

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 4589

Form **990**

B Check if

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.



A For the 2020 calend	ar year, or tax yea
Internal Revenue Service	► G

to to www.irs.gov/Form990 for instructions and the latest information. ar beginning and ending C Name of organization D Employer identification number

а	pplicab	le:							
	Addr	P AL-ANON FAMILY GROUP HEADQUARTERS, INC.							
	Name	pe Doing business as	13-563629	90					
	Initia		E Telephone number						
	Final	1600 CORDORATE LANDING RAREWAY	(757)563-	-1600					
	termi ated		G Gross receipts \$	8,791,908.					
	Amer returr	M^{ded} VIDCINIA DEACH VA $23/5/-5617$		H(a) Is this a group re	turn				
	Appli tion	F Name and address of principal officer: VALL FAIEN		for subordinates					
	pend	^{ing} 1600 CORPORATE LANDING PKWY, VIRGINIA BE	EACH,	H(b) Are all subordinates ind					
11	ax-e>	xempt status: 🚺 501(c)(3) 🔲 501(c) ()◀ (insert no.) 🗌 4947(a)(1) or	527	If "No," attach a	list. See instructions				
J١	Vebs	ite: ▶ WWW.AL-ANON.ORG		H(c) Group exemptior	n number 🕨				
KF	orm o	f organization: 🚺 Corporation 📄 Trust 📄 Association 📄 Other 🕨	L Year (of formation: 1954 M	State of legal domicile: NY				
Pa	art I	Summary							
_	1	Briefly describe the organization's mission or most significant activities: IN 20	20, т	HE ORGANIZAI	ION				
Governance		LAUNCHED ITS FIRST MOBILE APPLICATION, PRO	VIDIN	G MEMBERS W	ITH A				
rna	2	Check this box 🕨 🦳 if the organization discontinued its operations or dispose	d of more	than 25% of its net ass	ets.				
ove	3	Number of voting members of the governing body (Part VI, line 1a)			21				
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			20				
se 8	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			<u> </u>				
viti	6	Total number of volunteers (estimate if necessary)	cessary)						
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.				
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.				
			Current Year						
Ð	8	Contributions and grants (Part VIII, line 1h)		2,186,645.	3,295,721.				
Revenue	9	Program service revenue (Part VIII, line 2g)		404,900.	327,169.				
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		44,953.	234,936.				
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,914,454.	1,846,493.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,550,952.	5,704,319.				
	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)		4,004,658.	3,554,203.				
sus	16a	Professional fundraising fees (Part IX, column (A), line 11e)	·	0.	0.				
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 33,90		1 600 561	1 106 000				
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,698,561.	1,426,032.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,703,219.	4,980,235.				
	19	Revenue less expenses. Subtract line 18 from line 12		-152,267.	724,084.				
S OF				ginning of Current Year	End of Year				
Assets Balanc	20	Total assets (Part X, line 16)		11,059,746.	11,833,587.				
et A:	1	Total liabilities (Part X, line 26)		1,530,745.	1,333,057.				
Ž	22 art II	Net assets or fund balances. Subtract line 21 from line 20		9,529,001.	10,500,530.				
I F C	a t 11								

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Date VALI FAYEN, EXECUTIVE DIRECTOR Type or print name and title											
Paid	Print/Type preparer's name Preparer's signature Date Check LAKRISHA J. WATSON LAKRISHA J. WATSON 04/21/21											
Preparer	Firm's name 🕨 DIXON HUGHES GOO	DMAN LLP	Firm's EIN ▶ 56-0747981									
Use Only	Firm's address 🖕 440 MONTICELLO A	VE, SUITE 1400										
	NORFOLK, VA 2351	.0	Phone no. (757) 624-5100									
May the IF	RS discuss this return with the preparer shown ab	ove? See instructions	X Yes No									
032001 12-2	LHA For Paperwork Reduction Act Not	ce, see the separate instructions.	Form 990 (2020									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2020) AL-ANON FAMILY GROUP HEADQUARTERS, INC. 13-5636290 Page 2
Pa	t 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:
	AL-ANON FAMILY GROUP HEADQUARTERS, INC. IS A SPIRITUALLY BASED ORGANIZATION THAT HELPS THE FAMILIES AND FRIENDS OF ALCOHOLICS CONNECT
	AND SUPPORT EACH OTHER THROUGH MEETINGS, INFORMATION, AND SHARED
	EXPERIENCES.
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	(Code:) (Expenses \$ 1,275,543. including grants of \$) (Revenue \$ 30,544.) MEMBER SERVICES: ADVISES NEW GROUPS ON ORGANIZATIONAL MATTERS AND
	ASSISTS ALL GROUPS ON POLICY AND OPERATIONAL MATTERS. COORDINATES THE
	ANNUAL CONFERENCE OF DELEGATES FROM THE UNITED STATES, CANADA AND
	PUERTO RICO THAT RECOMMENDS ORGANIZATIONAL POLICIES AND GIVES
	CONCEPTUAL APPROVAL FOR DEVELOPMENT OF NEW SERVICES AND LITERATURE.
	SHARES INFORMATION WITH GROUPS AND RELATED ORGANIZATIONS OUTSIDE THE
	UNITED STATES, CANADA AND PUERTO RICO; COORDINATES THE BI-ANNUAL
	INTERNATIONAL DELEGATE MEETING; AND VISITS INTERNATIONAL ORGANIZATIONS
	AND GROUPS TO LEND SUPPORT AND TO PROVIDE INFORMATION. MAINTAINS GROUP
	AND ORGANIZATION RECORDS AND HISTORY FOR ARCHIVAL RETRIEVAL.
4b	(Code:) (Expenses 1,404,545. including grants of 296,625.) (Revenue 296,625.)
	COMMUNICATION AND OUTREACH SERVICES: DEVELOPS CONTENT AND DESIGNS BOOKS, PAMPHLETS, MAGAZINES, AND OTHER PUBLICATIONS THAT SUPPORT THE
	ORGANIZATION'S MISSION. CONDUCTS OUTREACH TO INCREASE VISIBILITY FOR
	FAMILIES AND FRIENDS OF ALCOHOLICS TO THE ORGANIZATION'S MISSION AND
	SERVICE THROUGH DIGITAL CONTENT, SOCIAL MEDIA PRESENCE, PUBLIC SERVICE
	ANNOUNCEMENTS ACROSS THE UNITED STATES AND CANADIAN MEDIA, AND
	PARTICIPATION IN PROFESSIONAL NETWORKS AND CONFERENCES. CONDUCTS
	MEMBERSHIP SURVEYS TO GATHER STATISTICS REGARDING THE SUCCESS OF THE
	ORGANIZATION'S PROGRAMS IN ACHIEVING ITS MISSION.
4c	(Code:) (Expenses \$ 865,903. including grants of \$) (Revenue \$ 1,846,493.) LITERATURE DISTRIBUTION SERVICES: PRINTS, WAREHOUSES, AND SHIPS PRINTED
	LITERATURE AND MAGAZINES. PROVIDES CUSTOMER SERVICE TO MEMBERS ORDERING
	LITERATURE AND RESOLVING SHIPPING AND OTHER-RELATED LITERATURE
	DISTRIBUTION PROBLEMS.
4d	Other program services (Describe on Schedule O.)
-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 3,545,991.
4e	Total program service expenses ► 3,545,991. Form 990 (2020)
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AL-ANON FAMILY GROUP HEADQUARTERS, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	L
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	4		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		- 23	
D		11b		x
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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	Х	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	
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Form 990 (2020)

