GORFINE, SCHILLER & GARDYN, PA 10045 RED RUN BLVD, SUITE 250 OWINGS MILLS, MD 21117

FACES & VOICES OF RECOVERY 10 G STREET NE, SUITE 600 WASHINGTON, DC 20002

Indelliand and annial district

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2023 calendar year, or tax year beginning

B c	heck if	C Name of organization		D Employer identific	cation number
	Addre	FACES & VOICES OF RECOVERY			
H	_lchang ¬Name			51-05162	0.6
	_lchang □Initial	ÿ	Room/suite	+	
	_ return ∏Final	10 C CODEED NE CITTE 600	NUUIII/SUILE	202-741-	
	اreturn. termin			G Gross receipts \$	3,956,409.
	ated Amen			H(a) Is this a group re	
	⊒return ⊒Applic	-		for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	····· — —
1 7	-av av	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	- 1	list. See instructions
	Vebsit		01 321	H(c) Group exemptio	
		organization: X Corporation Trust Association Other	I Vear		1 State of legal domicile: DC
	rt I	Summary	L 1 Gai	oriorination. 2004 N	1 State of legal doffliche, DC
		Briefly describe the organization's mission or most significant activities: CHANG	GTNG	THE WAY ADDI	CTTON AND
Activities & Governance	'	RECOVERY ARE UNDERSTOOD AND EMBRACED THRO	OUGH Z	ADVOCACY, ED	UCATION AND
rua	2	Check this box if the organization discontinued its operations or dispos	sed of mor	e than 25% of its net as	ssets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	14
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			14
Se Se		Total number of individuals employed in calendar year 2023 (Part V, line 2a)		T	38
Ϋ́Ε	6	Total number of volunteers (estimate if necessary)		6	12
Ę		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Q		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Ф	8	Contributions and grants (Part VIII, line 1h)		551,154.	616,853.
ž	9	Program service revenue (Part VIII, line 2g)		3,290,108.	3,306,831.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,137.	32,725.
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,854,399.	3,956,409.
	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), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,113,451.	2,510,174.
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 404,1		0.	0.
хbе	b	Total fundraising expenses (Part IX, column (D), line 25) 404,1	81.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,244,814.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,358,265.	
	19	Revenue less expenses. Subtract line 18 from line 12		496,134.	-315,393.
Net Assets or Fund Balances			В	eginning of Current Year	End of Year
set	20	Total assets (Part X, line 16)		2,041,093.	1,711,271.
age Page	21	Total liabilities (Part X, line 26)		382,459.	368,031.
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20		1,658,634.	1,343,240.
	ırt II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	r has any knowledge.	
		Cignoture of officer		Doto	
Sig		Signature of officer		Date	
Her	е	PATTY MCCARTHY, CHIEF EXECUTIVE OFFICER Type or print name and title			
				Date Check	PTIN
Paid	ı	Print/Type preparer's name SCOTT D. RODGVILLE, CPA Preparer's signature		if	
	arer	Firm's name GORFINE, SCHILLER & GARDYN, PA		self-employ Firm's EIN 5	2-1231901
	Only	Firm's address 10045 RED RUN BLVD, SUITE 250		THIIISLIN 3	
550	Jy	OWINGS MILLS, MD 21117		Dhone no 41	0-356-5900
Mas	tho II	RS discuss this return with the preparer shown above? See instructions		I IIUIIE IIU. 4 1	X Yes No
iviay	uiCil	TO GISCUSS THIS TECHTI WITH THE PTEPARET SHOWIT ADOVE? SEE HISTRUCTIONS			153 140

