X 0. 0. 0. 0. Image: Second Secon			Х						0.	0.	0.
	(7) Sharon King										
	Ex-Officio Nexus Recovery	2.00	Х						0.	0.	0.
			-								
						-	-				
						-	-				
			-								
332007 12-21-23											Form 990 (2023)

Form 990 (2023)

12230327 151657 17450.005

Form		2023)	Nexus	Rec	overy (Cen	nte	r	Fo	un	da	ition	92-09	960	995	Pa	age 8
Parl	: VII	Section A. Officers	, Directors	s, Trust	ees, Key Em	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
		(A) Name and title			(B) Average hours per week	box	not c , unle:	Pos heck ss per	more rson i	l than c s both r/trust	an	(D) Reportable compensation	(E) Reportable compensatio	n	an	(F) stimate nount	
					(list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organization (W-2/1099-MIS 1099-NEC)	s SC/	com fr org and	other pensa om the anizat d relat anizati	e ion ed
						-											
						-											
						_											
						-											
						-											
						-											
	Subt	otol				-						0.		0.			0.
с	Tota	otai I from continuation s I (add lines 1b and 1	sheets to F	Part VII	, Section A							0.		0.			0.
	Total		s (including								o re	eceived more than \$100,	000 of reportable	9			0
3		0	•		-		-	•	-		Ŭ	hest compensated emp				Yes	No
4	For a	ny individual listed or	n line 1a, is	the su	m of reportab	le co	ompe	ensa	tion	and	oth	er compensation from t	he organization		3		X X
5	Did a	ny person listed on li	ne 1a recei	ive or a	ccrue comper	nsati	on fr	om	any	unre	late	ed organization or individ	dual for services		5		x
		. Independent Contr															
												nat received more than \$ the organization's tax y		pensa	tion fro	om	
		Na) me and bu	(A) Isiness :	address	N	ONE	3				(B) Description of s	ervices	C) ompe	C) nsatio	n
2		number of independ ,000 of compensation		•	•	ot lir	niteo	d to	thos (ted	above) who received mo	ore than			000	

332008 12-21-23

			ver	y Center	Foundation	1	92-0960	995 Page 9
Pa	rt VII	Statement of Revenue						
		Check if Schedule O contains a res	oonse o	or note to any lin		(B)	(C)	
					(A) Total revenue	Related or exempt function revenue		Revenue excluded from tax under sections 512 - 514
ς, ω	1 a	Federated campaigns 1a						
Contributions, Gifts, Grants and Other Similar Amounts	 b	Membership dues 1b						
ng G	c	Fundraising events 10	:					
ifts ar A	d	Related organizations 10	ı 🗌					
s, G	е	Government grants (contributions)	,					
r Si	f	All other contributions, gifts, grants, and						
ibu		similar amounts not included above 1f		876,100.				
bat	g		\$		076 100			
<u>aŭ</u>	h	Total. Add lines 1a-1f			876,100.			
	•			Business Code				
Program Service Revenue	2 a b							
Serv	с С							
	d							
Be	e							
Pro	f	All other program service revenue						
	g							
	3	Investment income (including dividends	, intere	st, and				
		other similar amounts)			32,148.	32,148.		
	4	Income from investment of tax-exempt I						
	5	Royalties	<u></u>					
	•		ear	(ii) Personal				
	6 a							
	b c							
		Net rental income or (loss)						
		Gross amount from sales of (i) Secu	rities	(ii) Other				
		assets other than inventory 7a						
	b	Less: cost or other basis						
ne		and sales expenses 7b						
venue	С	Gain or (loss) 7c						
, Be		Net gain or (loss)	·····					
Other Re	8 a	Gross income from fundraising events (not						
0		including \$ of						
		contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses						
		Net income or (loss) from fundraising ev						
		Gross income from gaming activities. So						
		Part IV, line 19	. <u>9a</u>					
		Less: direct expenses						
		Net income or (loss) from gaming activit	ies					
	10 a	Gross sales of inventory, less returns						
	Ŀ	and allowances						
		Less: cost of goods sold Net income or (loss) from sales of invent		1				
	C	Net moorne or (1055) from Sales of INVER	y	Business Code				
snc	11 a	Prior Year Revenue A	di	900099	81,532.	81,532.		
nec	b	Rental Income		900099	79.	79.		
eve	с							
Miscellaneous Revenue	d	All other revenue						
2	е	Total. Add lines 11a-11d			81,611.		-	-
	12	Total revenue. See instructions			989,859.	113,759.	0.	0.
33200	9 12-21	-23						Form 990 (2023