Part IV Checklist of Required Schedules

 Form 990 (2020)
 AL-ANON FAMILY GROUP HEADQUARTERS, INC.
 13-5636290

 Part IV
 Checklist of Required Schedules (continued)
 Continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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? <i>If</i>	28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
U	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	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		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
00	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	200	х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance Chack it Schedule O contains a matter to complete in this Bart V	38	17	I
	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 13			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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	990 (2020) AL-ANON FAMILY GROUP HEADQUARTERS, INC. 13-5636	<u>290</u>	Р	age 5								
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)											
			Yes	No								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,											
	filed for the calendar year ending with or within the year covered by this return 2a 51											
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х									
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)											
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b										
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a											
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?											
b	b If "Yes," enter the name of the foreign country ► CANADA											
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).											
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X								
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X								
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c										
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit											
	any contributions that were not tax deductible as charitable contributions?	6a		X								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts											
	were not tax deductible?	6b										
7	Organizations that may receive deductible contributions under section 170(c).											
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X X								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required											
	to file Form 8282?	7c		X								
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d											
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		<u> </u>								
h												
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-										
•	sponsoring organization have excess business holdings at any time during the year?	8										
9	Sponsoring organizations maintaining donor advised funds.	0.										
a L	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b										
10	Section 501(c)(7) organizations. Enter:											
	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											
	Section 501(c)(12) organizations. Enter:											
11 a												
	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 1											
5	amounts due or received from them.) 11b											
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a										
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year											
13	Section 501(c)(29) qualified nonprofit health insurance issuers.											
	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											
с	Enter the amount of reserves on hand 13c											
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X								
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b										
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or											
	excess parachute payment(s) during the year?	15		X								
	If "Yes," see instructions and file Form 4720, Schedule N.											
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X								
	If "Yes," complete Form 4720, Schedule O.		000									

Form **990** (2020)

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Form 990	(2020)
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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.

						Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		21							
	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 0.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b		20							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other								
	officer, director, trustee, or key employee?				2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervisio	n							
	of officers, directors, trustees, or key employees to a management company or other person?				3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?		4		X X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?										
6	Did the organization have members or stockholders?				6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point (one or								
	more members of the governing body?				7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or								
	persons other than the governing body?				7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea										
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 read										
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		x				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	venue	Code.)								
			,			Yes	N				
10a	Did the organization have local chapters, branches, or affiliates?				10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such ch										
	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				11a	Х					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		Ū.								
	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				12b	Х					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y										
	in Schedule O how this was done	,			12c	х					
13	Did the organization have a written whistleblower policy?				13	Х					
14	Did the organization have a written document retention and destruction policy?				14	Х					
15	Did the process for determining compensation of the following persons include a review and approval										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	i by ii t	acpendent								
а	The organization's CEO, Executive Director, or top management official				15a	х					
	Other officers or key employees of the organization				15b	X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				100						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient w	ith a								
100					16a		x				
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				104						
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-								
					16b						
Sec	exempt status with respect to such arrangements?				100		l				
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY , VA										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar		T (Soction	501(c)(2)c		availa	blo				
10	for public inspection. Indicate how you made these available. Check all that apply.	iu 990		301(0)(3)8	orny)	avalla	bie				
40				aliay and	financ						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	mict C	n interest p	olicy, and	mano	la					
00	statements available to the public during the tax year.	ko	1 voc	•							
20	State the name, address, and telephone number of the person who possesses the organization's boo NIKETA WILLIAMS - (757)563-1600	ks and	a records	►							
	1600 CORPORATE LANDING PARKWAY, VIRGINIA BEACH, VA	<u></u>	454-5	617							
		43	404-0	1 1	E	000	(000				
32006	6 12-23-20				rorm	990	(202				

Form 990 (2020)	AL-ANON	FAMILY	GROUP	HEADQUARTE	RS, INC.	13-5636290	Page 7						
Part VII Compens	ation of Officers,	Directors,	Trustees	, Key Employee	s, Highest Con	npensated							
Employees, and Independent Contractors													
Check if Sch	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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

Name and title Average hours per hours per below Description below Description below Reportable compension below Reportable compension below Reportable compension below Estimated and promise weak (1) VALI FAYEN 40.000 X X 182,932. 0. 336. (2) KAREN WOLFF 40.000 X X 143,111. 0. 485. (3) WIRETA WILLIAMS 40.000 X X 125,482. 0. 1,021. (4) MARSHA WARE 10.000 X 0. 0. 0. 0. (5) GERE FIELDS 10.000 X 0. 0. 0. 0. <t< th=""><th>(A)</th><th>(B)</th><th></th><th></th><th>(</th><th>C)</th><th></th><th></th><th>(D)</th><th>(E)</th><th>(F)</th></t<>	(A)	(B)			(C)			(D)	(E)	(F)			
hours per veck, integreent is being mean compensation from the organizations (W2/1099-MISC) compensation from the organization and related organizations (W2/1099-MISC) amount of the organization and related organization and related organizations (W2/1099-MISC) amount of the organization and related organization and related organizations (W2/1099-MISC) amount of the organization and related organizations (W2/1099-MISC) amount of the organization and related organizations (W2/1099-MISC) amount of the organization and related organization and related organizations (1) VALI FAYEN 40.00 x x 182,932. 0. 336. (2) KAREN MOLFF 40.00 x 143,111. 0. 4855. (3) MIEFA MULLIAMS 40.00 x 133,471. 0. 150. (4) MARSHA WARE 10.00 x 125,482. 0. 0. 0. (6) JERCTOR OF PINANCE & OPERATIONS 10.00 x 0. 0. 0. 0. 0. (6) JERCTOR OF PROGRAMS 10.00 x 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	Name and title	Average	(do		Pos	sitior		ne	Reportable	Reportable	Estimated			
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Form 990 (2020)