Par	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:
	TO ORGANIZE AND MOBILIZE THE MILLIONS OF AMERICANS IN LONG TERM
	RECOVERY FROM ALCOHOL AND OTHER DRUG ADDICTION, THEIR FAMILIES,
	FRIENDS AND ALLIES INTO RECOVERY COMMUNITY ORGANIZATIONS AND NETWORKS;
	CHANGE PUBLIC PERCEPTION OF RECOVERY; PROMOTING EFFECTIVE PUBLIC
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? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	THE ACTIVITIES OF THE ORGANIZATION CONSIST OF THE FOLLOWING:
	ASSOCIATION OF RECOVERY ORGANIZATIONS (ARCO) - ARCO UNITES AND SUPPORTS
	THE GROWING NETWORK OF LOCAL, REGIONAL, AND STATEWIDE RECOVERY
	COMMUNITY ORGANIZATIONS. ARCO MEMBERSHIP BRINGS TOGETHER RECOVERY
	COMMUNITY ORGANIZATIONS AND THEIR LEADERS WITH LOCAL AND NATIONAL
	ALLIES THROUGH NETWORKING OPPORTUNITIES AND SHARING RESOURCES.
	THE THE TIME OF THE THE TIME T
	COUNCIL ON ACCREDITATION OF PEER RECOVERY SUPPORT SERVICES (CAPRSS) -
	CAPRSS PROVIDES RECOVERY COMMUNITY ORGANIZATIONS ACCREDITATION
	SERVICES.
	SERVICED:
415	(Code:) (Expenses \$
4b	(Code:) (Expenses \$) (Revenue \$)
4-	
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 3,065,972.
332002	Form 990 (2023) 2 12-21-23 SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			$ _{\mathbf{x}}$
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	э		122
O	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
Ū	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			٠,,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		Х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	11f	21	
IZa	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		<u> </u>
	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,			\ _{3,7}
	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			v
40	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,"	40		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		 *
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	• • • • • • • • • • • • • • • • • • •			

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Form 990 (2023) FACES & VOICES OF RECOVERY Part IV Checklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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			x
h	Schedule K. If "No," go to line 25a	24a 24b		Α_
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ü	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		1
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	00-		X
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part 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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			\ _{3,7}
•	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
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		† <u></u>
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٠,,
~~	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?	20	х	
Pai	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	4		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		77	
	(gambling) winnings to prize winners?	1c	X	

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FACES & VOICES OF RECOVERY Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a 38								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2 b	Х						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other									
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х					
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
any contributions that were not tax deductible as charitable contributions?										
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts								
	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).									
а	$ Did the organization \ receive \ a payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ sense \ for \ goods $	vices provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
	to file Form 8282?	l l	7с		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e 7f		X					
f	3 , 3 , , , , , , , , , , , , , , , , ,									
g										
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		8							
sponsoring organization have excess business holdings at any time during the year?										
9 Sponsoring organizations maintaining donor advised funds.										
a Did the sponsoring organization make any taxable distributions under section 4966?										
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		9b							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	100								
	Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	110								
-	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
14a			14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				х					
excess parachute payment(s) during the year?										
If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X					
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.									

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

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b 14										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6	6 Did the organization have members or stockholders?										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	on Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	X								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	Х								
b	Other officers or key employees of the organization	15b		X							
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed NONE										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able							
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website Upon request Other (explain on Schedule O)										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial								
00	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 202-741-9355										
	10 G STREET NE, SUITE 600, WASHINGTON, DC 20002		000	(0000							

332006 12-21-23

Form **990** (2023)