12230327 151657 17450.005

10

Nexus Recovery Center Foundation Part IX Statement of Functional Expenses

Do r	Check if Schedule O contains a respons ot include amounts reported on lines 6b,	e or note to any line in to (A) Total expenses	nis Part IX (B) Program service	(C) Management and	
	b, 9b, and 10b of Part VIII.	rotal expenses	expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	486,110.	243,055.		243,055
3	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes				
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting	2,500.	2,500.		
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch 0.)	131.	131.		
2	Advertising and promotion				
3	Office expenses				
4	Information technology				
5	Royalties				
6	Occupancy				
7	Travel				
8	Payments of travel or entertainment expenses				
-	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	6,771.	6,771.		
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	875.	875.		
3	Insurance				
4	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 0.)				
а	To/From Nexus / Nexus F	875,000.			875,000
	Medical Contractual	85,340.		85,340.	,
2	Administrative Contract	30,416.	15,208.		15,208
d	Direct Care Contractual	15,650.	10,2000		15,650
	All other expenses	4,526.			4,526
е 5	Total functional expenses. Add lines 1 through 24e	1,507,319.	268,540.	85,340.	1,153,439
<u>ა</u> გ	Joint costs. Complete this line only if the organization	±,30,,3±3•	200,310.	00,010.	-,,,,,,,,,,,,,-
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

11

12230327 151657 17450.005

orm 990 (Part X	2023) Nexus Recovery Center Foundati	011	94-	0960995 Page 11
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	702,892.	1	100,701
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	5,883,643.	4	11,849,391
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	
<u></u> 9 7	Notes and loans receivable, net		7	
Assets	Inventories for sale or use		8	
₹ 9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D10a7,354,149Less: accumulated depreciation10b3,664,149	•		
b	Less: accumulated depreciation 10b 3,664,149	137,600.	10c	3,690,000
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	4,727
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	6,724,135.	16	15,644,819
17	Accounts payable and accrued expenses	398,139.	17	4,526,283
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	
ഴ്ച 22	Loans and other payables to any current or former officer, director,			
liti	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities	controlled entity or family member of any of these persons		22	
┘ 23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	5,310,000
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	200 120	25	0 000 000
26	Total liabilities. Add lines 17 through 25	398,139.	26	9,836,283
s	Organizations that follow FASB ASC 958, check here			
	and complete lines 27, 28, 32, and 33.	1 070 504		1 266 266
27 alar	Net assets without donor restrictions	-1,070,504. 7,396,500.	27	-1,266,366. 7,074,902.
28 70	Net assets with donor restrictions	7,390,300.	28	7,074,902
<u>.</u>	Organizations that do not follow FASB ASC 958, check here			
5 m	and complete lines 29 through 33.		00	
29 10 29	Capital stock or trust principal, or current funds		29	
es 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances E 1 0 6 6 8 2 2 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Retained earnings, endowment, accumulated income, or other funds	6,325,996.	31 32	5,808,536.
	Total net assets or fund balances	6,724,135.	<u>32</u> 33	15,644,819
33	Total liabilities and net assets/fund balances		აა	$\frac{13,044,019}{500}$

Form 990 (2023)

Form	1990 (2023) Nexus Recovery Center Foundation	92-	0960995	Pag	_{je} 12
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	989		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,507		
3	Revenue less expenses. Subtract line 2 from line 1	3	-517		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,325	<u>, 99</u>) 6.
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	5,808	,53	36.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X 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	,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule 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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

SCH	EDU	ILE	Α

Department of the Treasury Internal Revenue Service

(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. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public

