

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 4589

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.



АГ	or th	e 2021 calendar year, or tax year beginning and e	enaing		
B c a	heck if pplicab	le: C Name of organization		D Employer identific	ation number
	Addre	AL-ANON FAMILY GROUP HEADQUARTERS, INC.	•		
	Name			13-563629	90
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	 	1600 CORPORATE LANDING PARKWAY	(757)563-	-1600	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	9,487,165.	
	Amer returr	ded VITOCINITA DEACH VA $22/5/-5617$	H(a) Is this a group re	turn	
	Appli tion			for subordinates	
	pend	^{ng} 1600 CORPORATE LANDING PKWY, VIRGINIA BI	EACH,	H(b) Are all subordinates in	
IT	ax-ex	empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) o	r 🗌 527		list. See instructions
		te: WWW.AL-ANON.ORG		H(c) Group exemption	n number 🕨
κF	orm o	f organization: X Corporation	L Year		State of legal domicile: NY
	art I	Summary	1		5
	1	Briefly describe the organization's mission or most significant activities: IN 20)21, т	HE ORGANIZAT	ION
JCe				NG THE USER	
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.
ver	3			3	14
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)			13
ళ	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			50
itie	6	Total number of volunteers (estimate if necessary)			21
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ā		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
			Prior Year	Current Year	
0	8	Contributions and grants (Part VIII, line 1h)		3,295,721.	2,623,242.
Revenue	9	Program service revenue (Part VIII, line 2g)		327,169.	271,368.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		234,936.	494,838.
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,846,493.	1,906,751.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,704,319.	5,296,199.
	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.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,554,203.	3,800,198.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be		Total fundraising expenses (Part IX, column (D), line 25) > 32,61	.3.		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,426,032.	1,354,334.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,980,235.	5,154,532.
	19	Revenue less expenses. Subtract line 18 from line 12	724,084.	141,667.	
or			Be	ginning of Current Year	End of Year
Assets (Balanc	20	Total assets (Part X, line 16)		11,833,587.	13,783,274.
Ass 1 Ba	21	Total liabilities (Part X, line 26)		1,333,057.	1,497,267.
_Net		Net assets or fund balances. Subtract line 21 from line 20		10,500,530.	12,286,007.
Pa	irt II	Signature Block		· · ·	

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

Sign		Signature	of officer							Date			
Here		VALI	FAYEN,	EXEC	UTIVE 1	DIRECTOR							
	Type or print name and title												
	Prir	nt/Type prep	arer's name			Preparer's signature			Date		Check	PTIN	
Paid	LA	KRISH	A J. WA	TSON		LAKRISHA J	•	WATSON	05/03	/22	ii self-employed	P0167	77333
Preparer	Firn	n's name	DIXON	I HUGH	ES GOO	DMAN LLP				Firm's	s EIN ▶ 56	-0747	7981
Use Only	Firn	n's address	440 N	IONTIC	ELLO A	VE, SUITE :	14	00			·		
	NORFOLK, VA 23510 Phone no. (757)) 624	<u>l-5100</u>		
May the I	RS d	liscuss this	return with t	he prepare	r shown abo	ve? See instructions						X Ye	s 🗌 No
132001 12-0	9-21	LHA F	or Paperwoi	k Reducti	on Act Notic	ce, see the separate) in	structions.				Forn	n 990 (2021
~		~ ~							~~				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) AL-ANON FAMILY GROUP HEADQUARTERS, INC. 13-5636290 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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?
	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 \$ 1,364,847. including grants of \$) (Revenue \$) (Revenue \$) (Revenue \$)
	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 \$1,387,201. including grants of \$) (Revenue \$) (Reven
	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.
4.	(Code:) (Expenses \$922,257including grants of \$) (Revenue \$1,906,751)
40	(Code:) (Expenses \$922,257. including grants of \$) (Revenue \$, 906,751.) 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.
<u> </u>	
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 3,674,305.
<u>4e</u>	Form 990 (2021)
13200:	2 12-09-21
	3
	0.0 202200 2022060000

Form 990 (2021) AL-ANON FAMI
Part IV Checklist of Required Schedules AL-ANON FAMILY GROUP HEADQUARTERS, INC.