FVR_

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

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

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

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

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

- 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.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than s bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) PATTY MCCARTHY CEO	40.00			Х				151,058.	0.	9,063.
(2) PHILIP RUTHERFORD	40.00			х				119,005.	0.	6,246.
(3) DAVID MINETA CHAIR	2.00	х		х				0.	0.	0.
(4) KATERI COYHIS VICE CHAIR	2.00	Х		х				0.	0.	0.
(5) LAWRENCE MEDINA VICE CHAIR	2.00	Х		х				0.	0.	0.
(6) PHILANDER MOORE, SR. LCDC, MAHS SECRETARY	2.00	х		х				0.	0.	0.
(7) J. MATT BOGGS TREASURER	2.00	х		х				0.	0.	0.
(8) ELIZABETH EDWARDS DIRECTOR	2.00	х						0.	0.	0.
(9) LAURIE JOHNSON-WADE DIRECTOR	2.00	х						0.	0.	0.
(10) RUBY TAKUSHI DIRECTOR	2.00	х						0.	0.	0.
(11) SHELLY WEIZMAN, JD DIRECTOR	2.00	х						0.	0.	0.
(12) CHANDANI KEMPER DIRECTOR	2.00	х						0.	0.	0.
(13) EVAN DONE DIRECTOR	2.00	Х						0.	0.	0.
(14) JEREMIAH GARDNER DIRECTOR	2.00	Х						0.	0.	0.
(15) HANER HERNANDEZ DIRECTOR	2.00	х						0.	0.	0.
(16) KEVIN HYER DIRECTOR	2.00	х						0.	0.	0.

Pai	Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees	, an	d Hi	<u>ighe</u>	st C	Compensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	:	Es	stimate	∍d
		hours per	box	, unle	ss pe	erson	is bot	th an	compensation	compensation			nount	
		week (list any	\vdash	JUI 41	13 4 0		Jir a us	100,	from	from related			other	
		hours for	Individual trustee or director				L		the	organization (W-2/1099-MIS		compens		
		related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)			om the	
		organizations	truste	Institutional trustee		/ee	mper		1099-NEC)	1000 1120)			d relat	
		below	idual	ution	 	Key employee	est co oyee	ъ	,				anizatio	
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
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1h	Subtotal	l		<u> </u>	<u> </u>	<u> </u>			270,063.		0.	1	5,3	09.
10	Subtotal Total from continuation sheets to Part V	II Section A							0.		0.		- , -	0.
	Total (add lines 1b and 1c)								270,063.		0.	1	5,3	
2	Total number of individuals (including but r								-) 000 of reportab	le le		- , -	
_	compensation from the organization	iot iii iii ii oo ti	1000	, ,,,,,,,	Juu		o,		occived more than pro-	,,000 01 10001140				2
												\neg	Yes	No
3	Did the organization list any former officer	, director, trust	ee, I	key (emp	love	e, o	r hic	hest compensated emp	oloyee on				
	line 1a? If "Yes," complete Schedule J for s			•		•		_		•		3		Х
4	For any individual listed on line 1a, is the s													
	and related organizations greater than \$15			-								4	Х	
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	y uni	relat	ted organization or indiv	idual for services	,			
	rendered to the organization? If "Yes," con	nplete Schedul	e J f	for s	uch	pers	son					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	ompensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation f	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	/ithi	n the organization's tax	year.				
	(A)			~	_				(B)		•	(C		
	Name and business	address	N	INC	ビ			_	Description of s	services		ompe	nsatio	<u>n</u>
								_						
								\dashv						
								\dashv						
								\dashv						
2	Total number of independent contractors (including but r	not li	mite	d to	tho	se li	ster	d above) who received n	nore than				
_	\$100,000 of compensation from the organ				J 10		0	3.00	2 22010, 1110 10001100 11					
	The state of the s											Form	990 (2	2023)
												. 5.111	(2	