Name	of the	organization
------	--------	--------------

Name of	the organization		Conton Tour		_			identification number
Part I	Reason for Public		Center Found			an instruction		2-0960995
						ee instruction	S.	
	ization is not a private found					IV A V:		
1	A church, convention of ch)(מ)סיד ח	I)(A)(I).		
2	A school described in sect				/L\/4\/A\/::	:)		
3 🛄 4	A hospital or a cooperative A medical research organiz						Viii) Entor	the hospital's name
4	city, and state:	ation operated in cor		described	III Sectio	A)(1)(d)01111		the hospital's hame,
5	An organization operated for	or the benefit of a col	leae or university owner	l or operati	ed by a do	vernmental u	nit describe	n d in
J	section 170(b)(1)(A)(iv). (0				ca by a go			
6	A federal, state, or local go		ental unit described in	section 17	70(b)(1)(A)	(v)		
7	An organization that norma	-					ne general r	oublic described in
•	section 170(b)(1)(A)(vi). (C			onn a gove			io gonorar p	
8	A community trust describe		1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research or				ed in coniu	inction with a	land-grant	college
	or university or a non-land-							
	university:		,		, ,	,	Ũ	
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
	activities related to its exer	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
	income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	fter June 30, 1975.
	See section 509(a)(2). (Co	mplete Part III.)						
11	An organization organized	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).		
12 X	An organization organized	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to ca	rry out the	purposes of one or
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	or section	509(a)(2).	See section	509(a)(3). (Check the box on
	lines 12a through 12d that	• •					-	
a X								
	the supported organization			majority o	f the direc	tors or truste	es of the su	ipporting
. _	organization. You must o	-						
b 🗌	Type II. A supporting org							
	control or management o			ame perso	ns that co	ntrol or mana	ge the supp	oorted
- L	organization(s). You mus	•						ما الناب ام
с	J Type III functionally inte						ly integrate	a with,
d	its supported organizatio Type III non-functionally						tod organiz	ration(c)
u	that is not functionally inf							
	requirement (see instruct	•		•		-	anatonin	
e	Check this box if the orga	,	•				II Type III	
	functionally integrated, o					.)po., .)po	, . , pe	
f Ent	er the number of supported of	raanizationo		.9 - 9				1
	vide the following information	•						
	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount o	-	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Nexus	Recovery							
<u>Cente</u>	r Incorporated	23-7169388	10	X			0.	
Total						1	Ο.	0.

Schedule	A (Form 990) 2023
Part II	Support Sch

Nexus Recovery Center Foundation

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
-	Public support. Subtract line 5 from line 4.						
		(-) 0010	(1-) 0000	(-) 0001	(4) 0000	(-) 0000	(f) Tatal
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
9	and income from similar sources Net income from unrelated business						
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instructi	ions)			12	
	First 5 years. If the Form 990 is for th		,			· · · ·	
	organization, check this box and stop	Ũ		,	,	()()	
See	ction C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), (divided by line 11,	column (f))		14	%
15	Public support percentage from 2022	Schedule A, Part	t II, line 14			15	%
	33 1/3% support test - 2023. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	ported organizatio	า			
b	33 1/3% support test - 2022. If the o	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qual	lifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2023. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstand	ces test, check this	s box and stop h	ere. Explain in Parl	: VI how the organi	zation
	meets the facts-and-circumstances te	st. The organizati	on qualifies as a p	ublicly supported	organization		
b	10% -facts-and-circumstances test	- 2022. If the or	ganization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circui	mstances test, che	eck this box and	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circl		-	-			
18	Private foundation. If the organization	n did not check a	a box on line 13, 16	6a, 16b, 17a, or 17	'b, check this box a		
						Schedule A	(Form 990) 2023

332022 12-21-23

Schedule A (Form 990) 2023 Nexus Recovery Center Foundation 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.)

Sec	LION A. Fublic Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	6 (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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
Ū	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disgualified 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						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	6 (f) Total
9	Amounts from line 6						
	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						
	Add lines 10a and 10b						
	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	he organization's fir	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orgar	nization,
	check this box and stop here						
Sec	tion C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2023 (line 8, column (f), d	ivided by line 13,	column (f))		15	%
16	Public support percentage from 2022	2 Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Invest	stment Income	Percentage				
	Investment income percentage for 2			ine 13. column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2023. If the					· · · ·	
	more than 33 1/3%, check this box a						
h	33 1/3% support tests - 2022. If the	-	•				
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization			-		-	
			55X 011 mile 14, 18	a, 51 100, 01100K L			lule A (Form 990) 2023
33202	3 12-21-23		16			Sched	iaie a (i vi iii 330) 2023

12230327 151657 17450.005

Nexus Recovery Center Foundation

Yes

No

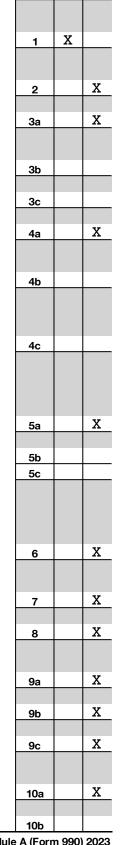
Part IV Supporting Organizations

(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

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

332024 12-21-23



Schedule A (Form 990) 2023

12230327 151657 17450.005

2023.05070 NEXUS RECOVERY CENTER FOU 17450.01

17

Sch		96099	5 Pa	age 5
Pa	Int IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		X
k	A family member of a person described on line 11a above?	11b		X
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		X
Se	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