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Form 990 (20	D20) AL-ANON F	AMILY C	GRC	DUF	Р Н	IEA	٩DQ	UA	ARTERS, INC.	13-56	36:	290	F	-age 8
Part VII	Section A. Officers, Directors, Trust	ees, Key Em	ploy	ees,	, and	d Hig	ghes	t C	ompensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average			Pos	sitior			Reportable	Reportable		F	stimat	ted
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(19) GAIL	GILLIES	20.00												
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(20) LYNE7	TTE KAUTZ	20.00												
CHAIRPERSO		20.00	x		x				0.		0.			0.
(21) ROSIE		20.00	Δ								••			
VICE CHAIF		20.00	v		x				0					0
		00.00	Х		A				0.		0.			0.
	KUYKENDALL	20.00												•
TREASURER			Х		X				0.		0.			0.
(23) CATHY	TROJAN	20.00												
TREASURER			Х		Х				0.		0.			0.
(24) CINDY	MEDFORD	20.00												
TREASURER			Х		X				0.		0.			Ο.
th Cubto	tal				I		1		584,996.		0.		1 0	92.
	tal								0.		0.		<u>, , , , , , , , , , , , , , , , , , , </u>	0.
	from continuation sheets to Part VII								584,996.		0.		1 0	
	add lines 1b and 1c)										0.		1,9	92.
	number of individuals (including but no	ot limited to th	lose	liste	ed at	oove	e) wh	o re	eceived more than \$100	,000 of reportable				
compe	ensation from the organization													4
											r		Yes	No
3 Did the	e organization list any former officer,	director, trust	ee, ł	key e	emp	loye	e, or	hig	hest compensated emp	oloyee on				
line 1a	? If "Yes," complete Schedule J for su	uch individual										3		X
	y individual listed on line 1a, is the su													
	lated organizations greater than \$150											4	Х	
	y person listed on line 1a receive or a													
	ed to the organization? If "Yes." com											5	ł	X
	Independent Contractors			0/ 30		00/3								-
	ete this table for your five highest cor	nnensated inc	lono	ndo	nt c	ontr	acto	re th	nat received more than	\$100 000 of comp	oneat	tion fr		
•	ganization. Report compensation for t	•	•							•	511541	.1011110	,,,,,	
		ne calendar ye	eare		ig w					lear.				
	(A) Name and business	address	NT/	ONE	7				(B) Description of	services	C	ע) ompe	C) nsatic	on
			INC		<u>.</u>			-	Description of					
								_						
-														
2 Total r	number of independent contractors (ir	ncludina hut n	ot lir	nite	d to	thos	se lis	ted	above) who received m	ore than				
	000 of compensation from the organiz	-	- · · · · ·)							
ψ100,0	see of componidation normalic organiz						-				_			

032008 12-23-20

) (2020)			LY GROUP	HEADQUARTE	RS, INC.	13-5636	290 Page 9
Pa	rt V		Statement of Rev	/enue					
			Check if Schedule O c	ontains a respon	se or note to any				
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស ស	1	a Fede	erated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			nbership dues			_			
ي ق			draising events						
äifts ar A			ated organizations						
s, s		e Gov	ernment grants (contri	butions) 1e					
rion		f All of	ther contributions, gifts, g	grants, and					
ibut		simil	lar amounts not included	above 1f	3,295,72	1.			
o pt		g Nonca	ash contributions included in li	ines 1a-1f 1g \$					
<u>0</u> 6		h Tota	al. Add lines 1a-1f			3,295,721.			
					Business Coo				
ce	2		UM MAGAZINE SUBSC		511190	291,963.	· · · · ·		
le vi			ECT CONFERENCE RE		900099	30,544.			
Program Service Revenue			MIUM MOBILE APP S	UBSCRIPTION	900099	4,662.	4,662.		
Bev		d			_				
, roc		e			_				
ш			other program service r			327,169.			
			al. Add lines 2a-2f			527,105.			
	3		er similar amounts)			145,423.			145,423.
	4		ome from investment of						
	5		alties		-				
	Ŭ	noy		(i) Real	(ii) Persona	- 			
	6	a Gros	ss rents	6a		-			
				6b		-			
			tal income or (loss)	6c		_			
		d Net	rental income or (loss)			•			
	7	a Gros	s amount from sales of	(i) Securitie	s (ii) Other				
		asse	ts other than inventory	7a 2,706,58	7.				
		b Less	s: cost or other basis						
en		and	sales expenses	7b 2,617,07	4.				
venue		c Gair	n or (loss)	7c 89,51	3.				
a			gain or (loss)	Г		▶ 89,513.			89,513.
Other R	8		s income from fundraisin uding \$						
U			tributions reported on I						
			IV, line 18		Ва				
			s: direct expenses		8b	_			
			income or (loss) from f			Image: Second			
			ss income from gaming						
		Part	IV, line 19		9a				
			s: direct expenses		9b				
		c Net	income or (loss) from g	gaming activities	>	•			
	10	a Gros	ss sales of inventory, le	ess returns					
		and	allowances	· · · · · · · · · · · · · · · · · · ·	0a 2,317,00				
			s: cost of goods sold		Ob 470,51				
		c Net	income or (loss) from s	sales of inventory		1,846,493.	1,846,493.		
SL		_			Business Coo	e e			
leo(11				-		+		<u> </u>
llan		b			-		+		
Miscellaneous Revenue		c	thor rover in						
Ϊ			other revenue al. Add lines 11a-11d						
	12		I revenue. See instruction			5,704,319.	2,173,662.	0.	234,936.
03200						, , ,	. , , .		Form 990 (2020)

032009 12-23-20

10360421 797738 2037969000

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Form 990 (2				GROUP	HEADQUARTERS,	INC.	13-5636290	Page 10
Part IX	Statement of I	Functional Ex	penses					

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

	Check if Schedule O contains a respons ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations		CAPCINCO	general expenses	expenses
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	183,268.	137,451.	45,817.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,738,762.	2,157,552.	581,210.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	177,921.	137,387.	40,534.	
9	Other employee benefits	246,151.	246,151.		
10	Payroll taxes	208,101.	167,929.	40,172.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	38,695.		38,695.	
с	Accounting	38,275.		38,275.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	117,796.		117,796.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	124,341.	34,118.	78,007.	12,216.
14	Information technology	129,227.	1,675.	127,552.	
15	Royalties	068 500	0.45 500	01 044	
16	Occupancy	267,533.	245,589.	21,944.	
17	Travel	10,000.	1,701.	8,299.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	71 707	44 150	07 (20	
19	Conferences, conventions, and meetings	71,797.	44,159.	27,638.	
20	Interest				
21	Payments to affiliates	40 E01	10 211	20 100	
22	Depreciation, depletion, and amortization	42,501. 25,906.	12,311.	<u> </u>	
23		25,900.		25,900.	
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.)				
	PRINTING	163,008.	163,008.		
	CREDIT CARD & BANK FEES	112,237.		112,237.	
С	POSTAGE & SHIPPING	110,141.	71,366.	17,087.	21,688.
d	PUBLIC SERVICE ANNOUNCE	103,097.	103,097.		
е	All other expenses	71,478.	22,497.	48,981.	
25	Total functional expenses. Add lines 1 through 24e	4,980,235.	3,545,991.	1,400,340.	33,904.
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)				Form 990 (2020)

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Form **990** (2020)