332008 12-21-23

		(====)		VOICE	ES OF REC	OVERY		51-0516	206 Page 9
Ра	rt VII								
		Check if Schedule O	contains	a response	or note to any lir	ne in this Part VIII (A)	(B)	(C)	<u> </u>
						Total revenue	Related or exempt function revenue	Unrelated	Revenuè excluded
Contributions, Gifts, Grants and Other Similar Amounts	b c	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contr		1d	123,031.				
Contribution and Other S	g	All other contributions, gifts, similar amounts not included Noncash contributions included in Total. Add lines 1a-1f	above	1f 1g \$	493,822.	616,853.			
Program Service Revenue	2 a b c d e f	MD 3 TATEATO	Ī		541610 541610 541610 541610	1,975,424. 1,033,632. 190,105. 101,597. 6,073.	1,033,632. 190,105.		
	g	Total. Add lines 2a-2f				3,306,831.			
	3 4 5	Investment income (included other similar amounts) Income from investment of Royalties	of tax-exe	mpt bond	proceeds				
	С	Less: rental expenses Rental income or (loss)	6a 6b 6c	()	(1) 1 0 0 0 1 1 1				
ıue	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	7a (i)	Securities	(ii) Other				
3ever	Ç	Gain or (loss) Net gain or (loss)	7c						
Other Revenue		Gross income from fundraising including \$contributions reported on	line 1c).	(not _ of See					
	b	Part IV, line 18			1				
		,							
		Gross income from gamin Part IV, line 19 Less: direct expenses		9a					
	С	Net income or (loss) from	gaming a	ctivities					
		Gross sales of inventory, I and allowances		10	1				
		Net income or (loss) from							

12 To 332009 12-21-23

b

Miscellaneous Revenue

Form **990** (2023)

0.

0.

32,725.

Business Code

541610

11 a OTHER REVENUE

e Total. Add lines 11a-11d

Total revenue. See instructions

d All other revenue

32,725. 3,956,409.3,339,556.

32,725.

Part IX | Statement of Functional Expenses

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

_		(A)	this Part IX		(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	205 272	100 761	60 700	22 020
	trustees, and key employees	285,373.	199,761.	62,782.	22,830
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 750 110	1 211 006	205 650	140 640
7	Other salaries and wages	1,758,113.	1,311,806.	305,658.	140,649.
8	Pension plan accruals and contributions (include	75 060	E2 400	16 600	c 0.00
	section 401(k) and 403(b) employer contributions)	75,860.	53,102.	16,689.	6,069.
9	Other employee benefits	202,090.	159,477.	25,768.	16,845
10	Payroll taxes	188,738.	139,666.	33,973.	15,099.
11	Fees for services (nonemployees):				
а	Management	22 242		22 242	
b	Legal	33,043.		33,043.	
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	643,603.	468,619.	174,984.	
12	Advertising and promotion	103,376.	103,376.		
13	Office expenses	39,683.	9,921.	17,857.	11,905.
14	Information technology	99,846.	69,892.	9,985.	19,969.
15	Royalties				
16	Occupancy	29,368.	17,621.	10,279.	1,468.
17	Travel	522,183.	365,528.	52,218.	104,437.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	176,367.	100,726.	25,278.	50,363.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,696.	18,696.		
23	Insurance	26,076.	13,038.	13,038.	
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.)				
а	PRINTING	31,508.	15,754.	7,877.	7,877.
b	PAYMENT PROCESSING FEES	16,414.	4,924.	8,207.	3,283.
С	POSTAGE AND DELIVERY	10,661.	6,397.	2,132.	2,132.
d	TELEPHONE AND COMMUNICA	9,935.	7,451.	1,490.	994.
е	All other expenses	869.	217.	391.	261.
25	Total functional expenses. Add lines 1 through 24e	4,271,802.	3,065,972.	801,649.	404,181.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			713,351.	1	521,090
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		912,337.	3	587,592	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
Assets		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
SSE	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			17,144.	9	5,475
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	18,383.			
	b	Less: accumulated depreciation			2,948.	10c	942
	11	Investments - publicly traded securities	358,338.	11	575,947		
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets	33,976.	14	17,226		
	15	Other assets. See Part IV, line 11			2,999.	15	2,999
	16	Total assets. Add lines 1 through 15 (must e			2,041,093.	16	1,711,271
	17	Accounts payable and accrued expenses		258,108.	17	165,928	
	18	Grants payable				18	
	19	Deferred revenue	124,351.	19	202,103		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part I\	of Schedule D		21	
ß	22	Loans and other payables to any current or for	ormer off	cer, director,			
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese per	sons		22	
1	23	Secured mortgages and notes payable to un	related th	nird parties		23	
	24	Unsecured notes and loans payable to unrela	ated third	parties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			382,459.	26	368,031
ın.		Organizations that follow FASB ASC 958, o	heck he	re X			
Š		and complete lines 27, 28, 32, and 33.					
0	27	Net assets without donor restrictions			1,658,634.	27	1,343,240
ŏ	28	Net assets with donor restrictions		<u></u>		28	
<u> </u>		Organizations that do not follow FASB ASC	958, ch	eck here			
_		and complete lines 29 through 33.					
ŭ J	29	Capital stock or trust principal, or current fun			29		
200	30	Paid-in or capital surplus, or land, building, or	equipme	ent fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	l income	or other funds		31	
Š	32	Total net assets or fund balances			1,658,634.	32	1,343,240
	33	Total liabilities and net assets/fund balances			2,041,093.	33	1,711,271