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

Section D	ά All Τνὄο III	Supporting	Organizations
Section D	. Аптуре ш	Supporting	organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction <u>s).</u>	

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

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

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

3b | | Schedule A (Form 990) 2023

2a

2b

3a

Yes No

х

Yes No

2

1

332025 12-21-23

12230327 151657 17450.005

18

_	edule A (Form 990) 2023 Nexus Recovery Center rt V Type III Non-Functionally Integrated 509(a)(3) Support			92-0960995 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI) Soo instructions
	All other Type III non-functionally integrated supporting organizations mu			Part VI). See instructions.
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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-function	ally integrated	Type III supporting orga	anization (see

Schedule A (Form 990) 2023

332026 12-21-23

instructions).

Nexus	Recovery	Center	Foundation
11 1		(0) 0	

_		y Center Founda			2-0960995 Page 7
Par		allo Supporting Orga	nizations (continu	<u>ied)</u>	• · · ·
	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets	-		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(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	(1)	(")	10	()
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	IS	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

edule A (I	Form 990) 2023	Nexus	Recovery	Center	Foundation		92-0960995	Pag
	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D	1, 2, 3b, 3c, 4 , lines 2 and 3	b, 4c, 5a, 6, 9a, 9 3; Part IV, Section	96, 9c, 11a, 11b E, lines 1c, 2a	o, and 11c; Part IV, S , 2b, 3a, and 3b; Par	ection B, lines 1 a : V, line 1; Part V,	and 2; Part IV, Section Section B, line 1e; Par	C, rt V,
	Section D, lines 5, 6, and (See instructions.)	d 8; and Part '	V, Section E, lines	2, 5, and 6. Al	so complete this par	for any additiona	al information.	

(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.



Dep Inte

	tment of the Treasury I Revenue Service	A Go to www.irs.gov/Form99	0 for instructions and the latest information.		Inspection	
-	e of the organization				r identification nun	mber
	. .	Nexus Recovery Cent	cer Foundation		2-0960995	
Pa	rt I Organiza		d Funds or Other Similar Funds or A			
		n answered "Yes" on Form 990, Part IV, lin				
			(a) Donor advised funds	(b) Funds an	d other accounts	
4	Total number at an	ad of year		(b) Farlas ar		
1		nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5			writing that the assets held in donor advised fu		—. —	٦
-			exclusive legal control?		Yes	No
6			dvisors in writing that grant funds can be used			
			r donor advisor, or for any other purpose confe	0		٦
De	impermissible priva				Yes	No
Pa			ganization answered "Yes" on Form 990, Part I	V, line 7.		
1		servation easements held by the organization				
	Preservation	of land for public use (for example, recrea				
	Protection o	f natural habitat	Preservation of a ce	rtified historic	structure	
	Preservation	of open space				
2	-		ied conservation contribution in the form of a c			
	day of the tax year			Held	at the End of the Tax	Year
а	Total number of co	onservation easements		2a		
b	Total acreage restr	ricted by conservation easements		2b		
с	Number of conserv	vation easements on a certified historic stru	ucture included on line 2a	2c		
d	Number of conserv	vation easements included on line 2c acqu	red after July 25, 2006, and not			
	on a historic struct	ture listed in the National Register		2d		
3	Number of conserv	vation easements modified, transferred, rel	eased, extinguished, or terminated by the orga	nization during	g the tax	
	year					
4	Number of states v	where property subject to conservation eas	ement is located			
5	Does the organizat	tion have a written policy regarding the per	iodic monitoring, inspection, handling of			
	violations, and enf	orcement of the conservation easements it	holds?		Yes	No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	ion easement	s during the year	
7	Amount of expens	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation e	asements dur	ing the year	
8	Does each conserv	vation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)	(4)(B)(ii)?			Yes	No
9	In Part XIII, describ		on easements in its revenue and expense state			
			ote to the organization's financial statements t		the	
	organization's acc	ounting for conservation easements.				
Pa	rt III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Other	Similar As	sets.	
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and ba	alance sheet w	vorks	
	-		vic exhibition, education, or research in further			
			icial statements that describes these items.			
b			8, to report in its revenue statement and balan	ce sheet work	s of	
~	-		exhibition, education, or research in furtheran			
		ng amounts relating to these items.				
	-			\$		
				•		
2	.,		asures, or other similar assets for financial gain			
2				, provide		
-		unts required to be reported under FASB A on Form 990, Part VIII, line 1	SC 956 relating to these items:	\$		
6	nevenue included	ULI ULI 33U. FAL VII. ILLE I		D		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

