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



May 27, 2025

Heather Ormand Nexus Recovery Center 8733 La Prada Drive Dallas, TX 75228

Dear Heather:

Enclosed is the organization's 2023 Exempt Organization return. The return should be signed, dated, and mailed.

Specific filing instructions are as follows.

FORM 990 RETURN:

Please sign and mail on or before July 15, 2025.

Mail to:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

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 Incorporated 8733 La Prada 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 copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

(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.

must use	Form 7004 to request an extension of time to file incom	e lax relur	18.			
Part I - Id	lentification			-		
Type or	pe or Name of exempt organization, employer, or other filer, see instructions.					n number (TIN)
Print						
	Nexus Recovery Center Incor	porat	ed		23-71	69388
File by the due date for	Number, street, and room or suite no. If a P.O. box, so	ee instruct	ions.			
filing your return. See	8733 La Prada Drive					
instructions.	City, town or post office, state, and ZIP code. For a for	oreign add	ress, see instructions.			
	Dallas, TX 75228	U U				
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)			
Applicati	on Is For	Return	Application Is For			Return
		Code				Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
Form 472	0 (individual)	03	Form 5227			10
Form 990		04	Form 6069			11
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
	-T (trust other than above)	06	Form 5330 (individual)			13
	-T (corporation)	07	Form 5330 (other than individual)			14
Form 104		08				
	ou enter your Return Code, complete either Part II or Par	t III. Part II	I. including signature, is applicable of	only for an	extension of	
	e Form 5330.			,		
• If this a	pplication is for an extension of time to file Form 5330, y	ou must e	nter the following information.			
Pla	n Name		Ũ			
	n Number					
	n Year Ending (MM/DD/YYYY)					
	utomatic Extension of Time To File for Exempt Organ	izations (s	see instructions)			
	ooks are in the care of Heather Ormand	•	<i>i</i>			
		lve -	Dallas, TX 75228-5	5036		
Teleph	one No. 214-321-0156		Fax No.			
-	organization does not have an office or place of business	in the Uni				
	s for a Group Return, enter the organization's four-digit (
box[
1 Ire	quest an automatic 6-month extension of time until J_1					
	organization named above. The extension is for the organization					
	calendar year 20 or					
X		. 20	2.3, and ending	AUG 3	1.	. 20 24
			; 3			
2 lfth	e tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: Initial return	Final retur	'n	
	Change in accounting period					
3a lfth	is application is for Forms 990-PF, 990-T, 4720, or 6069	enter the	tentative tax, less			
	nonrefundable credits. See instructions.	,		3a	\$	0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069	. enter anv	refundable credits and		· ·	
	mated tax payments made. Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa				· ·	-
	ng EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.

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

Form YPUU Durder 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. Code our www.irs.gov/Consultons and the latest information. 20203 Open to Public Projection A for the 2023 calendar year, or tax year beginning SEP 1, 2023 and ending AUG 31, 2024 B Demployer identification number B creet # ending C Name of organization Demployer identification number Demployer identification number Divide B creet # ending Nexus Recovery Center Incorporated Demployer identification number 214.321016 C try or two, state or province, country, and ZIP or foreign postal code Dallas, TX 75228 Room/suite E Telephone number C try or two, state or province, country, and ZIP or foreign postal code Dallas, TX 75228 H(a) is this a group return for subordinates? Yes X for Not work conservince, country, and ZIP or foreign postal code Tacexempt status: IX 501(c)(3) 501(c) () (Insert no.) 4947(a)(1) or 527 H(b) is this a group return for subordinates? Yes X for Not work conservince, country, and ZIP or foreign postal code J Website: www.incesures covery.org H(c) counce exemption number H(c) counce exemption number Tacexempt status: IX 501(c)(3) 501(c) () (Insert no.) H(c) counce exemption number J Website: www.incesures covery.org		_		** PUBLIC DISCLOSURE COPY * Return of Organization Exempt From	* Income Tax	OMB No. 1545-0047			
Do not enter social security numbers on this form as it may be made public. Go to wow, wirks gov/Providens and the latest information. Open to Public Inspection A For the 2023 calendar year, or tax year beginning SEP 1, 2023 and ending AUG 31, 2024 B Check it Break	Forr	n 9 9	90	C 1		2023			
Taxexemption Go to www.re.gov/Form990 for instructions and the latest information. Inspection A For the 2028 calendary year, or tax year beginning SEP 1, 2023 and ending AUG 31, 2024 D B group of the state of the state of the state information. Description of the state state state state of the state of the state of the state of th									
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Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 3,101,062. 925,227 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 8,503,930. 9,007,309 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 25,890. 69,308 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,701,288. 3,449,918 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 15,332,170. 13,451,762 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0 14 Benefits paid to or for members (Part IX, column (A), lines 5-10) 8,896,499. 10,711,424 16a Professional fundraising fees (Part IX, column (A), line 25) 387,176. 0. 0 17 Other expenses (Part IX, column (D), line 25) 387,176. 3,608,905. 4,399,079 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,505,404. 15,110,503	A	b	Net unrelated			0.			
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11 Other revenue (Part VIII, column (A), lines 5, 60, 8c, 9c, 10c, and 11e) 3,701,200: 3,449,310 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 15,332,170. 13,451,762 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 8,896,499. 10,711,424 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0 b Total fundraising expenses (Part IX, column (D), line 25) 387,176. 3,608,905. 4,399,079 17 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,505,404. 15,110,503 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,505,404. 15,110,503	e	8	Contributions	and grants (Part VIII, line 1h)		925,227.			
11 Other revenue (Part VIII, column (A), lines 5, 60, 8c, 9c, 10c, and 11e) 3,701,200: 3,449,310 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 15,332,170. 13,451,762 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 8,896,499. 10,711,424 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0 b Total fundraising expenses (Part IX, column (D), line 25) 387,176. 3,608,905. 4,399,079 17 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,505,404. 15,110,503 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,505,404. 15,110,503	nue	9	Program servi	ce revenue (Part VIII, line 2g)		9,007,309.			
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Image: Marcoline Structure 3,608,905. 4,399,079 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,505,404. 15,110,503	es	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)					
Image: Marcoline Structure 3,608,905. 4,399,079 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,505,404. 15,110,503	sue	16a	Professional fu	Indraising fees (Part IX, column (A), line 11e)	0.	0.			
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 12,505,404. 15,110,503	adx:	b	Total fundraisi	ng expenses (Part IX, column (D), line 25) 387, 176.	2 600 005	4 200 000			
	ш								
			Revenue less	expenses. Subtract line 18 from line 12	2,826,766.	-1,658,741.			
Beginning of Current Year End of Year 9,677,648. 8,257,974	ts or		-						
Image: Second system 9,677,648. 8,257,974 Image: Second system 982,094. 1,221,161	Sset	20				8,257,974.			
	et A Ind F					1,221,161.			
≥∃ 22 Net assets or fund balances. Subtract line 21 from line 20 8,695,554. 7,036,813 Part II Signature Block					0,090,004.	7,036,813.			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is			_		ements and to the best of my kn	owledge and helief it is			