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,95	6,4	09.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,27	1,8	02.
3	Revenue less expenses. Subtract line 2 from line 1	3	-31	5,3	93.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,65	8,6	34.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,34	3,2	41.
Pa	rt XII Financial Statements and Reporting	<u> </u>			
	Check if Schedule O contains a response or note to any line in this Part XII				X
	· · · · · · · · · · · · · · · · · · ·			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	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 Sci	nedule O.			
За	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?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	ar guidite, explain why an Cabadula O and describe any stans taken to undergo augh sudite		26		l

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FACES & VOICES OF RECOVERY

Employer identification number

51-0516206 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support			···· ,			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(10) 1010	(0, 202)	(-)	(0, 1010	(1) 1 5 10
-	membership fees received. (Do not						
	include any "unusual grants.")	323,896.	284,538.	615,771.	551,154.	616,853.	2392212.
2	Tax revenues levied for the organ-	-	-	-	-	-	
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	323,896.	284,538.	615,771.	551,154.	616,853.	2392212.
	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)						530,809.
6	Public support. Subtract line 5 from line 4.						1861403.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	(a) 2019 323,896.	(b) 2020 284,538.	(c) 2021 615,771.	(d) 2022 551,154.	616,853.	(f) Total 2392212.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	4,382.	1,412.	9,478.	13,137.	32,725.	61,134.
11	Total support. Add lines 7 through 10						2453346.
12		etc. (see instruction	ons)			12 11	,037,223.
13	First 5 years. If the Form 990 is for the	•					
	organization, check this box and stor	· ·					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2023 (line 6, column (f), d	livided by line 11,	column (f))		14	75.87 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	81.98 %
	16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and						
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
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	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circun	nstances test, che	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17k	o, check this box a	nd see instruction	s
						Sahadula A	(Form 990) 2023

332022 12-21-23

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

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

Section A. Public Support						
Calendar 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				<u> </u>		
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				<u> </u>		<u> </u>
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						1
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	(-,	(-,	(-,	(-,	(-,	(,,
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
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	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiza	tion,
check this box and stop here	<u></u>				<u></u>	
Section C. Computation of Publ	ic Support Pe	ercentage				
15 Public support percentage for 2023 (ine 8, column (f),	divided by line 13,	column (f))		15	
16 Public support percentage from 2022	Schedule A, Part	t III, line 15			16	
Section D. Computation of Inves	stment Incom	e Percentage				
17 Investment income percentage for 20	23 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	
18 Investment income percentage from	2022 Schedule A,	Part III, line 17			18	
19a 33 1/3% support tests - 2023. If the					33 1/3%, and line	17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2022. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see i	nstructions	L

332023 12-21-23

Schedule A (Form 990) 2023

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
_		
2		
3a		
3b		
JD		
3с		
4a		
-1 a		
4b		
4c		
_		
5a		
5b		
5c		
6		
7		
8		
3		
9a		
9b		
9с		
10a		
44.		
10b		