22

\$

Schedule D (Form 990) 2023

b Assets included in Form 990, Part X

Sche		ecovery Cer					92-09	6099	5 ра	age 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Historica	al Treasures, o	or Othe	r Simila	r Assets	contin	nued)	
3	Using the organization's acquisition, access	ion, and other record	s, check any	of the following that	at make s	significant	use of its			
	collection items (check all that apply).									
а	Public exhibition	c		or exchange prog						
b	Scholarly research	e	e 🗌 Othe							
С	c Preservation for future generations									
4	Provide a description of the organization's c	ollections and explair	n how they fu	ther the organizat	ion's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, historic	al treasures, or oth	ner simila	r assets		_		_
_	to be sold to raise funds rather than to be m							Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		te if the orgar	nization answered	"Yes" on	Form 990	, Part IV, li	ne 9, or		
1a	Is the organization an agent, trustee, custod	lian, or other intermed	diary for contr	ibutions or other a	ssets not	t included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
		·	C C					Amoun	t	
с	Beginning balance					. 1c				
d	Additions during the year					1d				
	Distributions during the year									
f	Ending balance					. 1 f				
2a	Did the organization include an amount on F	Form 990, Part X, line	21, for escro	w or custodial acc	ount liabi	lity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds Complete i									
		(a) Current year	(b) Prior y	ear (c) Two ye	ars back	(d) Three	years back	(e) Fou	r years	back
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		<i></i>							
2	Provide the estimated percentage of the cur	•		umn (a)) held as:						
a	Board designated or quasi-endowment		_%							
a	Permanent endowment	%								
с	Term endowment	_%								
2-	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		tion that are	add and administ	and for th	b c				
Ja	organization by:	ession of the organiza	alion that are			le		1	Yes	No
	(i) Unrelated organizations?							3a(i)		
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization									
4	Describe in Part XIII the intended uses of the							_ 0.0		
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere), Part IV, line	11a. See Form 99	0, Part X	, line 10.				
	Description of property	(a) Cost or o basis (investr	•) Cost or other basis (other)	1	Accumulate		(d) Boo	k valu	e
4 -	Land			221,751.				2.2	1,7	51
	Land		6	<u>221,731</u> .		382,5	05	2,65		
	Buildings			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	+ [,]	<u> </u>	<u> </u>	<u>,</u> UJ		<u>.</u> .
	Leasehold improvements			927,554.	+	281,6	44	64	5,9	10
	Equipment			162,810.		201,0			2,8	
	Other		V line 10-	-				3,69		
TULA	. Aud intes ra through re. (Column (a) must (equal Form 990, Part	<u>∧, iirie i UC, C</u>	<u>oiumn (B))</u>			<u> </u>			<u> </u>

Schedule D (Form 990) 2023

332052 09-28-23

Schedule D	O (Form 990) 2023 Nexus Recov	ery Center Fo	undation	92-0960995 Page 3
Part VII				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line ⁻	12.
(a) Descrip	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1) Financi	ial derivatives			
(2) Closely	/ held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, line 12, col. (B))			
Part VII	I Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 1	13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. ((b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	Other Assets			
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line ⁻	15.
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, line 15, co	<u>I. (В))</u>		
Part X	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 of liability			(b) Book value
(1) Fea	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	<u>umn (b) must equal Form 990, Part X, line 25, co</u>	I. (B))		
	y for uncertain tax positions. In Part XIII, provide			ements that reports the
organiz	zation's liability for uncertain tax positions under	FASB ASC 740. Check he	ere if the text of the footnote has	been provided in Part XIII

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 Nexus Recovery Center Found	dation	92-0)960995 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue	e per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
1	Total revenue, gains, and other support per audited financial statements		1	989,859.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			989,859.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			989,859.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem		es per Returr	1
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		1	1 507 210
1	Total expenses and losses per audited financial statements			1,507,319.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities			
b	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIII.)			0
-	Add lines 2a through 2d			
3	Subtract line 2e from line 1			1,507,319.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		0
С	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,507,319.
Pa	t XIII Supplemental Information			