1 bit the organization described in section 501(s) or 4947(a)[1] (ofter than a private brundation? 1 X 2 X Dift the organization require field or Indexto Duffical campaign activities on behalf of or in opposition to candidates for public offee? <i>If</i> "Yes," complete Schedule 0, Part I 3 X 3 Section 501(g)(G) organizations to the organization engage in bobbying activities, or have a section 501(h) election in effect dufficitly organization. Diffeed or investment of another somewhere the organization engage in bobbying activities, or have a section 501(h) election in effect dufficitly be calculated in the organization matching activities or have a section 501(h) election in effect dufficitly be calculated in the organization matching activities or have a section 501(h) election or investment of another somewhere the organization matching activities or have a section 501(h) election or investment of another organization theorem the organization metals and during activities or have a section 501(h) election or investment of another organization theorem the organization metals and during activities or have a section 501(h) election or investment of another for the organization metals and the accenter and the accenter or investment of another for the organization metals and the accenter and				Yes	No
2 Is the organization required to complete Schedule () Schedule of Combutory See instructions 2 X 3 Did the organization require interior to inder coblical campaign activities on built of or in opposition to candidates for public office? If "Yes," complete Schedule (), Part I 3 X 4 Section S01(k)(3) organizations. Did the organization require interior () (k)(3) (k) (k) (k) (k) (k) (k) (k) (k) (k) (k	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Dit the organization engage in direct or indirect political campaign activities on behalt of or in opposition to candidate for public office? <i>J P P P</i> , <i>Complete Schedule C, Part I</i> . 3 X 4 Section 501(b) organization. Dit the organization engage in lobbying activities, on have a section 501(b) election in effect during the tax year? <i>II 'Pas,' complete Schedule C, Part II</i> . 4 X 5 Did the organization ensetina of 001(b) organization during on a section 501(b) election in effect during the tax year? <i>II 'Pas,' complete Schedule D, Part I</i> . 5 X 6 Did the organization realize or hold a conservation assement, including easements to previse dans passe. 7 X 7 Did the organization markina and yound vision dart. Niso risk funds or accounts? <i>II 'Pas,' complete Schedule D, Part II</i> . 8 X 9 Did the organization realize or hold conservation assement, including easements to provide advise marking an activities and the acceleration assement and the second to realize a second to acceleration assement assement assets? <i>II' Pas,' complete Schedule D, Part II</i> . 8 X 9 Did the organization report an amount for back place digramization, hold assets in donorreatriced endowments or in quasi endowments? <i>II' Pas,' complete Schedule D, Part V</i> . 10 X <td></td> <td>If "Yes," complete Schedule A</td> <td></td> <td></td> <td></td>		If "Yes," complete Schedule A			
public office? If 'Yes,' complete Schedule C, Part I 3 X 4 Sectors 90((c)(3) organizations. D, the organization engage in lobbying activities, or have a section 501(h) election in effect 4 X 5 Is the organization a section 501(a)(4), 501(a)(5) or 501(a)(5) organization that receives membership dues, assessments, or similar amounts as defined in Part V, Pros. '001PH 'Yes,' complete Schedule C, Part II 6 X 6 Did the organization or investment of amounts in such thad or accounts for which donors have the right to provide advect on the distribution or investment at manuts in such thad or accounts if or which donors have the right to provide advect on the distribution or investment at manuts in such thad or accounts for which donors have the right to provide advect occurrents (); complete Schedule D, Part II 6 X 7 X 10 the organization metaries or historic at treasures, or itsoric at treasures, or other organization encepts at amounts not listed in Part X, ine 21, for sercew or custodial account listibily, serve as a custodian for amounts not listed in Part X, provide credit consciencing, debt management, credit repart, or ordeb regolitation services? 9 X 10 Did the organization, encept y movide credit consciencing, debt management, credit repart, or complete Schedule D, Part X 10 X 11 If the organization encept an amount for land, buildings, and equipment in Part X, line 10? If 'Yes, ' complete Schedule D, Part X 10 X 24 Ub the organization sector in Part X, line 10; Part X <td>2</td> <td>Is the organization required to complete Schedule B, Schedule of Contributors? See instructions</td> <td>2</td> <td>X</td> <td></td>	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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)(6), or 501(c)(8), organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 591:97. If "Yes," complete Schedule C, Part II 5 X 6 Did the organization marken any doorn advised in music or any similar tonds or accounts? If "Yes," complete Schedule D, Part II 6 X 7 X B Did the organization marken any doorn advised in easement, including easements for breaver open space, the environment, historic land areas, or historic attreasures, or other similar asset? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization namount in Part X, ill 21, for eacrow or custodial account lability, since as a custodian for anounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization service any of the following questions is "Yes," then complete Schedule D, Part IV 10 X 11 It the organization service any of the following questions is "Yes," then complete Schedule D, Part X III 11 X 12 Did the organization service any of the following questions is "Yes," then complete Schedule D, Part X	3				
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5 Is the organization assector 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rex. Proc. 981/97 (#*ves,* complete Schedule C, Part II 5 X 6 Did the organization marked in Rex. Proc. 981/97 (#*ves,* complete Schedule C, Part II 6 X 7 Did the organization marked in Rex. Proc. 981/97 (#*ves,* complete Schedule C, Part II 7 X 8 Did the organization marked in Rex. Proc. 981/97 (#*ves,* complete Schedule D, Part II 7 X 8 Did the organization marked in Rex. Proc. 981/97 (#*ves,* complete Schedule D, Part II 7 X 9 Did the organization marked in Rex. Y, Ine 21, for escrew or custodial account lability, serve as a custodian for amounts not listed in Part X, or provide credit conseling, debt management, credit repart, or debt negotiation services? 9 X 10 Dat the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quase endowments? If *ves,* complete Schedule D, Part V 10 X 10 Dat the organization server or anount for remarked regart value in the val	4				v