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						
Here	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 I	May the IRS discuss this return with the preparer shown above? See instructions									
LHA For	HA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)									

See Schedule O for Organization Mission Statement Continuation

	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	We serve as community of hope and recovery for all women and their
	families who strive to live healthy, resilient lives.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4.0	revenue, if any, for each program service reported. (Code:) (Expenses \$ 12,779,981. including grants of \$) (Revenue \$ 12,526,535.
4a	Nexus Recovery Center is a substance use disorder (SUD) treatment and
	family healing center that addresses homelessness, family disruption,
	economic distress, and incarceration. Unlike most providers, Nexus
	delivers a fully licensed, Joint Commission Accredited, family-centered
	approach to substance use disorder recovery, regardless of clients'
	ability to pay.
	ability to pay.
	In fiscal year 2024, Nexus provided residential services to 1,720
	clients, 210 of their accompanying children, and 50 Nexus-born babies.
	Of the women we served, 87% were low-income, 41% identified as persons
	of color, and 26% were homeless at the time of admission.
4c	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4c	<pre></pre>
4c	Other program services (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4d 4e	Other program services (Describe on Schedule O.)

Form 990 (Center	Incorporated
Part IV	Checklist of F	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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	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	_		v
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	•		v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	~		Х
~	Schedule D, Part III	8		
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?	9		х
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
11	or in quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a	Part VI	11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	115		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	0000	Х
32003	12-21-23	Form	990 (2023)

332003 12-21-23

2023.05080 NEXUS RECOVERY CENTER INC 12901.01

4

Form 990 (2	Nexus	Recovery	Center	Incorporated
Part IV	Checklist of Required S	chedules _{(con}	tinued)	

			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	Х	<u> </u>
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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
-	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
~~	Schedule L, Part I	25b		<u> </u>
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%	00		x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
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	27		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	21		- 23
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	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? <i>If</i>	200		
Ū	"Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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		Х
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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Pa	Note: All Form 990 filers are required to complete Schedule 0	38	Х	
ra				
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C		1c		
33200	(gambling) winnings to prize winners?		990	(2023)
202004				(_320)

5 2023.05080 NEXUS RECOVERY CENTER INC 12901.01

Part V Statements Regarding Other IRS Filings and Tax Compliance Ves No 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 2a Statements 2b X b If a teast one is reported on Form W-3. Transmittal of Wage and Tax Statements. 2a X 2b X b If a teast one is reported on Form W-3. Transmittal of Wage and Tax Statements. 2a X 3a X b If a teast one is reported on Ine 2a, dd the organization have an interget on one during the yar? 3a X 3b X b If "Yes, 'Institute harma of the foreign country (such as a bank account, securities account, or other dimons) or other admitty over, a francial accountry (such as a bank account, securities account, or other dimons) 5a X b If "Yes, 'Institute harma of the foreign country (such as a bank account, securities account, such year) 5a X b If "Yes, 'Institute harma of the foreign country (such as practication in Form 88817 5b X c If "Yes, 'Institute harma on the 988617 5b X c If "Yes, 'Institute harma on the 988617 5b X c	Form	990 (2023) Nexus Recovery Center Incorporated 23-7169	388	Р	age 5
2a Each the number of employees reported on Form W3. Transmittal of Wege and Tax Statements. 2a 26.9 b If at least one is reported on line 2a, dd the organization file all required federal employment tax returns? 2b 7b 7b <th>Par</th> <th>t V Statements Regarding Other IRS Filings and Tax Compliance (continued)</th> <th></th> <th></th> <th></th>	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
til die darig of verhalt om keine ander devela endprivate devela endprivate tax returns? 26 X 30 Det die organization have unrelated business gross income of \$1,000 or more during the year? 38 X 30 Det die organization have unrelated business gross income of \$1,000 or more during the year? 38 X 31 Det the organization have unrelated business gross income of \$1,000 or more during the year? 38 X 44 At any time during the calendar year, did the organization have unrelated business gross income of \$1,000 or more during the year? 44 X 45 Viss.* intert the name of the forgin contry 4a X 46 Viss.* intert the same of the forgin contry 5a X 57 Obda my taxable party notify the organization for Bot 986 77 5a X 58 Difference 5a X 59 Difference 5a X 50 Difference 5a X 50<				Yes	No
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	332005		Form	990	(2023)

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2023.05080 NEXUS RECOVERY CENTER INC 12901.01

			_		Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20				
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	20				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other					
	officer, director, trustee, or key employee?			2		X	
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form S	990 was filed?		4		Х	
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х	
6	Did the organization have members or stockholders?		[6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	opoint one or					
	more members of the governing body?		7	'a		Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockholders, or					
	persons other than the governing body?		7	'b		Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:					
а	The governing body?		8	Ba	Х		
b	Each committee with authority to act on behalf of the governing body?		8	ßb	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)					
			_		Yes	No	
	Did the organization have local chapters, branches, or affiliates?		10	0a		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10	0b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the for	.m? 1	1a	X		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			2a	X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conflicts?	12	2b	X		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," describe					
	on Schedule O how this was done		12	2c	X		
13	Did the organization have a written whistleblower policy?			3	X		
14			1	4	X		
15	Did the process for determining compensation of the following persons include a review and approva	al by independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official			5a	X		
b	Other officers or key employees of the organization		15	5b		Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger						
	taxable entity during the year?		16	6a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
800	exempt status with respect to such arrangements?		16	6b			
17			1(-)(0)			-1-	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply.	nd 990-1 (Section 50	1(0)(3)5 011	iiy) a	ivalial	JIE	
10							
19	19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and fi						
20	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's bound Heather Ormand $-214-321-0156$	UNS ANU TECUTOS					
	8733 La Prada Drive, Dallas, TX 75228-5036						
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332000	7		E.	JIII		12023	
1205	27 151657 12901.005 2023.05080 NEXUS RE	COVERY CENT	CER II	NC	12	901	

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

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Form 990 (2023)

10

Section A. Governing Body and Management

23-7169388 Page **6**

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Form 990 (2023)	Nexus Re	covery Center	Incorporated	23-7169388	Page 7			
Part VII Compen	sation of Officers,	Directors, Trustees, k	Key Employees, Highest C	ompensated				
Employe	Employees, and Independent Contractors							
Check if Sc	nedule O contains a resp	oonse or note to any line in t	his Part VII					
Section A. Officers, I	Pirectors, Trustees, Key	y Employees, and Highest	Compensated Employees					
•	nization's current office	ers, directors, trustees (whet	sation for the calendar year ending ner individuals or organizations), r					