Schedule A (Form 990) 2023

Par	irt 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		
	A family member of a person described on line 11a above?	11b		
	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		
	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership	of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated an			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	10/19 tine		
	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		
	ction C. Type II Supporting Organizations			<u> </u>
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
	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		
	ction D. All Type III Supporting Organizations	<u>'</u>		<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1.00	110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior t	ax		
	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		
	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		
	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		
Sect	ction E. Type III Functionally Integrated Supporting Organizations			<u> </u>
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see i	 netructions)		
' a		isa acaonsj.		
b				
C		entity (see instruction	ne)	
	Activities Test. Answer lines 2a and 2b below.	critity (See matruotio	Yes	No
			103	140
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
		2.0		
	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.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization evergice a substantial degree of direction over the policies programs and activities of each	Ja		

Schedule A (Form 990) 2023

FVR____1

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	dule A (Form 990) 2023 FACES & VOICES OF RECOV	JERY		51-0516206 Page 6
Pai		ng Orga	nizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust o	n Nov. 20, 1970 (explain i	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complet	te 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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		

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

Schedule A (Form 990) 2023

4

5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
<u>i</u> _	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
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:			
а	Excess from 2019			
b	Excess from 2020			
С	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

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

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2023

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
FOUNDATION FOR OPIOID RESPONSE EFFORTS (FORE)	50,154.	1,087.
ALKERMES	194,522.	145,455.
ELEVANCE HEALTH FOUNDATION	433,334.	384,267.
otal Excess Contributions to Schedule A, Part II, Line 5		530,809.

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

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

Name of the organization

Employer identification number

FACES & VOICES OF RECOVERY

Organization type (check one):

51-0516206

C. gamean cype (erree	,						
Filers of:	Section:						
Form 990 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
· · ·	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a) contributor, dur	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.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

FACES & VOICES OF RECOVERY

51-0516206

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	ELEVANCE HEALTH FOUNDATION 220 VIRGINIA AVE INDIANAPOLIS, IN 46204	\$ 216,666.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Occupate Part II for noncash contributions.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

FACES & VOICES OF RECOVERY

51-0516206

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(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
_			
453 12-26		I Ψ	Schedule B (Form 990) (20

Name of organization **Employer identification number** 51-0516206 FACES & VOICES OF RECOVERY Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Inspection

Name of the organization

FACES & VOICES OF RECOVERY

Employer identification number 51-0516206

Par			or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year	(4) 2 51161 4411054 181145	(2) i dilab dila ballo debedillo				
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	L	ed funds				
3	are the organization's property, subject to the organization's	_					
6	Did the organization inform all grantees, donors, and donor a						
Ü	for charitable purposes and not for the benefit of the donor of						
Par							
1	Purpose(s) of conservation easements held by the organizat		,				
·	Preservation of land for public use (for example, recrea		a historically important land area				
	Protection of natural habitat		a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last				
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
	Total acreage restricted by conservation easements						
	Number of conservation easements on a certified historic str		 				
	Number of conservation easements included on line 2c acqu						
	on a historic structure listed in the National Register		2d				
3	Number of conservation easements modified, transferred, re						
	year						
4	Number of states where property subject to conservation ea	sement is located					
5	Does the organization have a written policy regarding the pe						
	violations, and enforcement of the conservation easements i		Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	tion easements during the year				
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h	n)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservation	ion easements in its revenue and expense	statement and				
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial statem	ents that describes the				
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections o		ther Similar Assets.				
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works				
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public						
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,						
	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 tre	asures, or other similar assets for financia					
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:					
а	Revenue included on Form 990, Part VIII, line 1		\$				
b	Assets included in Form 990, Part X		\$				
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2023				