similar amounts as defined in Rev. Proc. 88-197 // Y/ss,* complete Schedule Q, Part // 5 X 6 Did the organization maintain any door 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 for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to the erganization maintain collections of works of art, historical reasures, or other similar asset? // **s,* complete Schedule D, Part // 6 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar asset? // **s,* complete Schedule D, Part // 7 X 8 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 7 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 // **s,* complete Schedule D, Part // 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 // **s,* complete Schedule D, Part X 11 X 11 Did the organization report an amount for investments - program related in Part X, line 157 // **s,* complete Schedule D, Part X 11 X 12 Did the organization report an amount for investments - program related in Part X, line 157 // **s,* complete Schedule D, Part X	-		4		
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7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic strutures? If "Yes," complete Schedule D, Part II 7 X 8 X X X X 9 Did the organization maintain collections of works of art, historical treasures, or their similar asset? If "Yes," complete Schedule D, Part II 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? 9 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 11 It the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11 X 12 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11 X 13 Did the organization report an amount for investments - program related in Part X, line 12, Irvas, "complete Schedule D, Part VI 114 X 14 Did the organization asparts. In	0		6		x
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foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 ot 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 oreport more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grasts 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 20a X	15			- 23	
 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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 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? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a 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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21 X 	10		15		x
or for foreign individuals? /f "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? /f "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? /f "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? /f "Yes," 19 X 20a Did the organization operate one or more hospital facilities? /f "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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? /f "Yes," complete Schedule I, Parts I and II 21 X	16				
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18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 10 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X			17		Х
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II 21 X					X
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			20b		
domestic government on Part IX, column (A), line 1 / If "Yes," complete Schedule I, Parts I and II	21				v
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 Form 990 (2021)
 AL-ANON FAMILY GROUP HEADQUARTERS, INC.
 13-5636290
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV	20a		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
-	"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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	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
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
38		38	х	
Par				L
	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 1a 9			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	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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	AL-ANON FAMILY GROUP HEADQUARTERS, INC	2. 13-5636	290	Р	age
rt	V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
<u> </u>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			Yes	No
	iled for the calendar year ending with or within the year covered by this return	2a 50			
	f at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$. See instruction				
			3a		X
	f "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	inancial account in a foreign country (such as a bank account, securities account, or other financial a		4a	х	
	f "Yes," enter the name of the foreign country CANADA	,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a \	Nas 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 transac		5b		X
c I	f "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th				
ä	any contributions that were not tax deductible as charitable contributions?		6a		X
b	f "Yes," did the organization include with every solicitation an express statement that such contributi				
Ņ	vere not tax deductible?		6b		
7 (Organizations that may receive deductible contributions under section 170(c).				
al	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X
b	f "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c I	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	as required			
1	o file Form 8282?		7c		X
d	f "Yes," indicate the number of Forms 8282 filed during the year	7d			
e l	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g I	f the organization received a contribution of qualified intellectual property, did the organization file Fc	rm 8899 as required?	7g		
h I	f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file a Form 1098-C?	7h		
8 9	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
5	sponsoring organization have excess business holdings at any time during the year?		8		
9 ;	Sponsoring organizations maintaining donor advised funds.				
al	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b I	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots		9b		
0 9	Section 501(c)(7) organizations. Enter:				
	nitiation fees and capital contributions included on Part VIII, line 12	10a	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
	Section 501(c)(12) organizations. Enter:	1 1			
	Gross income from members or shareholders	11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
2a 🖇	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	f "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
al	s 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.				
	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1			
	organization is licensed to issue qualified health plans	13b	-		
	Enter the amount of reserves on hand	13c			
			14a		X
b	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b		
5	s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ation or			
	excess parachute payment(s) during the year?		15		X
	f "Yes," see the instructions and file Form 4720, Schedule N.				
	s the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	f "Yes," complete Form 4720, Schedule O.				
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	f "Yes," complete Form 6069.				