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

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

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of
	week				from	from related	other			
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	npen		1099-NEC)	1033-NEO)	and related
	below	dual t	Institutional trustee	-	mploy	st col	Ŀ			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			5
(1) HEATHER ORMAND	40.00									
CEO		1				x		180,701.	Ο.	0.
(2) CAMERON HERNHOLM	40.00									
CHIEF PHILANTHROPY OFFICER		1				X		159,901.	Ο.	0.
(3) STACEY BURNS	40.00									
CHIEF CLINICAL OFFICER		1				X		140,701.	Ο.	0.
(4) RAMESHWAR THAPA	40.00									
NURSE PRACTITIONER		1				X		122,756.	Ο.	0.
(5) SHARON KING	2.00									
PRESIDENT				Х				0.	0.	0.
(6) NICKORIA JOHNSON	2.00									
PRESIDENT-ELECT		Х						0.	0.	0.
(7) COURTNEY ROTTMAN	2.00									
VICE PRESIDENT		Х						0.	0.	0.
(8) RANI GARCIA	2.00									
SECRETARY				Х				0.	0.	0.
(9) BILLY MURRAY	2.00									
TREASURER		Х		Х				0.	0.	0.
(10) ADAM GREENUP	2.00									
MEMBER AT LARGE		х		Х				0.	0.	0.
(11) RACHEL YBARRA	2.00									
MEMBER AT LARGE		х						0.	0.	0.
(12) RENDA MATHEW	2.00									
MEMBER AT LARGE		Х						0.	0.	0.
(13) ALISON WATROS	2.00								•	•
MEMBER		Х						0.	0.	0.
(14) BART HAMLIN	2.00								•	•
MEMBER		Х						0.	0.	0.
(15) BELINDA BOLING	2.00								•	•
MEMBER		Х						0.	0.	0.
(16) CARIN MAVRORASAKIS	2.00								•	•
MEMBER	0.00	Х						0.	0.	0.
(17) HALEY KRAHL	2.00							_	•	•
MEMBER		Х						0.	0.	0.
332007 12-21-23										Form 990 (2023)

10120527 151657 12901.005

2023.05080 NEXUS RECOVERY CENTER INC 12901.01

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Form 990 (2023) Nexus Recovery Center Incorporated 23-7169								.693	388	Page 8		
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(((D)	(E)		(F)	
Name and title	Average		not c		more	than c		Reportable	Reportable		Estima	
	hours per week							compensation	compensation	ו י	amour	
	(list any	tor					,	_ from the	from related organizations		othe compens	
	hours for	direct				p		organization	(W-2/1099-MIS		from	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		organiz	
	organizations	l trust	nal tru		oyee	ompe		1099-NEC)			and rel	ated
	below	Individual trustee or director	Institutional trustee	cer	ƙey employee	Highest compensated employee	ner				organiza	ations
	line)	Indi	Inst	Officer	Key	Higlemp	Former			$ \rightarrow $		
(18) JENNIFER ASPLUND MEMBER	2.00	x						0.		0.		0.
(19) KATHRY BRAND	2.00	~						0.		<u>••</u>		
MEMBER	2.00	х						0.		0.		0.
(20) LOUISE HALLAM	2.00							```				
MEMBER		х						0.		0.		0.
(21) MIRIAM ARMIJO	2.00											
MEMBER		Х						0.		0.		0.
(22) TERESA LIN	2.00											
MEMBER	0.00	Х						0.		0.		0.
(23) TYLER RIDDELL MEMBER	2.00	х						0.		0.		0.
(24) VALERIE HOWELL	2.00	~						0.		••		
MEMBER	2.00	х						0.		0.		0.
										_		
1b Subtotal								604,059.		0.		0.
c Total from continuation sheets to Part VI								0.		0.		0.
d Total (add lines 1b and 1c)								604,059.		0.		0.
2 Total number of individuals (including but n								eceived more than \$100,	000 of reportable			
compensation from the organization												4
										r	Yes	s No
3 Did the organization list any former officer,	-		•	•	•							
line 1a? If "Yes," complete Schedule J for s											3	X
4 For any individual listed on line 1a, is the su											N N	
and related organizations greater than \$150	,										4 X	_
5 Did any person listed on line 1a receive or a											5 X	
rendered to the organization? <i>If</i> "Yes," <i>com</i> Section B. Independent Contractors	plete Schedule	e J fo	or sl	ich r	bers	on .				<u></u>	5 X	
1 Complete this table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	rs tł	hat received more than \$	100.000 of comp	ensat	ion from	
the organization. Report compensation for	-											
(A)				0				(B)			(C)	
Name and business								Description of s	ervices	С	ompensat	ion
BLUE CROSS/BLUE SHIELD OF		_										
P.O. BOX 731431, Dallas, TX 7537								EMPLOYEE INS		1	,623,0	189.
BEN E KEITH FOODS								FOOD, HOUSEK	EEPING,		C 2 1	270
P.O. Box 2607, Fort Worth, TX 76				7 77				SUPPLIES			631,	3/9.
BREX, 650 S 500 W. SUITE 209, SA CITY, UT 84101				AR.	C.			AGENCY CREDI			502,8	829
THE MAPP GROUP, LLC								CAPITAL CAMP			502,0	529.
344 THIRD ST, BATON ROUGE	80	1					CONSTRUCTION			362,	972.	
MUTUAL OF AMERICA	<u>,</u> .v							EMPLOYEE RET	IREMENT		,	
P. O. BOX 2493, NEW YORK,								A/CS			285,	972.
2 Total number of independent contractors (in \$100,000 of compensation from the organized statement of	-	ot lin	nitec	to t	thos 11		ted	above) who received mo	ore than			