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generation 1 Cash - non-interest-bearing 1, 238, 208. 1 2, 391, 136. 2 Savings and temporary cash investments 401, 698. 2 657, 842. 3 Pledges and grants receivable, net 3 139, 171. 4 51, 688. 4 Accounts receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 6 Loans and other receivables from other disqualified persons (as defined under section 4958(x)(B) 6 7 7 Notes and loans receivable, net 347, 302. 8 403, 297. 9 Preparid expenses and deferred charges 1559, 705. 9 225, 491. 10a 4, 081, 421. 10a 4, 081, 421. 10a 1, 445, 442. 11 Investments - publicity traded securities 7, 042, 543. 12 403, 297. 11 Investments - publicity traded securities 7, 042, 543. 14 6, 416, 478. 11 Investments - publicity traded securities 7, 042, 543. 12 11 <t< th=""><th></th><th></th><th></th><th></th><th></th><th>Login nig or your</th><th></th><th>End of year</th></t<>						Login nig or your		End of year
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3 Piedges and prints receivable, net 3 4 Accounts receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 39% controlled entity or family member of any of these persons. 139,171.4 51,688. 6 Leans and other receivables from onther disqualified persons (as defined under section 49580(13)(b) 6 5 7 Notes and loans receivable, net 347,302.8 403,297. 9 Preparid expenses and deferred charges 159,705.9 225,491. 10a 4,081,421. 6 40.45,442. 10a 4,081,421. 6 40.45,442. 11 Investments - other securities. See Part IV, line 11 14 6,416,478. 12 Investments - other securities. See Part IV, line 11 13 11,059,746.16 11,433,587. 13 Investments - other securities. See Part IV, line 11 15 16 11,059,746.16 11,833,587. 19 Deferred revenue 300,103.19 277,844. 20 21 20 Tax exempt bond liabilities 20 300,103.19 2777,844. 21			•					
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11 Investments - publicly traded securities 7,042,543.11 6,416,478. 12 Investments - other securities. See Part IV, line 11 13 14 13 Investments - other securities. See Part IV, line 11 13 13 14 Intargible assets. 238,116.14 242,213. 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 11,059,746.16 11,833,587. 17 Accounts payable and accrued expenses 304,039.17 264,997. 18 Grants payable 18 9 20 Tax exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current of former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 24 25 Toter liabilities. Add lines 17 through 25 1,530,745.26 1,333,057. 28		10a	Land, buildings, and equipment: cost or other					
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	Š					3,349,001.		11,500,550
Form 990 (2020)		33	Total liabilities and net assets/fund balances			11,059,746.	33	
								Form 990 (2020)

13-5636290 Page 11 AL-ANON FAMILY GROUP HEADQUARTERS, INC.

(A) Beginning of year

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

(B) End of year

Form 990 (2020) Part X Balance Sheet

Form	990 (2020) AL-ANON FAMILY GROUP HEADQUARTERS, INC.	13-5	636290	Pag	_{je} 12
Pa	t 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	5,704		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,980		
3	Revenue less expenses. Subtract line 2 from line 1	3		1,08	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,529		
5	Net unrealized gains (losses) on investments	5	247	7,44	<u>45.</u>
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	10,500),53	30.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		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 in Schedule	Э.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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	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 Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2020)

032012 12-23-20

Department of the Treasury

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047
2020
Open to Public Inspection

Inspection Inspection							Inspection		
Name of the organization								Employer	identification number
AL-A			NON FAMILY	GROUP HEADQU	JARTE	RS, IN	īC.	1	3-5636290
Part I	Reason	for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.	
The orga	nization is not a	a private found	ation because it is:	(For lines 1 through 12, c	heck only	one box.)			
1	A church, co	nvention of ch	urches, or association	on of churches described	l in sectio	n 170(b)(1	l)(A)(i).		
2	A school des	cribed in sect	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3	A hospital or	a cooperative	hospital service org	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4	A medical res	search organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
_	city, and stat								
5		-		ollege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
	1		Complete Part II.)						
6	1	-	-	mental unit described in					
7	-		-	antial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	oublic described in
	1		omplete Part II.)						
8	1 -			(1)(A)(vi). (Complete Par					
9	-	-	-	l in section 170(b)(1)(A)(-		-	-
		or a non-land-g	grant college of agric	culture (see instructions).	Enter the I	name, city	, and state of	the college	or
	university:								
10 X	0			than 33 1/3% of its supp					
				ct to certain exceptions; a					-
				e (less section 511 tax) fro	om busines	ses acqui	red by the org	janization a	πer June 30, 1975.
aa 🖂	1		mplete Part III.)				O(-)(A)		
11	1 -	-	-	sively to test for public sat	•				
12 📖	-	-	-	sively for the benefit of, to	-			•	-
			-	ed in section 509(a)(1) o					neck the box in
• [_	-	• •	of supporting organization				-	nivina
a 🗌			-	supervised, or controlled gularly appoint or elect a	• • • •	-			
		-	complete Part IV, S	• • • • •	majonty c				pporting
b	·		-	d or controlled in connect	tion with it	e sunnorte	d organizatio	n(e) by bay	ina
			-	anization vested in the sa			-		-
		-		Sections A and C.				ge the supp	
c 🗌	·			ng organization operated	in connect	ion with a	and functional	lv integrate	d with
		-		b). You must complete I				ly integrate	a mai,
d		0	. , .	porting organization oper			-	ted organiz	ration(s)
- <u> </u>		-		zation generally must sat				-	
		•		mplete Part IV, Sections	-		-		
e		-		written determination fro				II, Type III	
	functionally	y integrated, or	Type III non-functio	onally integrated supporting	ng organiz	ation.			
f Ent	ter the number	of supported of	organizations						
g Pro			about the support						
	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of		(vi) Amount of other
	organizatior	1		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