Form 990	(2021)
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AL-ANON FAMILY GROUP HEADQUARTERS, INC.

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

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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. X

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 14			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	N
0a	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 chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	х	
3	Did the organization have a written whistleblower policy?	13	Х	
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{NY}$, VA			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	NIKETA WILLIAMS - (757)563-1600			
	1600 CORPORATE LANDING PARKWAY, VIRGINIA BEACH, VA 23454-5617			
			990	(00)

Form 990 (2	2021) AL-ANON	FAMILY GROUP	HEADQUARTERS,	INC.	13-5636290	Page 7				
Part VII	Compensation of Officers,	Directors, Trustees	s, Key Employees, Hig	phest Comper	nsated					
Employees, and Independent Contractors										
	Check if Schedule O contains a res	ponse or note to any line	in this Part VII							
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.										

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

Name and title Average hours per work in the international internation	(A)	(B)		(C)					(D)	(E)	(F)
hours per veek (list any bours for related organizations conversation from related organizations conversation from the organizations compensation from the organizations compensation from the organizations compensation from the organizations compensation from the organizations (1) VALI FAYEN 40.00 x x 1833,779 0.144,311. (2) KAREN MOLFF 40.00 x x 141,076. 0.111,101. (3) NIREFA WILLIAMS 40.00 x x 134,107. 0. 10,811. (3) NIREFA WILLIAMS 40.00 x x 107,402. 0. 9,457. (4) MASHA WARE (6) LINEFT RATEZ 20.00 x x 107,402. 0. 0. (6) LINEFT RATEZ 20.00 x x 0. 0. 0. (7) MARIANNE BLANCHARD 20.00 x x 0. 0. 0. (10) DEBET GRACE 10.00 x x 0. 0. 0. (11) DIANE BASS 10.00 x x 0. 0. 0. BOAD	Name and title	Average	(do	Position		Reportable	Reportable	Estimated			
Week (ist ary) hours for related organizations below line) Total (ist ary) (ist ary) below below line) Total (ist ary) (ist ary) below below line) Total (ist ary) (ist ary)		hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	
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BOARD MEMBER A O O O 132007 12:09:21 Form 990 (20:21) Form 990 (20:21) Form 990 (20:21)	BOARD MEMBER		Х						0.	0.	

132007 12-09-21

Form 990 (2021)