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Form 990 (2023)

				cover	y Center	Incorporat	ced	23-7169	388 Page 9
Ра	rt V	/111	Statement of Revenue						
			Check if Schedule O contains a	response	or note to any lin	e in this Part VIII (A)	(B)	(C)	[D]
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
ល្អ	1	а	Federated campaigns	1a					
rani			Membership dues	1b					
, D O D O		с	Fundraising events	1c	35,139.				
ar A			Related organizations	1d					
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contributions)	1e					
rtion S		f	All other contributions, gifts, grants, and						
ibu			similar amounts not included above \dots	1f	890,088.				
outro		-	Noncash contributions included in lines 1a-1f	1g \$	538,955.	0.05 0.05			
<u>ų č</u>		h	Total. Add lines 1a-1f			925,227.			
			Texas Health & Human Servic	Business Code 624100	2 544 508	2 544 509			
/ice	2	a b	Managed Care - Behavioral H		624100	3,544,508. 3,080,013.	3,544,508. 3,080,013.		
Serv		u c	Other Funders, Including Se		624100	1,279,008.	1,279,008.		
E S		d	Medicaid		624100	877,632.	877,632.		
Program Service Revenue		e	Other State and Local Gover	nment	624100	226,148.	226,148.		
Pro		f	All other program service revenue		624100	,	,		
		g	Total. Add lines 2a-2f			9,007,309.			
	3		Investment income (including divide						
			other similar amounts)			67,308.	67,308.		
	4		Income from investment of tax-exem	npt bond p	proceeds				
	5		Royalties						
			(i) Real	(ii) Personal				
	6 a Gross rents 6a								
	b Less: rental expenses 6b								
		С	Rental income or (loss)						
			`` <u>`</u>	Securities	(ii) Other				
		а		2,000.					
		h	assets other than inventory 7a Less: cost or other basis	2,000.					
Ð		D.	and sales expenses 7b	0.					
venue		с	Gain or (loss) 7c	2,000.					
			Net gain or (loss)			2,000.	2,000.		
Other Re			Gross income from fundraising events (r						
g			including \$ 204,275.	of					
			contributions reported on line 1c). S	ee					
			Part IV, line 18	8a					
			Less: direct expenses		35,139.				
			Net income or (loss) from fundraising			0.			
	9	а	Gross income from gaming activities						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming ac Gross sales of inventory, less return						
		d	and allowances		a				
		þ	Less: cost of goods sold						
			Net income or (loss) from sales of in						
		_	··· y, ······ calce of int	;	Business Code				
Miscellaneous Revenue	11	а	Net Assets Released from Re	strict	900099	2,079,896.	2,079,896.		
ane		b	American Rescue Plan Funds		624100	910,599.	910,599.		
Sells		с	NTBHA Infrastructure & Work	force	624100	297,030.	297,030.		
Misc		d	All other revenue		624100	162,393.	162,393.		
<		е	Total. Add lines 11a-11d			3,449,918.			
	12		Total revenue. See instructions			13,451,762.	12526535.	0.	0.
33200	9 12-	-21-	23						Form 990 (2023)

Form 9	990 ((2023)
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Nexus Recovery Center Incorporated Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon			(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,360,736.	6,644,688.	1,015,080.	700,968
8	Pension plan accruals and contributions (include	-	-	-	•
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	2,350,688.	1,961,815.	325,653.	63,220
0	Payroll taxes				
1	Fees for services (nonemployees):				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
y	column (A), amount, list line 11g expenses on Sch 0.)	1,128,349.	732,411.	376,871.	19,067
-		1,120,549.	/ 52 , 411 •	570,0710	19,007
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	254,091.	237,565.	16,322.	204
16		254,091.	237,303.	10,522.	204
17	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	01 2/1	27 422	40.006	2 012
19	Conferences, conventions, and meetings	81,341. 6,091.	37,432. 3,563.	40,096.	3,813
20	Interest	0,091.	3,303.	1,887.	641
21	Payments to affiliates	454 400	405 701	24 295	1 222
22	Depreciation, depletion, and amortization	454,409.	425,791.	24,285.	4,333
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	1 466 5==	4 000 040		
а	Supplies & Food	1,466,255.	1,377,368.	82,515.	6,372
b	Uncollectible Accounts	517,741.	517,741.		
с	Buildings, Grounds, Veh	497,461.	497,451.	10.	
d	Other Client Costs	389,493.	387,944.	905.	644
е	All other expenses	-396,152.	-43,788.	59,722.	-412,086
5	Total functional expenses. Add lines 1 through 24e	15,110,503.	12,779,981.	1,943,346.	387,176
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

11 2023.05080 NEXUS RECOVERY CENTER INC 12901.01

10120527 151657 12901.005

Nexus	Recovery	Center	Incorporated
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23-7169388 Page 11

		Check if Schedule O contains a response or r	ote to any	line in this Part X			
			iote to any		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			368,714.	1	109,707.
	2	Savings and temporary cash investments	2,461,082.	2	524,895.		
	3	Pledges and grants receivable, net	986,825.	3	950,188.		
	4	Accounts receivable, net			1,094,439.	4	5,044,096.
	5	Loans and other receivables from any current	_,				
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ				6	
s	7	Notes and loans receivable, net		· · · · · · · · · · · · · · · ·		7	
Assets	8	Inventories for sale or use				8	
As	9	_			130,061.	9	162,869.
		Land, buildings, and equipment: cost or other			· · ·		
		basis. Complete Part VI of Schedule D		868,489.			
	b	Less: accumulated depreciation		544,807.	4,090,455.	10c	323,682.
	11	Investments - publicly traded securities			28,110.	11	29,292.
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets		137,892.	14	409,230.	
	15	Other assets. See Part IV, line 11	380,070.	15	704,015.		
	16	Total assets. Add lines 1 through 15 (must e			9,677,648.	16	8,257,974.
	17	Accounts payable and accrued expenses	837,103.	17	812,093.		
	18	Grants payable		18			
	19	Deferred revenue			19		
	20					20	
	21	Escrow or custodial account liability. Complete				21	
s	22	Loans and other payables to any current or fo	rmer office	r, director,			
Liabilities		trustee, key employee, creator or founder, sul	ostantial co	ntributor, or 35%			
abil		controlled entity or family member of any of the		22			
Ë	23	Secured mortgages and notes payable to unr		23			
	24	Unsecured notes and loans payable to unrela	ted third pa	arties		24	
	25	Other liabilities (including federal income tax,	payables to	o related third			
		parties, and other liabilities not included on lir	ies 17-24).	Complete Part X			
		of Schedule D		144,991.	25	409,068.	
	26	Total liabilities. Add lines 17 through 25			982,094.	26	1,221,161.
		Organizations that follow FASB ASC 958, c	heck here	X			
ces		and complete lines 27, 28, 32, and 33.					
an	27	Net assets without donor restrictions	8,692,022.	27	7,011,813.		
Ba	28	Net assets with donor restrictions	3,532.	28	25,000.		
pur		Organizations that do not follow FASB ASC					
Net Assets or Fund Balances		and complete lines 29 through 33.					
S S	29	Capital stock or trust principal, or current fund				29	
set	30	Paid-in or capital surplus, or land, building, or	fund		30		
ť As	31	Retained earnings, endowment, accumulated				31	
Nei	32	Total net assets or fund balances		L	8,695,554.	32	7,036,813.
	33	Total liabilities and net assets/fund balances			9,677,648.	33	8,257,974.