332051 09-28-23

_	t III Organizations Maintaining C	Collections of A			ageurae /	or Othe	r Similar Ac	cente/oc	ntinuo	raye Z
								•	minue	u)
3	Using the organization's acquisition, accessi	on, and other record	is, cnec	k any of the	tollowing tha	at make s	ignificant use o	t its		
	collection items (check all that apply).		. —							
а	Public exhibition	d			nange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							Part XIII.		
5	During the year, did the organization solicit of								г	
	to be sold to raise funds rather than to be ma							Ye:		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pal	•	te if the	organizatior	answered "	Yes" on F	Form 990, Part	IV, line 9,	or	
	Is the organization an agent, trustee, custod		diary for	contribution	ns or other a	ssets not	included			
	on Form 990, Part X?							Ye:	s [□ No
b	If "Yes," explain the arrangement in Part XIII									
-	ree, explain the arrangement in rail arran							Amo	ount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on F							Ye		No
	If "Yes," explain the arrangement in Part XIII.								Ī	=
Par										
	·	(a) Current year		rior year	(c) Two yea		(d) Three years b	ack (e)	our yea	ars back
1a	Beginning of year balance	,		-						
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent vear end haland	e (line 1	a column (a	ı)) held as:					
– a	Board designated or quasi-endowment	•	%	9, 00141111 (0	,,, 11014 40.					
b	Permanent endowment	%	_′°							
Ŭ	The percentages on lines 2a, 2b, and 2c sho	, •								
32	Are there endowment funds not in the posse	•	ation the	at are held a	nd administe	ered for th	ne			
ou	organization by:	oolon or the organiza	ation the	at are freid a	na aanniiniott	ored for th	10		Ye	s No
	(i) Unrelated organizations?							3a	_	
	(ii) Related organizations?								`_	
h	If "Yes" on line 3a(ii), are the related organization								` _	
4	Describe in Part XIII the intended uses of the								<u> </u>	
Par	t VI Land, Buildings, and Equipm		WITICITE	idilds.						
	Complete if the organization answere). Part I\	V. line 11a. S	ee Form 990	D. Part X.	line 10.			
	Description of property	(a) Cost or o		(b) Cost			cumulated	(d) F	Book va	alue
	besomption of property	basis (investr		basis			reciation	(4)	JON VE	2140
12	Land	,		233.0	,	2.35				
	Buildings									
	Leasehold improvements									
	Equipment			1	8,383.		17,441.			942.
u	Othor			_	-,		,			- •

Schedule D (Form 990) 2023

942.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Schedule D (Form 990) 2023 FACES & VOI	CES OF RECOVE	ERY 5	51-0516206 Page
Part VII Investments - Other Securities			J
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	e 11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
(1)	. ,	'	,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	1
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Column (b) must equal Form 990, Part X, line 15, co			
Part X Other Liabilities	(2)//		.
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability		, ,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2023

(8)

Par	T XI Reconciliation of Revenue per Audited Financial St	atements with Reven	ue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	3,956,409.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
	Recoveries of prior year grants			
	Other (Describe in Part XIII.)	***************************************		•
	Add lines 2a through 2d			0.
	Subtract line 2e from line 1		3	3,956,409.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		0
	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	3,956,409.
Par	T XII Reconciliation of Expenses per Audited Financial S	-	ises per Retu	rn
	Complete if the organization answered "Yes" on Form 990, Part IV, I			1 271 002
	Total expenses and losses per audited financial statements		1	4,271,802.
	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.)			0.
	Add lines 2a through 2d			4,271,802
	Subtract line 2e from line 1		3	4,2/1,002
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	امدا		
	Investment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.) Add lines 4a and 4b	-	4c	0.
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			4,271,802
	t XIII Supplemental Information	10.)	3	1,2/1,002
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	A: Part IV lines 1h and 2h: E	Part V line 1: Part	Y line 2: Part YI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		art v, iiile 4, i art.	A, IIIIe Z, I alt AI,
111165	20 and 4b, and Fart An, lines 20 and 4b. Also complete this part to provide a	arry additional information.		
PAR	RT X, LINE 2:			
	,			
THE	ORGANIZATION QUALIFIES AS A TAX EXEM	PT ORGANIZATION	UNDER SE	ECTION
	•			
501	(C)(3) OF THE INTERNAL REVENUE CODE A	ND THEREFORE, H	AS NO PRO	OVISION FOR
		·		
FEL	DERAL INCOME TAXES. HOWEVER, INCOME FRO	OM ACTIVITIES N	OT RELATI	ED TO THE
	·			
TAX	K-EXEMPT PURPOSE OF THE ORGANIZATION IS	S SUBJECT TO IN	COME TAXE	ES.
ASC	TOPIC, ACCOUNTING FOR INCOME TAXES R	EQUIRES THE ORG	SANIZATION	OT V
REC	COGNIZE OR DISCLOSE ANY TAX POSITIONS !	THAT WOULD RESU	JLT IN UNE	RECOGNIZED
TAX	K BENEFITS. THE ORGANIZATION HAS NO POS	SITIONS THAT WO	OULD REQUI	IRE