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Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employe	es (continued)				
(A)	(B)			(C				(D)	(E)			(F)	
Name and title	Average			Posi				Reportable	Reportable		Est	imated	
	hours per			heck n ss per:				compensation	compensation			ount of	
	week			nd a dir				from	from related			other	
	(list any	ctor						the	organizations			ensatio	n
	hours for	direc				8		organization	(W-2/1099-MISC	/		om the	
	related	tee or	istee			ensat		(W-2/1099-MISC/	1099-NEC)		orga	nization	
	organizations	trus	al tri		oyee	ompe		1099-NEC)			and	related	
	below	Individual trustee or director	nstitutional trustee	e.	amplo	est c loyee	ner				orgai	nizations	3
	line)	Indiv	Insti	Officer	Key (Highest compensated employee	Form						
(18) TONY SAMPSON	10.00												
BOARD MEMBER		Х						0.	().		C).
(19) GAIL GILLIES	10.00												
BOARD MEMBER		Х						0.	().		C).
(20) TERI MANLEY	10.00												
BOARD MEMBER		х						0.).		C).
(21) ROSIE MORIN	10.00												<u> </u>
BOARD MEMBER		x						0.		b .		C).
(22) THERESE SAMSON	10.00									<u>`</u> +			•
BOARD MEMBER	10.00	x						0.		b .		C	۰ ۰
	10 00	~	<u> </u>					0.	(·		L L).
(23) NORM WEISS	10.00											~	
BOARD MEMBER	10.00	Х						0.).		U).
(24) MARY WIRTZ	10.00											_	
BOARD MEMBER		Х						0.	().		C).
(25) JP MARTINEK	10.00												
BOARD MEMBER		Х						0.	().		C).
1b Subtotal								693,404.	().	53	,938	
c Total from continuation sheets to Part VI								0.	().).
d Total (add lines 1b and 1c)								693,404.	().	53	,938	
2 Total number of individuals (including but no							o re			<u> </u>			
compensation from the organization		000	noco	u ub	010,	,	010						5
												Yes N	0
3 Did the organization list any former officer,	director truct	~~ I		mol	<u></u>	~ ~r	hia	hast componented omr		Ē			_
	-		•	•	•		Ŭ			- 1	~	2	7
line 1a? If "Yes," complete Schedule J for su										· F	3		<u> </u>
4 For any individual listed on line 1a, is the su											-	v	
and related organizations greater than \$150										·· -	4	X	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedule	e J f	or sı	ich p	berso	on .					5	2	ζ
Section B. Independent Contractors													
1 Complete this table for your five highest cor	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than	\$100,000 of compe	nsati	on froi	m	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng wi	ith o	or wi	thin	the organization's tax y	vear.				
(A)								(B)			(C))	
Name and business	address	N	ONE	2				Description of	services	Cc	ompen	sation	
													_
										_			
2 Total number of independent contractors (ir	cluding but p	ot lir	nitor	t ot t	hoe	e lie	ted	above) who received m	ore than				
\$100,000 of compensation from the organiz		. III			0								

132008 12-09-21

			2021) AL-ANON FAMII	Y GROUP	HEADQUARTER	RS, INC.	13-5636	290 Page 9
Pa	rt V	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
រ រ	1	а	Federated campaigns					
rant unt			Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events 1c					
ifts ar A			Related organizations 1d		1			
s, Dili		е	Government grants (contributions) 1e					
ŝ		f	All other contributions, gifts, grants, and					
but			similar amounts not included above 1f	2,623,242.				
d Oti		g	Noncash contributions included in lines 1a-1f					
о В С		h	Total. Add lines 1a-1f	<u></u>	2,623,242.			
				Business Code				
8	2	а	FORUM MAGAZINE SUBSCRIPTIONS	511190	238,040.	238,040.		
e vic		b	PREMIUM MOBILE APP SUBSCRIPTION	511190	33,328.	33,328.		
Se une		С						
Program Service Revenue		d						
бő		е						
ā			All other program service revenue					
		g	Total. Add lines 2a-2f		271,368.			
	3		Investment income (including dividends, inter		co 370			60.370
	-		other similar amounts)		62,372.			62,372.
	4		Income from investment of tax-exempt bond i					
	5		Royalties	(ii) Personal				
	~	_		(II) Personal				
			Gross rents 6a Less: rental expenses 6b					
			Less: rental expenses 6b Rental income or (loss) 6c					
			Net rentel income or (loco)					
			Gross amount from sales of (i) Securities	(ii) Other				
	'	u	assets other than inventory 7a 4,141,119					
		h	Less: cost or other basis	-				
ē		-	and sales expenses					
venue		с	Gain or (loss)					
			Net gain or (loss)		432,466.			432,466.
Other Re			Gross income from fundraising events (not including \$ of					
Ŭ			contributions reported on line 1c). See					
			Part IV, line 18	4				
		b	Less: direct expenses 8t					
			Net income or (loss) from fundraising events	►				
			Gross income from gaming activities. See					
			Part IV, line 19 9a	1				
			Less: direct expenses9t					
		С	Net income or (loss) from gaming activities	🕨				
	10	а	Gross sales of inventory, less returns					
				a 2,389,064.				
			Less: cost of goods sold 10					
		С	Net income or (loss) from sales of inventory		1,906,751.	1,906,751.		
SI				Business Code				
eor	11							
llan		b						
Miscellaneous Revenue		C						
Mis			All other revenue					
	12		Total. Add lines 11a-11d		5,296,199.	2,178,119.	0.	494,838.
13200				····· P	1 3,253,155.	, _, _, _, _, _, _, _,		Form 990 (2021)
13200	5 12-	09-	<u> </u>					