Form 990 (2023)

Form	Nexus Recovery Center Incorporated	23-	7169388	P	_{age} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,45		
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,11		
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,65		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,69	<u>)5,5</u>	<u>554.</u>
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	7,03	36,8	313.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	s 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	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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	e audit,			
	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?		<u>3a</u>	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	it		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	

Form **990** (2023)

332012 12-21-23

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 Inspection

Nar	ne of t	the organization	_			_			identification number	
_				Center Inco					3-7169388	
Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.		
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only o	one box.)				
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)					
3		A hospital or a cooperative	hospital service orga	anization described in so	ection 170	(b)(1)(A)(ii	ii).			
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owned	l or operate	ed by a go	overnmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv).	Complete Part II.)							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	X	An organization that norma	Ily receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or	
		university:								
10		An organization that norma	•					-	•	
		activities related to its exen		-					-	
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	janization a	ifter June 30, 1975.	
		See section 509(a)(2). (Co								
11		An organization organized a	-	•	•					
12		An organization organized a	-	•	-			•		
		more publicly supported or lines 12a through 12d that	-							
e		Type I. A supporting orga	• •					-	aivina	
		the supported organization	-	-	• • •	-				
		organization. You must o			inajonty o				pporting	
k	,	Type II. A supporting org	-		tion with its	s sunnorte	ed organizatio	n(s) by hay	vina	
~	, <u> </u>	control or management o	-				-		-	
		organization(s). You mus						5		
c	:] Type III functionally inte	-		in connect	ion with, a	and functional	ly integrate	d with,	
		its supported organization							·	
c	ı 🗌	Type III non-functionally	/ integrated. A supp	orting organization oper	ated in cor	nnection w	vith its suppor	ted organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	veness	
		requirement (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	v .			
e	•	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III		
		functionally integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.				
f	Ente	er the number of supported o	organizations							
<u></u>		vide the following information		<u> </u>	(iv) Is the orac	inization listed	(.) (
	(i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of support (see ir	-	(vi) Amount of other support (see instructions)	
		organization		above (see instructions))	Yes	No				
Tot	al									

(Form 990) 2023NexusRecoveryCenterIncorporated23-7169Support 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.)

260	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.")	1252037.	1879418.	6442169.	6680461.	1425227.	<u>17679312.</u>		
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								
	Total. Add lines 1 through 3	1252037.	1879418.	6442169.	6680461.	1425227.	17679312.		
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)						1000010		
	Public support. Subtract line 5 from line 4.						17679312.		
							(n		
	ndar year (or fiscal year beginning in)	(a) 2019 1252037.	(b)2020 1879418.	(c) 2021 6442169.	(d)2022 6680461.	(e) 2023	(f) Total 17679312.		
	Amounts from line 4	1252057.	10/9410.	0442109.	0000401.	142522/.	1/0/9512.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,	18,821.	2,953.	1,959.	27,706.	67,308.	110 717		
•	and income from similar sources	10,021.	4,955.	I,959.	27,700.	07,300.	118,747.		
9	Net income from unrelated business								
	activities, whether or not the								
40	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital	52,033.	50,388.	21,982.	3248228.	3449918.	6822549.		
44	assets (Explain in Part VI.)	52,055.	50,500.	21,902.	5240220.		24620608.		
	Total support. Add lines 7 through 10 Gross receipts from related activities,					12	24020000		
	First 5 years. If the Form 990 is for th	,	,	fourth or fifth tax y					
13	organization, check this box and stop	-							
Sec	ction C. Computation of Publi						·····		
	Public support percentage for 2023 (I			column (f))		14	71.81 %		
	Public support percentage from 2022		-			15	83.26 %		
	33 1/3% support test - 2023. If the o								
	stop here. The organization qualifies						V		
b	33 1/3% support test - 2022. If the		-						
	and stop here. The organization qual								
17a	· · ·		•						
_	17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
b	b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
	more, and if the organization meets th	-							
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organization				• •				
	Schedule A (Form 990) 2023								

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	(Complete only if you checked			organization failed	to quality under P	art II. If the organiz	ation fails to
Sec	qualify under the tests listed b ction A. Public Support	elow, please comp	nete Part II.)		1	1	
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	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- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10 <i>a</i>	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	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
_							
	ction C. Computation of Publi					1 1	
	Public support percentage for 2023 (I			.,,		15	%
	Public support percentage from 2022 ction D. Computation of Inves					16	%
17 18	Investment income percentage for 20 Investment income percentage from a					17 18	<u>%</u> %
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar	-					
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						
	23 12-21-23		Sex on line 14, 19				(Form 990) 2023
00202			16				

 Schedule A (Form 990) 2023
 Nexus
 Recovery
 Center
 Incorporated

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

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- despite being controlled or supervised by or in connection with its supported organizations. 4b under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 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 5a was accomplished (such as by amendment to the organizing document). designated in the organization's organizing document? 5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI. 6 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 7 8 If "Yes." complete Part I of Schedule L (Form 990). 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. 9a the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a 10b
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? //
- 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
- c Did the organization support any foreign supported organization that does not have an IRS determination
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes."
- b Type I or Type II only. Was any added or substituted supported organization part of a class already
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit
- 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.)

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Schedule A (Form 990) 2023

Nexus Recovery Center Incorporated

(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

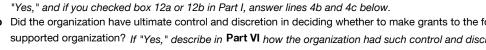
Part IV Supporting Organizations

Schedule A (Form 990) 2023

- 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.

"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.



1

2

3a

3b

3c

4a

Yes No

Sche		L6938	8 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	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.	2		
Sec	tion C. Type II Supporting Organizations	•		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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		
Sec	tion 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	;) .		
а	The organization satisfied the Activities Test. Complete line 2 helow			

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 instructions).	

18

- 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

За

Yes No

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Sche	edule A (Form 990) 2023 Nexus Recovery Center			23-7169388 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (<i>explain i</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
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		
Sect	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 integrate	d Type III supporting or	ganization (see

Schedule A (Form 990) 2023

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instructions).

Sche Par		y Center Incorr (a)(3) Supporting Orga			3-7169388	Page 7
		allo Supporting Orga	nizations (continu	ied)	a	
	on D - Distributions				Current Ye	ar
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	o of our ported or conjugations		2 3		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	j	3 4		
_ <u>4</u> 5	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - pro-	evide detaile in Port VI)		4 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		-		
Ŭ	(provide details in Part VI). See instructions.	le organization le responsive		8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
		(i)	(ii)		(iii)	
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	IS	Distributab Amount for 2	
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					
a	From 2018					
b	From 2019					
C	From 2020					
d	From 2021					
e	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
<u>a</u>	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, 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:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
e	Excess from 2023					

Schedule A (Form 990) 2023

332027 12-21-23

Supplemental Infor Part IV, Section A, lines ⁻ line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	1, 2, 3b, 3c, 4l , lines 2 and 3	o, 4c, 5a, 6, 9a, 9 ; Part IV, Section	b, 9c, 11a, 11b E, lines 1c, 2a,	, and 11c; Part IV, 2b, 3a, and 3b; Pa	Section B, lines 1 .rt V, line 1; Part V	and 2; Part IV, Section C, , Section B, line 1e; Part V,
			2, 5, and 6. Al	so complete this pa	rt for any addition	al information.