Schedule A (Form 990 or 990-EZ) 2020 AL-ANON FAMILY GROUP HEADQUARTERS, INC. 13-5636290 Page 2 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop						>
See	ction C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2020 (I	ine 6, column (f), c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2019					15	%
16 a	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶∟
17a	10% -facts-and-circumstances test	-	-				
	and if the organization meets the fact	s-and-circumstanc	ces test, check this	s box and stop he	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a p	ublicly supported o	organization		▶□
b	10% -facts-and-circumstances test	- 2019. If the org	ganization did not	check a box on lin	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	eck this box and s	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Tl	he organization qu	alifies as a publicly	y supported organi	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	nd see instructions	s ►
					Sche	edule A (Form 990	or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 AL-ANON FAMILY GROUP HEADQUARTERS, INC. 13-5636290 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	Stion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2098098.	1972931.	1953460.	2186645.	3295721.	<u>11506855.</u>
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	3716336.	3908221.	4600309.	4109552.	2644177.	18978595.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	5814434.	5881152.	6553769.	6296197.	5939898.	30485450.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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		40.044		111 010	110 050	
	amount on line 13 for the year	23,737. 23,737.	<u>49,944.</u> 49,944.		111,819.	110,253.	295,753. 295,753.
	Add lines 7a and 7b	23,131.	49,944.		111,819.		
8 Sec	Public support. (Subtract line 7c from line 6.)						30189697.
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	5814434.	5881152.	6553769.	6296197.	5939898.	30485450.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	72,484.	83,134.	38,887.	110,925.	145,423.	450,853.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	72,484.	83,134.	38,887.	110,925.	145,423.	450,853.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	5886918.	5964286.	6592656.	6407122.	6085321.	30936303.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	fourth, or fifth tax y	vear as a section 50	01(c)(3) organizatio	on,
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (li	ine 8, column (f), di	ivided by line 13, c	olumn (f))		15	<u>97.59 %</u>
	Public support percentage from 2019					16	97.66 %
Sec	ction D. Computation of Inves	tment Income	Percentage				
	Investment income percentage for 20					17	1.46 %
	Investment income percentage from 2					18	1.44 %
19a	33 1/3% support tests - 2020. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box ar	-	-	· ·			
b	33 1/3% support tests - 2019. If the	-					ind
	line 18 is not more than 33 1/3%, che			-		-	
	Private foundation. If the organizatio	n did not check a l	box on line 14, 19a	a, or 19b, check th			
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Schedule A (Form 990 or 990 EZ) 2020 AL-ANON FAMILY GROUP HEADQUARTERS, INC. 13-5636290 Page 4 Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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 or 990-EZ)*.
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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 in 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 in 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.)

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Schedule A (Form 990 or 990-EZ) 2020

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020 AL-ANON FAMILY GROUP HEADQUARTERS, INC. 13-5636290 Page 5 Part 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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>		
supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		1	
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
	supervised or controlled the supporting organization	2	

Section C. Type II Supporting Organizations	

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed

 the supported organization(s).
 1

 Section D
 All Type III Supporting Organizations

1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the						
	organization's tax year, (i) a written notice describing the type and amount of support provided during the p						

	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have 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. Section E. Type III Functionally Integrated Supporting Organizations

1 Check	k the box next to the met	thod that the organization	nused to satisfy the Inte	aral Part Test during the ve	ar (see instructions).
---------	---------------------------	----------------------------	---------------------------	------------------------------	------------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** _____ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instructions).
---	--	---	-------------------------	-----------------	---------------------	---------------------

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

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

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

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

Yes No

Yes No

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_	dule A (Form 990 or 990 EZ) 2020 AL-ANON FAMILY GROUP H			13-5636290 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	e 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		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020	AL-ANON	FAMILY	GROUP	HEADQUARTERS,	INC.	13-5636290	Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued	0
Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exe		1	
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	3	3	
4	Amounts paid to acquire exempt-use assets			4
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5
6	Other distributions (describe in Part VI). See instructions.			6
7	Total annual distributions. Add lines 1 through 6.			7
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			8
9	Distributable amount for 2020 from Section C, line 6			9
10	Line 8 amount divided by line 9 amount		1	0
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
<u> i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
	Breakdown of line 7:			
<u>a</u>	Excess from 2016			
b	Excess from 2017			
C	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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Part VI	(Form 990 or 990-EZ) Supplemental I	nformation	Provide t	he explana	ations requi	red by Par	rt II. line 10	: Part II.	line 17a or	13-5636290 17b; Part III, line 12;	
	Part IV, Section A, II line 1; Part IV, Section Section D, lines 5, 6 (See instructions.)	on D, lines 2 ar	nd 3; Part IN	V, Section	E, lines 1c,	2a, 2b, 3a	a, and 3b; F	Part V, lin	ie 1; Part V	and 2; Part IV, Section 7, Section B, line 1e; F nal information.	on C, Part V,
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

	AL-ANON FAMILY GROUP HEADQUARTERS, INC.	13-5636290
Organization type (cheo	sk one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	

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

501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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 \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

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Employer identification number

13-5636290

AL-ANON FAMILY GROUP HEADQUARTERS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$171,106.	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
2		\$ <u>32,641.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		_ \$12,816.	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
4		\$10,500.	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
5		\$10,500.	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
6		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25-	-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page 2

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Employer identification number

13-5636290

AL-ANON FAMILY GROUP HEADQUARTERS, INC.

(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$9,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$8,906.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	Name, address, and ZIP + 4 (b) Name, address, and ZIP + 4	(b) Total contributions (c) Total contributions (b) (c) (c) Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (c) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (c) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (b) (c) Name, address, and ZIP + 4 Total contributions (c) (c) Name, address, and ZIP + 4 Total contributions (b) (c) (c) (c) Name, address, and ZIP + 4 Total contributions

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Page 2

10360421 797738 2037969000

2020.03032 AL-ANON FAMILY GROUP HEAD 20379691

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Employer identification number

13-5636290

AL-ANON FAMILY GROUP HEADQUARTERS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15_		\$7,500.	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
16_		\$7,500.	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
		\$6,600.	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
<u>18</u> 023452 11-25		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Employer identification number

13-5636290

AL-ANON FAMILY GROUP HEADQUARTERS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions \$5,682.	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>5,571.</u> 	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
		\$5,400.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$5,134.	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
		\$5,029.	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
24_		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25	-20	Schedule B (Form	990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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10360421 797738 2037969000

Employer identification number

13-5636290

AL-ANON FAMILY GROUP HEADQUARTERS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	tors (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			
25_		- \$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
26		- \$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
27		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		- _ \$	Person 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.)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

023452 11-25-20

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Employer identification number

AL-ANON FAMILY GROUP HEADQUARTERS, INC.

13-5636290

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

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	B (Form 990, 990-EZ, or 990-PF) (2020)			Page 4		
Name of or	rganization		Employer identificati	ion number		
AL-AN	ON FAMILY GROUP HEADQUAF	RTERS, INC.	13-5636290	0		
Part III		ons to organizations described in se	ction 501(c)(7), (8), or (10) that total more than \$1,00			
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or	ess for the year. (Enter this info. once.) \$			
(a) No.	Use duplicate copies of Part III if additional	space is needed.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is h	neld		
		(e) Transfer of gif	I			
-	Transferee's name, address, ar	nd 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 h	neld		
		(e) Transfer of gif				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
ľ			······			
		[
		[
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is h	hold		
Part I						
-		(a) T urne (an a (a))				
		(e) Transfer of gif				
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
(-) N						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is h	neld		
			[
ŀ		(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
023454 11-25	5-20		Schedule B (Form 990, 990-EZ, or s	990-DE1 (2020)		
520-04 11-20		29		550-i i j (2020)		

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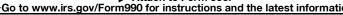
SCHEDULE	D
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Department of the Treasury

Internal Revenue Service

9 0)

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.