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Form 990 (2021)			GROUP	HEADQUARTERS,	INC.	13-5636290	Page 10
Part IX Statement of I	Functional Ex	kpenses					

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				<u></u>
	not 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
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
3	individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	198,091.	148,568.	49,523.	
6	trustees, and key employees Compensation not included above to disqualified	190,091.	140,000	<u>+</u> <i>J</i> , <i>J</i> 2 <i>J</i> .	
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,892,337.	2,290,890.	601,447.	
8	Pension plan accruals and contributions (include	176 400	140 227		
•	section 401(k) and 403(b) employer contributions)	176,409. 315,836.	140,327. 268,655.	36,082. 47,181.	
9 10	Other employee benefits Payroll taxes	217,525.	180,405.	37,120.	
11	Fees for services (nonemployees):	227,70207	200,2001	0//1200	
	Management				
b	Legal	36,000.		36,000.	
	Accounting	39,800.		39,800.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	76,272.		76,272.	
f	Investment management fees	10,212.		/0,2/2.	
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	1,181.	1,181.		
13	Office expenses	165,735.	65,654.	89,742.	10,339.
14	Information technology	126,567.	5,934.	120,633.	
15	Royalties				
16	Occupancy	258,638.	237,695.	20,943.	
17	Travel	9,157.	5,709.	3,448.	
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings	40,009.	13,435.	26,574.	
20	Interest	10,0050	10,1000	20,0,10	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	63,840.	13,674.	50,166.	
23	Insurance	26,611.		26,611.	
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.)	134,721.	100,788.	11,659.	22,274.
a b	DDTNUTNO	111,870.	111,870.	<u> </u>	22,2,4
c	CREDIT CARD & BANK FEES	103,269.	,	103,269.	
d		67,800.	67,800.		
е	All other expenses	92,864.	21,720.	71,144.	
25	Total functional expenses. Add lines 1 through 24e	5,154,532.	3,674,305.	1,447,614.	32,613.
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 Figure 16 If following SOP 98-2 (ASC 958-720)				Form 990 (202-

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		Check if Schedule O contains a response or note	e to any		(A)		(B) End of year
					Beginning of year		,
	1				2,391,136.	1	2,296,244.
	2	Savings and temporary cash investments			657,842.	2	691,612.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			51,688.	4	118,940.
	5	Loans and other receivables from any current or	former c	fficer, director,			
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these	-			5	
	6	Loans and other receivables from other disqualif	-				
		under section 4958(f)(1)), and persons described	in sectio	on 4958(c)(3)(B)		6	
sts	7	Notes and loans receivable, net		1		7	
Assets	8	Inventories for sale or use			403,297.	8	355,164.
A	9	Prepaid expenses and deferred charges			225,491.	9	191,603.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,281,108.	4 4 4 5 4 4 6		
	b	Less: accumulated depreciation		2,789,398.	1,445,442.	10c	1,491,710. 8,410,894.
	11	Investments - publicly traded securities			6,416,478.	11	8,410,894.
	12	Investments - other securities. See Part IV, line 1		r		12	
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets			242,213.	14	227,107.
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			11,833,587.	16	13,783,274.
	17	Accounts payable and accrued expenses	264,997.	17	360,400.		
	18	Grants payable		18			
	19	Deferred revenue	277,844.	19	381,511.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa					
iab		controlled entity or family member of any of these				22	
	23	Secured mortgages and notes payable to unrelate		1		23	
	24	Unsecured notes and loans payable to unrelated	-			24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24). (Complete Part X	E 00.01 <i>C</i>		
		of Schedule D			790,216.	25	755,356.
	26	Total liabilities. Add lines 17 through 25			1,333,057.	26	1,497,267.
s		Organizations that follow FASB ASC 958, chee	ck here				
Ce		and complete lines 27, 28, 32, and 33.			10 500 520		10 000 007
alar	27				10,500,530.	27	12,286,007.
ЦВ	28					28	
nn		Organizations that do not follow FASB ASC 95	58, chec	khere ▶ 🛄			
чF		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc				31	10 000 000
Ne	32	Total net assets or fund balances			<u>10,500,530.</u> 11,833,587.	32	12,286,007. 13,783,274.
	33	Total liabilities and net assets/fund balances			II XXX 5X'/	33	