** PUBLIC DISCLOSURE COPY

Schedule of Contributors

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

2023

Employer identification number

Sched	lule	B	
(Form 990)			

Department of the Treasury Internal Revenue Service

Name of the organization

	Nexus Recovery Center Incorporated	23-7169388
Organization type (ch	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	

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

527 political organization

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

Form 990-PF

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

Special Rules

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

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$

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

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

Nexus Recovery Center Incorporated

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 665,200. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 100,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 604,138. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 300,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

6-23

10120527 151657 12901.005

Employer identification number

23-7169388

^{323452 12-26-23}

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
323453 12-26-23 20527 1516	24 557 12901.005 2023.050	080 NEXUS RECOVERY CE	Schedule B (Form 990) (2023

Name of organization

Schedule B (Form 990) (2023)

Part II

Nexus Recovery Center Incorporated

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

Employer identification number

23-7169388

Т

Page 3

10

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Schedule I	B (Form 990) (2023)			Page 4					
Name of o	rganization			Employer identification number					
Nexus Part III		ons to organizations described in se	ction 501(c)(7), (8), or (10)	23-7169388 that total more than \$1,000 for the year					
	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or I	ry. For organizations ess for the year. (Enter this info.	once.) \$					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held					
		(e) Transfer of gif	t						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee					
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held					
·	(e) Transfer of gift								
·	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held					
		(e) Transfer of gif	sfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held					
		(e) Transfer of gif	t I						
·	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee					
323454 12-26	3-23	I		Schedule B (Form 990) (2023)					

25 2023.05080 NEXUS RECOVERY CENTER INC 12901.01

Supplemental Financial Statements

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



Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

	Nexus Recovery Cent			23-7169388
Par	t I Organizations Maintaining Donor Advised	d Funds or Other S	imilar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	vriting that the assets he	eld in donor advised fur	nds
	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	·	· · ·	
Pa		anization answered "Ye	s" on Form 990, Part IV	V, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	· · · · ·	Preservation of a his	torically important land area
	Protection of natural habitat	, <u> </u>	7	rtified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contrib	ution in the form of a c	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
c	Number of conservation easements on a certified historic stru			0.
d	Number of conservation easements included on line 2c acqui			
	on a historic structure listed in the National Register	• • •		2d
3	Number of conservation easements modified, transferred, rele			
-	year	succu, exanguiencu, er s	lorininatoa by the organ	
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri		tion handling of	
•	violations, and enforcement of the conservation easements it	h a lala O	tion, nanaling of	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I			
		5	5	5
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and en	forcing conservation e	asements during the year
		5	5	5
8	Does each conservation easement reported on line 2d above	satisfy the requirements	s of section 170(h)(4)(B))(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
-	balance sheet, and include, if applicable, the text of the footn		-	
	organization's accounting for conservation easements.	ete te ille etgalization e		
Pai	t III Organizations Maintaining Collections of	Art, Historical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958		enue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for pub	· ·		
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 958			ce sheet works of
~	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				•
2	If the organization received or held works of art, historical trea	asures or other similar a		
2	-		-	
~	the following amounts required to be reported under FASB AS	-		¢
a h	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions	101 FULL 990.		Schedule D (Form 990) 2023
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2023.05080 NEXUS RECOVERY CENTER INC 12901.01

Sche		ecovery							23-71			_{age} 2
Par	t III Organizations Maintaining C	ollections o	of Art,	Hist	orical Tre	easures, o	r Other	Simila	r Assets	(contin	nued)	
3	Using the organization's acquisition, accessi	on, and other re	ecords, o	check	any of the	following that	make sig	gnificant u	use of its			
	collection items (check all that apply).											
а	Public exhibition		d		Loan or exc	change progra	am					
b	Scholarly research		е									
с	Preservation for future generations											
4	Provide a description of the organization's co	ollections and e	xplain h	ow th	nev further th	he organizatio	n's exem	not purpo	se in Part	XIII.		
5	During the year, did the organization solicit o		-		-	-						
	to be sold to raise funds rather than to be ma									Yes		No
Par	t IV Escrow and Custodial Arran											
	reported an amount on Form 990, Pa		mpiere		organization			01111 0000,	r arcrv, n	10 0, 01		
1a	Is the organization an agent, trustee, custodi		ermedia	rv for	contribution	ns or other as	sets not i	included				
iu	on Form 990, Part X?									Yes		No
h	If "Yes," explain the arrangement in Part XIII								L		L	
U		and complete t		wing t	aute.					Amoun	t	
-	Decision belonce							10		7 arrio arr		
	Beginning balance											
	Additions during the year											
	Distributions during the year											
	Ending balance							1f				7
	Did the organization include an amount on F							ty?	∟	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.											
Fai	t V Endowment Funds Complete if								aara baak	(-) [haali
_		(a) Current y	ear	(a) F	Prior year	(c) Two year	SDACK	(a) mee y	ears back	(e) Fou	years	DACK
1a	Beginning of year balance											
b	Contributions											
	Net investment earnings, gains, and losses					-						
d	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	rent year end ba	alance (l	ine 1g	g, column (a	ı)) held as:						
а	Board designated or quasi-endowment			%								
b	Permanent endowment	%										
с	Term endowment	<u>%</u>										
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%	,).									
3a	Are there endowment funds not in the posse	ssion of the org	ganizatio	on tha	t are held a	nd administer	ed for the	Э				
	organization by:										Yes	No
	(i) Unrelated organizations?									3a(i)		
	(ii) Related organizations?									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza									3b		
4	Describe in Part XIII the intended uses of the											
Par	t VI Land, Buildings, and Equipm											
	Complete if the organization answere	d "Yes" on Forr	n 990, F	Part IN	/, line 11a. S	See Form 990	, Part X, I	ine 10.				
	Description of property	(a) Cos	st or othe	er	(b) Cos	t or other	(c) A	cumulate	bd	(d) Boo	k valu	e
		1	vestmer			(other)	• •	preciation		,, 200		-
19	Land	· ·				. ,						
	Buildings											
	Leasehold improvements											
	Equipment				86	58,489.	5	544,80	07.	32	3,6	82.
							~			22	.,.	
	Other		Devt V	line 1	On only					32	3,6	82.
TOLA	- Aud intes ta through te. (<u>Column (a) MUSE</u>	<u>qual Form 990.</u>	ran X.	iine I	<u>uc, column</u>	((م)			Schodula			