Name of the organization

AL-ANON FAMILY GROUP HEADQUARTERS, INC. Employer identification number 13-5636290

Par	tl	Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Ac	counts.	Complete if the	9
		organization answered "Yes" on Form 990, Part IV, lin	e 6.				
			(a) Donor advised funds	((b) Funds and	l other accour	ts
1	Tota	number at end of year					
2		egate value of contributions to (during year)					
3	Aggr	egate value of grants from (during year)					
4	Aggr	egate value at end of year					
5	Did t	he organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed fund	ds		
	are t	he organization's property, subject to the organization's	exclusive legal control?			Yes	No
6	Did t	he organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used or	nly		
	for c	naritable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferri	ing		
D.						Yes	No
Par		Conservation Easements. Complete if the org		Part IV,	line 7.		
1	Purp	ose(s) of conservation easements held by the organization	on (check all that apply).				
		Preservation of land for public use (for example, recrea	tion or education)	a histo	prically import	ant land area	
		Protection of natural habitat	Preservation of	a certi	fied historic s	tructure	
		Preservation of open space					
2		plete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a cor			
	-	of the tax year.				t the End of the	Tax Year
а		number of conservation easements			2a		
b					2b		
с		ber of conservation easements on a certified historic stru			2c		
d		ber of conservation easements included in (c) acquired a					
-		I in the National Register			2d		
3		ber of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organiz	zation during	the tax	
	year						
4		ber of states where property subject to conservation eas					
5		the organization have a written policy regarding the per					
•		tions, and enforcement of the conservation easements it				Yes	No No
6	Starr	and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cons	ervatio	on easements	during the yea	ar
7	•	 unt of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing concerns	lion oor	aamanta duwin	a tha year	
7	Anio	unt of expenses incurred in monitoring, inspecting, hand	ning of violations, and emorcing conserva	lion eas		ig the year	
8	· ·	each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170((i)		
U					No		
9		art XIII, describe how the organization reports conservation					
•		nce sheet, and include, if applicable, the text of the footn				he	
		nization's accounting for conservation easements.					
Par		Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her S	imilar Ass	ets.	
		Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the	organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	nd bala	ance sheet wo	orks	
	of ar	t, historical treasures, or other similar assets held for put	olic exhibition, education, or research in fu	rtheran	nce of public		
	servi	ce, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these item	S.			
b	If the	organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	balance	e sheet works	of	
	art, h	istorical treasures, or other similar assets held for public	exhibition, education, or research in furth	ierance	e of public ser	vice,	
	provi	de the following amounts relating to these items:					
	(i) F	Revenue included on Form 990, Part VIII, line 1			▶ \$		
					. .		
2	If the	organization received or held works of art, historical trea					
	the f	ollowing amounts required to be reported under FASB A	SC 958 relating to these items:				
а	Reve	nue included on Form 990, Part VIII, line 1			▶ \$		
b		ts included in Form 990, Part X					
LHA	For I	Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Sched	lule D (Form 9	990) 2020
032051	12-01	-20					
			20				

	dule D (Form 990) 2020 AL-ANON	FAMILY GROU					<u>63629(</u>		e 2
	•							ued)	
3	Using the organization's acquisition, accessio	on, and other records, o	check any of the	following that	make signi	ficant use of it	S		
	collection items (check all that apply):	_	<u> </u>						
а	Public exhibition	d		change progra					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co						rt XIII.		
5	During the year, did the organization solicit or		,	,		-			
	to be sold to raise funds rather than to be ma						Yes		No
Pai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		e if the organization	on answered "	Yes" on Fo	rm 990, Part ۱۱	/, line 9, or		
19	Is the organization an agent, trustee, custodia		v for contribution	s or other ass	ets not incl	uded			
Ia	on Form 990, Part X?					-	Yes		No
h	If "Yes," explain the arrangement in Part XIII a					L	165		NU
D			wing table.				مريم		
-	Deginning belonce					1.	Amount		
	Beginning balance								
	Additions during the year					1d			
-	Distributions during the year					1e			
f	Ending balance					1f	No.		
	Did the organization include an amount on Fo				-		Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete if								
T ai						T h			
	_ · · · / · · ·	(a) Current year	(b) Prior year	(c) Two year	<u>s dack</u> (d)	Three years bac	:к (е) Four	years ba	ICK
	Beginning of year balance								
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships						_		
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curre	ent year end balance (l	ine 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	c	%						
b	Permanent endowment 🕨	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.							
3a	Are there endowment funds not in the posses	sion of the organizatio	on that are held a	nd administer	ed for the o	organization	-		
	by:							Yes I	No
	(i) Unrelated organizations						. 3a(i)		
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organizat	tions listed as required	on Schedule R?						
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipme	ent.							
	Complete if the organization answered	l "Yes" on Form 990, F	Part IV, line 11a. S	See Form 990,	Part X, line	e 10.			
	Description of property	(a) Cost or othe	er (b) Cos	t or other	(c) Accu	umulated	(d) Bool	< value	
		basis (investme	• • • •	(other)		ciation	.,		
1 a	Land			58,347.			158	3,34	7.
	Buildings			1,878.	1.71	5,831.	1,076		
	Leasehold improvements			2,485.		3,678.		3,80'	
	Equipment			8,711.		6,470.		2,24	
	Other			.,		.,		,	
	. Add lines 1a through 1e. (Column (d) must ed		column (P) line 1	100)			1,445	5.44	2.
1010		juai FUIII 990, Part X,	column (B), line l	<i>UC.J</i>			le D (Form	-	
						Joneur		. 550, 20	520

032052 12-01-20

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of Security or Category (including name of security)	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end	1-of-vear 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, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>: 15.)</u>	▶	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) POST-RETIREMENT HEALTH BEN	NEFITS		790,216.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			790,216.
2. Liability for uncertain tax positions. In Part XIII, provide		-	
organization's liability for uncertain tax positions under	FASB ASC 740. Check h	ere if the text of the footnote has been pro	ovided in Part XIII 🛛 🔣

AL-ANON FAMILY GROUP HEADQUARTERS, INC.

Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 AL-ANON FAMILY GROUP HEADQUARTERS, INC.	13-!	5636290 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	[·] Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	5,892,229.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	.5.	
b	Donated services and use of facilities 2b 88,80	15.	
с	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	336,250.
3	Subtract line 2e from line 1	3	5,555,979.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 117, 79		
b	Other (Describe in Part XIII.) 4b 30,54	4.	
с	Add lines 4a and 4b	4c	148,340.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,704,319.
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	4,920,700.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 88,80	15.	
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	88,805.
3	Subtract line 2e from line 1	3	4,831,895.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 117, 79		
b	Other (Describe in Part XIII.) 4b 30,54	4.	
с	Add lines 4a and 4b	4c	148,340.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,980,235.
Par	t XIII Supplemental Information.		
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, I	ine 4; Part X	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		

PART X, LINE 2:

THE	ORGANIZATION	IS	EXEMPT	FROM	FEDERAL	AND	STATE	INCOME	TAXES	UNDER
-----	--------------	----	--------	------	---------	-----	-------	--------	-------	-------

SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE AND THE STATUTES OF THE

COMMONWEALTH OF VIRGINIA; ACCORDINGLY, THE ACCOMPANYING FINANCIAL

STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STATE

33

INCOME TAXES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT CONFERENCE REVENUE

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DIRECT CONFERENCE REVENUE

032054 12-01-20

30,544.