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

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

Form 990 (2021) Part X Balance Sheet

Form	990 (2021) AL-ANON FAMILY GROUP HEADQUARTERS, INC.	13-	5636290	Pag	_{ge} 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,296		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,154		
3	Revenue less expenses. Subtract line 2 from line 1	3		L,60	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,500	-	
5	Net unrealized gains (losses) on investments	5	1,643	3,81	10.
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	12,286	5,00	<u>)7.</u>
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule 0	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 of	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 Scher	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Aud	lit 🛛		
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it 📔		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
				000	

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	OMB No. 1545-0047
	2021
	Open to Public Inspection
Employer	identification number

T

Name of the	organization
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Tun		AL-A	NON FAMILY	GROUP HEADQU	JARTEF	RS, IN	IC.		3-5636290
Pa	rt I	Reason for Public C							
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only o	one box.)			
1		A church, convention of ch					I)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7		An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general j	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	: II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	x) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of	the college	eor
		university:							
10	X	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from co	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no i	more than	33 1/3% of it	s support f	rom gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	ively to test for public sat	ety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	ively for the benefit of, to	perform th	he function	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section \$	509(a)(2).	See section	509(a)(3).	Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), t	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	/ing
		control or management o	f the supporting orga	anization vested in the sa	ame persoi	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	lly integrate	ed with,
		its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distri	ibution rec	uirement and	I an attentiv	veness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .		
е		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiza	ation.			
f	Ente	er the number of supported o							
g	Prov	vide the following informatior	n about the supporte	d organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)

Schedule A (Form 990) 2021 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.)

<u>Sec</u>	ction A. Public Support			-	-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				_		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
		(-) 0017	(1-) 0010	(-) 0010	(-1) 0000	(-) 0001	(f) Tatal
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						
	Gross receipts from related activities,	oto (soo instructi	0222)			12	
	First 5 years. If the Form 990 is for the	,	,	fourth or fifth tax		· · · ·	
13	organization, check this box and stop	•					
Sec	ction C. Computation of Public	c Support Pe	rcentage	<u></u>			
	Public support percentage for 2021 (li			column (f))		14	%
	Public support percentage from 2020		•			15	%
	33 1/3% support test - 2021. If the o					· · ·	
	stop here. The organization qualifies a						
b	33 1/3% support test - 2020. If the o		-				
	and stop here. The organization quali	•				·····	
17a	10% -facts-and-circumstances test						
_	and if the organization meets the facts	-	-				
	meets the facts-and-circumstances tes			-	-		
b	10% -facts-and-circumstances test	-		• • • •		17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu						
<u>18</u>	Private foundation. If the organization		•				s ►
-							(Form 990) 2021

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Schedule A (Form 990) 2021 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1972931.	1953460.	2186645.	3295721.	2623242.	12031999.
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	3908221.	4600309.	4109552.	2644177.	2660432.	17922691.
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	5881152.	6553769.	6296197.	5939898.	5283674.	29954690.
	Amounts included on lines 1, 2, and						0.
b	3 received from disqualified persons Amounts included on lines 2 and 3 received						0.
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	49,944.			110,253.		272,016.
С	Add lines 7a and 7b	49,944.		111,819.	110,253.		272,016.
	Public support. (Subtract line 7c from line 6.)						29682674.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5881152. 83,134.	6553769. 38,887.	6296197. 110,925.	5939898. 145,423.	62,372.	29954690. 440,741.
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	83,134.	38,887.	110,925.	145,423.	62,372.	440,741.
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	05,154.	50,007.	110,923.	145,425.	02,372.	440,741.
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.)	5964286.	6592656.	6407122.	6085321.	5346046.	30395431.
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,
	ction C. Computation of Publi						
	Public support percentage for 2021 (li		•			15	97.66 %
	Public support percentage from 2020 ction D. Computation of Inves					16	<u>97.59 %</u>
	•		•	10 1 (1)			1.45 %
	Investment income percentage for 20		- · · · · · · · · · · · ·			17 18	4 4 6
	Investment income percentage from 2 33 1/3% support tests - 2021. If the			n lino 14, and lino			
198	more than 33 1/3%, check this box ar						
h	33 1/3% support tests - 2020. If the	-	-		• •		
5	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
	3 01-04-22		,	. ,			A (Form 990) 2021