Schedule D (Form 990) 2023

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Schedule D	(Form 990) 2023	Nexus	Recov	ery	Center	Inc	corporated	23-7169388 Page 3
Part VII	Investments -	Other Secu	rities					
	Complete if the orga	anization answ	ered "Yes"	on For	m 990, Part IV	, line 1	11b. See Form 990, Part X, lin	le 12.
(a) Descrip	otion of security or categ	Ory (including name	e of security)	(b) Book value		(c) Method of valuation:	Cost or end-of-year market value
(1) Financia	al derivatives							
(2) Closely	held equity interests							
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
Total. (Col. (Part VIII	b) must equal Form 990 Investments - I	i, Part X, line 12, Program Re	col. (B)) elated.					
			ered "Yes"	1			11c. See Form 990, Part X, lin	
	(a) Description of	investment		(b) Book value		(c) Method of valuation:	Cost or end-of-year market value
<u>(1)</u> (2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (Col. (Part IX	b) must equal Form 990 Other Assets Complete if the orga			on For	m 990, Part IV	, line 1	11d. See Form 990, Part X, lin	e 15.
				Descri				(b) Book value
(1) En	ploye Accou	unts Rec	eivab	le				467.
	.sc Other Re							703,548.
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (Colu Part X	<u>ımn (b) must equal Fo</u> Other Liabilitie	<u>rm 990, Part X,</u> S	<i>line 15, co</i>	I. (B))				
			ered "Yes"	on For	m 990, Part IV	, line 1	11e or 11f. See Form 990, Par	rt X, line 25.
1.	(a) De	escription of lia	bility					(b) Book value
	leral income taxes							
	.ght of Use	Liabili	ty					409,068.
(3)			-					
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
Total. (Colu	ı <u>mn (b) must equal</u> Fo	rm 990. Part X.	line 25. co	I. (B))		<u></u> .		409,068.
							the organization's financial st	
							re if the text of the footnote h	

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Schedule D (Form 990) 2023

_	edule D (Form 990) 2023 Nexus Recovery Center Inco			7169388 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reven	ue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total revenue, gains, and other support per audited financial statements		1	13,451,762.
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			13,451,762.
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		
c	Add lines 4a and 4b			0.
•				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part 1 line 12)	· · · · · · · · · · · · · · · · · · ·		13,451,762.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem	nents With Exper		<u>13,451,762.</u> n
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12.	nents With Exper a.	ises per Retur	n
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem	nents With Exper a.	ises per Retur	13,451,762. n 15,110,503.
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.)</i> rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a.	ises per Retur	n
5 Ра 1	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.)</i> rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements	a.	ises per Retur	n
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	Pents With Exper a. 2a 2b	ises per Retur	n
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	Pents With Exper a. 2a 2b	ises per Retur	n
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	ises per Retur	n
5 Pa 1 2 a b c	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n <u>15,110,503.</u> 0.
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n 15,110,503.
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n <u>15,110,503.</u> 0.
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n <u>15,110,503.</u> 0.
5 Pa 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n <u>15,110,503.</u> 0.
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2a 2b 2b 2c 2d 2d 2d	1 1 2e 3 4c	n <u>15,110,503.</u> <u>0.</u> <u>15,110,503.</u> 0.
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2c 2d	1 1 2e 3 4c	n <u>15,110,503.</u> 0.

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

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047		
(Form 990)										
Department of the Treasury	U	Open to Public								
Internal Revenue Service	Go t	Inspection								
Name of the organization				1	. 1			dentification number		
Part I Fundrais		ecovery Center Inco					23-716			
	complete this part	Complete if the organization answe	reary	es" or	i Form 990, Part IV, II	ne i	7. Form 990-	EZ filers are not		
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations b X Internet and email solicitations c Phone solicitations d X In-person solicitations g X Special fundraising events d X In-person solicitations e X No 										
		viduals or entities (fundraisers) pursua	ant to a	agreer	ments under which th	1e fur	ndraiser is to	be		
compensated at le	asi φυ,υυυ by the	organization.	<u> </u>							
(i) Name and address of individual or entity (fundraiser)		(ii) Activity	(iii) fundr have cr or con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paic or retained by fundraiser ted in col. (i)			
			Yes	No						
Total										
	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from	registration		

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

 Schedule G (Form 990) 2023
 Nexus Recovery Center Incorporated
 23-7169388
 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

	(a) Event #1 Duck Derby	(b) Event #2 Mother's Day Brunch	(c) Other events None	(d) Total events (add col. (a) throug col. (c))
	(event type)	(event type)	(total number)	
I Gross receipts	5,363.	234,051.		239,414
2 Less: Contributions	5,168.	199,107.		204,275
3 Gross income (line 1 minus line 2)	195.	34,944.		35,139
Cash prizes				
Noncash prizes				
Rent/facility costs		21,784.		21,784
7 Food and beverages		7,316.		7,316
8 Entertainment				
		5,844.		6,039
	L			35,139
1 Gross revenue		bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
2 Cash prizes				
3 Noncash prizes				
Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes % No	
7 Direct expense summary. Add lines 2 throug	gh 5 in column (d)			
7 Direct expense summary. Add lines 2 throug3 Net gaming income summary. Subtract line				
	7 from line 1, column (d)			
	 2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 5 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 9 Direct expense summary. Add lines 4 throug 1 Noncash prizes 9 Complete if the organization \$15,000 on Form 990-EZ, line 6a. 1 Gross revenue 2 Cash prizes 3 Noncash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 	(event type) (form) (event type) (form) (form)	Duck Derby Brunch (event type) (event type) (gross income (line 1 minus line 2) 195. (a) Bingo (f) (event facility costs (f) (f) Put labs/instant (gross revenue (f) (gross revenue (f) <tr< td=""><td>Duck Derby Brunch (event type) (event type) (total number) 1 Gross receipts 5,363. 234,051. 2 Less: Contributions 5,168. 199,107. 3 Gross income (line 1 minus line 2) 195. 34,944. 4 Cash prizes </td></tr<>	Duck Derby Brunch (event type) (event type) (total number) 1 Gross receipts 5,363. 234,051. 2 Less: Contributions 5,168. 199,107. 3 Gross income (line 1 minus line 2) 195. 34,944. 4 Cash prizes