30,544.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Part XIII Supplemental Infor	AL-ANON	FAMILY	GROUP	HEADQUARTERS,	INC.	13-5636290	Page 5
Supplemental Infor	mation (contin	nued)					
						Schedule D (Form 9	90) 2020

btotal	1	0		32,761.
al from continuation				
eets to Part I	0	0		0.
tals (add lines 3a	1	0		20 761
d 3b)	⊥∣ Act Notice, see the			32,761. Schedule F (Form 990) 2020

2 United States.

	iea elaleel					
3 Act	ivities per Region. (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is n	needed.)	
	(a) Region	(b) Number of offices in the region	employees, agents, and	 (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region) 	is a program service,	(f) Total expenditures for and investments in the region
NORTH AL	MERICA	1	0	SUPPORT FOR GROUP SERVICES	SUPPORT OF THE U.S. SERVICES IN THE CANADIAN REGION.	32,761.

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the

Part I	General Information on Activities Outside the

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

e United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

AL-ANON FAMILY GROUP HEADQUARTERS, INC. 13-5636290

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

LHA

032071

3 a

С



Yes

No

Employer identification number

103604

.....L

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

Schedule F (Form 990) 2020

13-5636290

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the f or counsel has provided a sect				1	
3 Enter total number of			or counsel has provided a sect			P		

Schedule F (Form 990) 2020

13-5636290

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2020

			FAMILY	GROUP	HEADQUARTERS,	INC.	13-5636290	Page 4
Part IV	Foreign Form	าร						

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

032074 12-03-20

Schedule F (Form 990) 2020 AL-ANON FAMI	LY GROUP	HEADQUAR	TERS, II	NC.	13-563	6290	Page 5
Part V Supplemental Information							
Provide the information required by Part I, li							
investments vs. expenditures per region); P							
(estimated number of recipients), as applica	able. Also comple	ete this part to pro	ovide any addit	ional informati	on. See instr	ructions.	
PART I, LINE 3:							
ACCRUAL MERILOD							
ACCRUAL METHOD							
032075 12-03-20		2.0			Schedul	e F (Form	990) 2020
	~ ~	39	NT NUMM		an 0777		00000
60421 797738 2037969000	20	20.03032	AL-ANON	FAMILY	GROUP	неаd	20379

SC		1	OMB No. 1545-0047					
	rm 990)	-	ensation Information	_	00	00		
(Compensated Employees		ZU	ZU)	
		Complete if the organization	ation answered "Yes" on Form 990, Part IV, line 23.		Open to	Publi	ic	
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Fc	Attach to Form 990. orm990 for instructions and the latest information.		Inspe			
-	e of the organization			Employer id	dentificatio	on nur	nber	
		AL-ANON FAMILY	GROUP HEADQUARTERS, INC.	13-5	63629	0		
Pa		arding Compensation						
						Yes	No	
1a	Check the appropriate box	(es) if the organization provide	d any of the following to or for a person listed on Form §	990,				
			ny relevant information regarding these items.					
	First-class or charter t	ravel	Housing allowance or residence for persor	nal use				
	Travel for companions	\$	Payments for business use of personal res	idence				
	Tax indemnification ar	nd gross-up payments	Health or social club dues or initiation fees	i				
	Discretionary spending account Personal services (such as maid, chauffeur, chef)							
b	If any of the boxes on line 1	la are checked, did the organiz	zation follow a written policy regarding payment or					
	reimbursement or provision	of all of the expenses describ	ed above? If "No," complete Part III to explain		1b		<u> </u>	
2	•		ursing or allowing expenses incurred by all directors,					
	trustees, and officers, inclu	ding the CEO/Executive Direct	tor, regarding the items checked on line 1a?		2		<u> </u>	
3	· · ·		sed to establish the compensation of the organization's					
			ck any boxes for methods used by a related organizatio	n to				
	· · ·	the CEO/Executive Director, b						
	X Compensation commi		Written employment contract					
	Independent compens		Compensation survey or study					
	Form 990 of other org	anizations	Approval by the board or compensation co	ommittee				
4	During the year did any pe	erson listed on Form 990 Part '	VII, Section A, line 1a, with respect to the filing					
-	organization or a related or							
а	-	ent or change-of-control payme	ent?		4a		х	
b		yment from a supplemental no			41		X	
С		yment from an equity-based co					X	
		• • •	the applicable amounts for each item in Part III.					
	, and the second s	, , , , , , , , , , , , , , , , , , , ,						
	Only section 501(c)(3), 50	1(c)(4), and 501(c)(29) organi;	zations must complete lines 5-9.					
5	For persons listed on Form	990, Part VII, Section A, line 1	a, did the organization pay or accrue any compensatior	า				
	contingent on the revenues	s of:						
а	The organization?				. 5a		X	
							X	
	If "Yes" on line 5a or 5b, de							
6	For persons listed on Form	990, Part VII, Section A, line 1	a, did the organization pay or accrue any compensatior	ו				
	contingent on the net earni	ngs of:						
							X	
b					6b		X	
	If "Yes" on line 6a or 6b, de							
7			a, did the organization provide any nonfixed payments				37	
			III		7		X	
8			or accrued pursuant to a contract that was subject to the		-		v	
•					8		X	
9			uttable presumption procedure described in					
			1					
LHA	For Paperwork Reductio	on Act Notice, see the Instruc	tions for Form 990.	Schedu	ule J (Forn	n 990)	2020	

032111 12-07-20

AL-ANON FAMILY GROUP HEADQUARTERS, INC. 13-5636290

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) VALI FAYEN	(i)	182,932.	0.	0.	0.	336.	183,268.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 AL-ANON FAMILY GROUP HEADQUARTERS, INC.

Page 3

Part III Supplemental Information

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

Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ) Department of the Treasury 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 990 or 990 or 990 EZ.

Internal Revenue Service Name of the organization Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.