Schedule D (Form 990) 2023

DISCLOSURE OR RECOGNITION UNDER THE TOPIC.

Schedule D (Form 990) 2023 FACES & VOICES OF RECOVERY	51-0516206 Page 5
Schedule D (Form 990) 2023 FACES & VOICES OF RECOVERY Part XIII Supplemental Information (continued)	

Schedule D (Form 990) 2023

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

FACES & VOICES OF RECOVERY

Employer identification number 51-0516206

Pa	art I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate 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 charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
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 related organization:	_		v
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		_^
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only continue $501(a)(2)$, $501(a)(4)$, and $501(a)(20)$ organizations must complete lines 50			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
3	contingent on the revenues of:			
•		5a		х
	The organization? Any related organization?	5b		X
~	If "Yes" on line 5a or 5b, describe in Part III.	0.5		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ĭ	contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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.

(A) Name and Title		(B) Breakdown of V	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PATTY MCCARTHY	(i)	151,058.	0.	0.	9,063.	0.		0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FACES & VOICES OF RECOVERY

Employer identification number 51-0516206

FACES & VOICES OF RECOVERS	21-0210200
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
LEADERSHIP.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
POLICY AND DEMONSTRATING SUCCESS IN RECOVERY.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHME	NTS:
NATIONAL RECOVERY INSTITUTE (NRI) - THE NRI IS A PEER-RUN	TRAINING AND
TECHNICAL ASSISTANCE CENTER OFFERING PROFESSIONAL DEVELOP	MENT AND
TRAINING TO RECOVERY COMMUNITY ORGANIZATIONS.	
RECOVERY DATA PLATFORM (RDP) - RDP IS A SOFTWARE SOLUTION	THAT AIDS
RECOVERY COMMUNITY ORGANIZATIONS WITH TOOLS AND ASSESSMEN	TS NEEDED TO
EFFECTIVELY IMPLEMENT PEER RECOVERY COACHING PROGRAMS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF FORM 990 IS DISTRIBUTED TO ALL MEMBERS OF THE B	OARD VIA EMAIL
BEFORE FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
BOARD MEMBERS ARE REQUIRED TO SIGN A FORM ANNUALLY.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE COMPENSATION OF THE CEO IS DETERMINED BY THE BOARD OF	DIRECTORS. THE
COMPENSATION OF THE COO IS DETERMINED BY THE CEO.	

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

Schedule O (Form 990) 2023

Name of the organization FACES & VOICES OF RECOVERY	Employer identification number 51-0516206
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION GOVERNING DOCUMENTS, CONFLICT OF INTERES	T POLICY AND
FINANCIAL STATEMENTS ARE MADE AVAILABALE TO THE PUBLIC UP	ON REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONSULTANTS- OTHER:	
PROGRAM SERVICE EXPENSES	163 450
MANAGEMENT AND GENERAL EXPENSES	174,984.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	338 131
CONSULTANTS- ADJUNCT FACULTY:	
PROGRAM SERVICE EXPENSES	305 169
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	
TOTAL EXPENSES	30F 160
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	643,603.
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	

Schedule O (Form 990) 2023