b If "Yes," explain: _____

332082 09-13-23

Schedule G (Form 990) 2023

Sche	edule G (Form 990) 2023	Nexus	Recovery	Zenter	Incorpora	ated 23-7	7169388	Page 3
11	Does the organization conduct ga	aming activitie	es with nonmem	bers?			Yes	No
	Is the organization a grantor, ben							
	to administer charitable gaming?						Yes	No
	Indicate the percentage of gaming							0/
	The organization's facilityAn outside facility						13a 13b	<u>%</u>
	Enter the name and address of th							/0
				· g g-				
	Name							
	Address							
15a	Does the organization have a con	ntract with a t	hird party from v	vhom the organ	ization receives gar	ming revenue?	🗌 Yes	No No
b	If "Yes," enter the amount of gam	ning revenue i	received by the c	organization	\$	and the amount		
	of gaming revenue retained by the							
С	If "Yes," enter name and address	of the third p	oarty:					
	Name							
	Address							
16	Gaming manager information:							
	Name							
	Gaming manager compensation	\$						
	daming manager compensation	Ψ						
	Description of services provided							
	Director/officer	Employ	vee		ent contractor			
			,					
17	Mandatory distributions:							
а	Is the organization required under	r state law to	make charitable	distributions fr	om the gaming pro	ceeds to		—
L	retain the state gaming license? Enter the amount of distributions					nizations or aport in the	Yes	└── No
b	organization's own exempt activit				other exempt orga	inizations of spent in the		
Pa				nations required	l by Part I, line 2b, d	columns (iii) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as							
33208	3 09-13-23					Sched	ule G (Form	990) 2023
				32				-

Schedule G	(Form 990)	Nexus Recovery mation (continued)	Center	Incorporated	23-7169388	Page 4
Faitiv	Supplemental mor	mation (continued)				
					Schedule G (F	orm 990)
332084 04-01-2	23		22			1

SC	SCHEDULE J Compensation Information					47		
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	7 2)		
		Compensated Employees		20	Ľ٦)		
Dener	terrant of the Treesury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to Public				
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection				
Nam	e of the organization	1	Employer i			nber		
		Nexus Recovery Center Incorporated	23-7	716938	8			
Pa	rt I Question	s Regarding Compensation						
				_	Yes	No		
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,					
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or c	°	nal use					
	Travel for com							
		ation and gross-up payments						
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)					
_								
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or						
•	•			1b				
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's						
3		ector. Check all that apply. Do not check any boxes for methods used by a related organization s						
		ation of the CEO/Executive Director, but explain in Part III.	51110					
	Compensatior							
		ompensation consultant X Compensation survey or study						
	X Form 990 of o		ommittee					
			ommittee					
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
-	organization or a re							
а	-	e payment or change-of-control payment?		4a		X		
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X		
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X		
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n					
	contingent on the r							
						X		
b		ation?		5 b	_	X		
		r 5b, describe in Part III.						
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n					
	contingent on the r	-						
						X		
b		ation?		6b		X		
_		or 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		_		v		
~		nes 5 and 6? If "Yes," describe in Part III		7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				v		
~				8		X		
9		id the organization also follow the rebuttable presumption procedure described in						
F err ¹		1 53.4958-6(c)?			- 000			
⊦or	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)	2023		

LHA 332111 11-06-23

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) HEATHER ORMAND	(i)	180,701.	0.	0.	0.	0.	180,701.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CAMERON HERNHOLM	(i)	159,901.	0.	0.	0.	0.	159,901.	0.
CHIEF PHILANTHROPY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2023

(Form 990)	
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Part I

SCHEDULE L

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

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

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

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

2023 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Nexus Recovery Center Incorporated

Employer identification number

23-	716	9388	

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1		(b) Relationship between disqualified		(d) Corrected?			
	(a) Name of disqualified person	person and organization		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 line 2, above, reimbursed by the organization \$						

Part II Loans to and/or From Interested Persons

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

	(a) Name of interested person	(b) Relationship with organization			an to or 1 the	(e) Original principal amount	(f) Balance due	(g) defa	In iult?	(h) Ap by bo comm	proved ard or littee?	(i) W agreer	ritten ment?
				То	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total	Total\$												

Part III Grants or Assistance Benefiting Interested Persons

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

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

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

Schedule L (Form 990) 2023

LHA 332131 11-06-23

Schedule L (Form 990) 2023

Nexus Recovery Center Incorporated 23-7169388 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.

					-art iv, iirie 20a, 20	00, 01 20C.			
(a) Name of interested person			(b) Relationship bet person and the		(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven		
								Yes	No
(1)Nexus	Recovery	Center	Fo	supporting	organiza	875,000.	Contributio		X
(2)Nexus	Recovery	Center	Fo	supporting	organiza	4,519,515.	Due to Nexu		X
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
	le de la constal	leaf a work a hi a c							

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 Foundation

(b) Relationship Between Interested Person and Organization:

supporting organization

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

Inc from Nexus Recovery Center Foundation, eliminated in consolidated

statements

(a) Name of Person: Nexus Recovery Center Foundation

(b) Relationship Between Interested Person and Organization:

supporting organization

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

Expenses Paid on behalf of Foundation

Schedule L (Form 990) 2023

332132 11-30-23

SCHEDUI	.е м
(Form 990))

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Inspection

23

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

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

Name of the organization

Nexus Recovery Center Incorporated

Employer identification number 23-7169388

ſ ZU **Open to Public**

Pai	t I Types of Property							
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de		20	
		applicable	contributions or	amounts reported on	noncash contribu		•	3
	-		items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		342,702.	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies	Х		37,898.	FMV			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of t							
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ions?	31		Х
32a	Does the organization hire or use third parties of							
	contributions?		-			32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	a type of property	for which column (a) is cheo	cked,			
	describe in Part II	(-, /0	,, <u> </u>		,			

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

<u>Schedule M</u>	(Form <u>990) 2023</u>	Nexus	Recovery	Center	Incorporated	23-7169388	Page 2
Part II	Supplementa is reporting in Par this part for any a	l Informat t I. column (tion. Provide the b), the number of c	information recontributions,	equired by Part I, lines 30 the number of items rece		tion plete
332142 09-11-2	3					Schedule M (Form	990) 202
					40		

10120527 151657 12901.005

2023.05080 NEXUS RECOVERY CENTER INC 12901.01

SCHEDULE O (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.



23-7169388

Form 990, Part I, Line 1, Description of Organization Mission:

Nexus Recovery Center Incorporated

who strive to live healthy, resilient lives.

Form 990, Part III, Line 4a, Program Service Accomplishments:

The number of clients may be duplicated: i.e., clients often have a

treatment step-down and sometimes have their treatment stepped-up so

they can be counted in both residential and outpatient program types.

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.

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

 LHA
 332211 11-14-23

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Schedule O (Form 990) 2023

2023.05080 NEXUS RECOVERY CENTER INC 12901.01

Schedule O (Form 990) 2023 Page 2								
Name of the organization	Employer identification number							
Nexus Recovery Center Incorporated	23-7169388							

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:

Annually, all board members, operating officers, and key employees are

solicited and required to sign and return a certificate disclosing any

conflict of interest.