13-5636290

INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AL-ANON FAMILY GROUP HEADQUARTERS

SAFE, SECURE, AND FREE SOCIAL NETWORKING PLATFORM ON WHICH TO CONNECT

AND HOLD RECOVERY MEETINGS; AND OFFERING A NEW ANNUAL SUBSCRIPTION

SERVICE FOR UNIQUE CONTENT. THE APPLICATION LAUNCHED ON IOS AND ANDROID

IN AUGUST AND IS CONTINUING TO GROW IN PARTICIPATION. THE ORGANIZATION

ALSO ENGAGED A CONSULTANT WHO COMPLETED A COMPETITIVE ANALYSIS AND

PROVIDED INSIGHTS INTO OPPORTUNITIES TO EXPAND REACH ACROSS DIVERSE

COMMUNITIES. IN THE FACE OF THE GLOBAL COVID-19 PANDEMIC, THE

ORGANIZATION ENSURED ITS STAFF SAFELY REMAINED AVAILABLE AS ESSENTIAL

RESOURCES FOR FAMILIES AND FRIENDS OF ALCOHOLICS FACED WITH QUARANTINE,

ISOLATION, AND AN INCREASED INCIDENCE OF THE DISEASE OF ALCOHOLISM.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE COMMITTEE, A SUBCOMMITTEE OF THE BOARD OF TRUSTEES COMPRISING BOARD OF TRUSTEE MEMBERS AND THE SECRETARY OF THE CORPORATION AND CHAIRED BY THE TREASURER OF THE CORPORATION, REVIEWS THE FORM 990 BEFORE IT IS FILED. A COPY IS PROVIDED TO ALL MEMBERS OF THE BOARD OF TRUSTEES BEFORE IT IS FILED. THE BOARD OF TRUSTEES REVIEWS THE SUBMITTED FORM 990 AT ITS BOARD MEETING IN APRIL.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL MEMBERS OF THE BOARD OF TRUSTEES, THE EXECUTIVE COMMITTEE, AND SENIOR STAFF ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY STATEMENT ON AN ANNUAL BASIS. IF A CONFLICT DOES EXIST, THE CONFLICT IS DISCLOSED TO THE PERSON IN CHARGE OF THE ACTIVITY (OR THE NEXT HIGHER AUTHORITY IF THE MEMBER IS IN CHARGE) AND TO THE GOVERNING BODY OF THE UNIT OF AL ANON LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020 032211 11-20-20

10360421 797738 2037969000

43

2020.03032 AL-ANON FAMILY GROUP HEAD 20379691

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization AL-ANON FAMILY GROUP HEADQUARTERS, INC.	Employer identification number 13-5636290
FAMILY GROUP HEADQUARTERS, INC. IN WHICH YOU HOLD OFFICE.	THE INDIVIDUAL
IDENTIFYING THE CONFLICT ARE RECUSED FROM ANY DELIBERATION	S OR VOTE ON THE
MATTER GIVING RISE TO THE CONFLICT OF INTEREST AT ANY BOAR	D, COMMITTEE, OR
OTHER MEETING. THE EMPLOYEE MANUAL STATES THAT POTENTIAL O	R ACTUAL CONFLICT
OF INTEREST OCCURS WHENEVER AN EMPLOYEE IS ABLE TO INFLUEN	CE A DECISION
THAT MAY RESULT IN A PERSONAL GAIN FOR THE EMPLOYEE OR AN	IMMEDIATE FAMILY
MEMBER AND THAT EMPLOYEES MUST PROMPTLY DISCLOSE ACTUAL OR	POTENTIAL
CONFLICTS OF INTEREST, IN WRITING, TO THEIR SUPERVISOR.	

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF TRUSTEES APPROVES THE SALARIES OF THE EXECUTIVE DIRECTOR AND THE DIRECTOR OF FINANCE & OPERATIONS BASED ON ANNUAL COST OF LIVING AND MERIT INCREASE GUIDELINES RECOMMENDED BY THE FINANCE COMMITTEE, A SUBCOMMITTEE OF THE BOARD OF TRUSTEES, AND SALARY RANGES ESTABLISHED BY THE COMPENSATION COMMITTEE, COMPRISED EXCLUSIVELY OF MEMBERS OF THE BOARD OF TRUSTEES, EXCLUDING THE EXECUTIVE DIRECTOR AND CHAIRPERSON OF THE BOARD. THE COMPENSATION COMMITTEE PERIODICALLY ENGAGES AN INDEPENDENT CONSULTANT TO CONFIRM THE SALARY RANGES FOR THE ORGANIZATION.

FORM 990, PART VI, SECTION C, LINE 19:

FORM 990 IS PUBLISHED ON THE ORGANIZATION'S WEBSITE. THE CONFLICT OF

INTEREST POLICY IS AVAILABLE ONLY UPON REQUEST FROM PARTICIPANTS IN THE

44

ORGANIZATION.

FORM 990, PART XI, LINE 2C

NO CHANGE IN CURRENT YEAR TO THIS PROCESS.

032212 11-20-20

SCH	IEDULE	R

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

20

Open to Public Inspection

Employer identification number 13-5636290

Department of the Treasury Internal Revenue Service

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

Name of the organization

AL-ANON FAMILY GROUP HEADQUARTERS, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
AL-ANON FAMILY GROUP HEADQUARTERS (CA) INC.	4				
275 SLATER STREET, SUITE 900					AL-ANON FAMILY GROUP
OTTAWA, ONTARIO, CANADA K1P 5H9	SAME AS U.S. ACTIVITIES	CANADA	273,804.	705,038.	HEADQUARTERS, INC
	-				
	-				
	-				

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
						Yes	No

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

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 AL-ANON FAMILY GROUP HEADQUARTERS, INC.

13-5636290 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	rect controlling entity excluded from tax under sections 512-514) Fredominant income (related, unrelated, i excluded from tax under	r income end-of-year assets		ortionate tions?		General or managing partner?	^{ll or} Percentage ^{jing} ownership			
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10		
											<u> </u>		
	1												
	1	1	1			1		I	1				

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr	i) tion o)(13) rolled ity?
		country)						Yes	No
]								

Schedule R (Form 990) 2020 AL-ANON FAMILY GROUP HEADQUARTERS, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a			
b	Gift, grant, or capital contribution to related organization(s)	1b			
	Gift, grant, or capital contribution from related organization(s)	1c			
	Loans or loan guarantees to or for related organization(s)	1d			
	Loans or loan guarantees by related organization(s)	1e			
f	Dividends from related organization(s)	1f			
g	Sale of assets to related organization(s)	1g			
	Purchase of assets from related organization(s)	1h			
i	Exchange of assets with related organization(s)	1i			
j	Lease of facilities, equipment, or other assets to related organization(s)	1j			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k			
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11			
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n			
ο	Sharing of paid employees with related organization(s)	10			
р	Reimbursement paid to related organization(s) for expenses	1p			
q	Reimbursement paid by related organization(s) for expenses	1q			
r	Other transfer of cash or property to related organization(s)	1r			
s	Other transfer of cash or property from related organization(s)	1s			

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
<u>(2)</u>			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2020 AL-ANON FAMILY GROUP HEADQUARTERS, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes	sec. (3) ?	(f) Share of total income	(h Dispr tior alloca Yes	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partn Yes	al or F ging er? NO	(k) Percentage ownership

Schedule R (Form 990) 2020

			FAMILY	GROUP	HEADQUARTERS,	INC.	13-5636290	Page 5
Part VII	Supplemental Inform	nation						

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

Schedule R (Form 990) 2020

032165 10-28-20