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

332054 09-28-23

 	-				
IN	а	rn	e	of	· 11

Part I

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1	545-0047
-----------	----------

2023
Open to Public

Inspection Employer identification number

Name of the	e organization
-------------	----------------

SCHEDULE L (Form 990)

Department of the Treasury

Internal Revenue Service

Nexus Recovery Center Foundation

92-0960995

	<u> </u>	
Excess Benefit Transactions	(section 501(c)(3), section 501(c)(4), and section 501(c)(29) organi	zations only)

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

1		(b) Relationship between disqualified		(d) Cori	rected?
	(a) Name of disqualified person	person and organization	(c) Description of transaction	Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurred by	the organization managers or disqualifie	d persons during the year under		
	section 4958			\$	
3	Enter the amount of tax, if any, on li	ine 2, above, reimbursed by the organiza	tion	\$	

Part II Loans to and/or From Interested Persons

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

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	of loop		(d) Loan to or (e) Original		(f) Balance due	(g) In default?		(h) Approved by board or committee? (i) Writ		ritten nent?
					From		Yes	No	Yes		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Tota						\$							

Grants or Assistance Benefiting Interested Persons Part III

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

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

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

Schedule L (Form 990) 2023

Schedule L (F	orm 990)	2023
---------------	----------	------

Nexus Recovery Center Foundation 92-0960995 Page 2

Part IV Business Transactions Involving Interested Persons Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

	165 OITFOITT 990, Fait IV, III e 20a, 20	5D, UI 26C.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	
				Yes	No
(1)Nexus Recovery Center	Supporting Organiza	875,000.	Contributio		Х
(2)Nexus Recovery Center	Supporting Organiza	4,314,445.	Due to Nexu		Х
(3)					
(4)					
(5)					
_(6)					
_(7)					
_(8)					
(9)					
(10)					
Dout V Cumplemental Information					

Part V Supplemental Information

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

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: Nexus Recovery Center

(b) Relationship Between Interested Person and Organization:

Supporting Organization

(d) Description of Transaction: Contributions to Nexus Recovery Center

from Nexus Recovery Center Foundation, eliminated in consolidated

statements

(a) Name of Person: Nexus Recovery Center

(b) Relationship Between Interested Person and Organization:

Supporting Organization

(d) Description of Transaction: Due to Nexus Recovery Center for

Expenses Paid on behalf of Foundation

Schedule L (Form 990) 2023

332132 11-30-23

SCHEDULE	0
(Form 990)	

Name of the organization

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

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



Employer identification number 92-0960995

Nexus Recovery Center Foundation

Form 990, Part VI, Section B, line 11b:

Form 990 Review Process:

Form 990 is e-mailed to board executive committee members, which includes,

at a minimum, all board officers and finance committee chair.

Form 990, Part VI, Section B, Line 12c:

Conflict of Interest:

All members of the Board of Directors are required to complete a Conflict

of Interest statement when they join the Board. We obtain Conflict of

Interest certifications annually from all Officers and Board Members and

maintain them in our electronic files.

Form 990, Part VI, Section B, Line 15a:

Whistleblower Policy:

The organization has several policies covering reporting of business

ethics, fraud, collusion, employee harassment and discrimination, and

client rights and abuse, including a toll-free direct line to the state's

licensing authority.

Form 990, Part VI, Section C, Line 18:

Public Inspection:

The organization's governing documents, policies and financial statements

are made available upon request.

Form 990, Part VI, Section C, Line 19:

Conflict of Interest:

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 28

Schedule O (Form 990) 2023

12230327 151657 17450.005

Schedule O (Form Name of the organ		Nexus	Pogg	C	ntor	Four	1-+	n		Em	ployer ider 92-09	ntification I	Pa num
Annually,	al1	board 1	nembe	rs, op	erat	ing of	fice	rs, ar	nd key	empl	oyees	are	
solicited	and	require	ed to	sign	and :	returr	n a ce	ertifi	cate	discl	osing	any	
conflict d	of in	nterest	•										
332212 11-14-23						29					Schedule	O (Form 9	90)
30327 1516	57 1	L7450.00	5		2		5070	NEXUS	RECOV	/ERY (CENTER	FOU 1	.7