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Schedule A (Form 990) 2021 AL-2

(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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

132024 01-04-21

4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

Yes No

1

2

3a

3b

3c

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Schedule A (Form 990) 2021 AL-ANON FAMILY GROUP HEADQUARTERS, INC. 13-5636290 Page 5

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has	the organization accepted a gift or contribution from any of the following persons?			
а	Аре	erson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c	below, the governing body of a supported organization?	11a		
b	A far	mily member of a person described on line 11a above?	11b		
с	A 35	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		il in Part VI.	11c		
Sec	ction	B. Type I Supporting Organizations			
				Yes	No

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

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

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

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

С		The organization supported a government	al entity. Describe i	n Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	---	-----------------------	---------------	-----------------	---------------------	-----------------------------

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

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 132025 01-04-22

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Schedule A (Form 990) 2021

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	dule A (Form 990) 2021 AL-ANON FAMILY GROUP HE			3-5636290 Page 6	
Pa					
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on	Nov. 20, 1970 (explain in 1	Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	1	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see				

instructions).

Schedule A (Form 990) 2021

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AL-ANON FAMILY GROUP HEADQUARTERS, INC. 13-5636290 Page 7

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions		Current Year				
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1			
2	Amounts paid to perform activity that directly furthers exemption						
	organizations, in excess of income from activity		2				
_3	Administrative expenses paid to accomplish exempt purpose	S	3				
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide 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 t	he organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount	1	1	10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021		
_1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-			_			
	able cause required - explain in Part VI). See instructions.			_			
3	Excess distributions carryover, if any, to 2021						
<u>a</u>	From 2016						
b	From 2017						
C	From 2018						
d	From 2019						
	From 2020						
f	Total of lines 3a through 3e						
	Applied to underdistributions of prior years			_			
	Applied to 2021 distributable amount						
i	Carryover from 2016 not applied (see instructions)						
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from Section D,						
	line 7: \$						
	Applied to underdistributions of prior years			_			
	Applied to 2021 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, <i>explain in</i>						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j and 4c.						
8	Breakdown of line 7:						
	Excess from 2017						
	Excess from 2017						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

Part VI	(Form 990) 2021 Supplemental In	formation. Provide the e	xplanations require			C. <u>13-5636290</u> Pa
	Part IV, Section A, line	es 1, 2, 3b, 3c, 4b, 4c, 5a, 6,	9a, 9b, 9c, 11a, 1	11b, and 11c; Pa	rt IV, Section B, Iir	ies 1 and 2; Part IV, Section C,
	line 1; Part IV, Sectior	n D, lines 2 and 3; Part IV, Se	ection E, lines 1c,	2a, 2b, 3a, and 3	3b; Part V, line 1; F	Part V, Section B, line 1e; Part V
	Section D, lines 5, 6, a (See instructions.)	and 8; and Part V, Section E	, lines 2, 5, and 6.	Also complete t	his part for any ad	ditional information.
32028 01-04-;	22					Schedule A (Form 990)
			21			
20503	797738 20379	69000	2021.0	3040 AL-	ANON FAMI	LY GROUP HEAD 20

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2021

Employer identification number

	AL-ANON FAMILY GROUP HEADQUARTERS, INC.	13-5636290
Organization type (cho	eck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox{3}$ 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), 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 $\dots \longrightarrow$

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

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

Schedule B (Form 990) (2021)

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) (d) Total contributions Type of contribution
1		_ \$ \$ 40,737. Person X _ \$ Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		\$ 12,750. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		_ \$ <u>12,247.</u> Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
4		\$
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		_ \$10,000. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
<u>6</u>		\$10,000. (Complete Part II for noncash contributions.)

Employer identification number

13-5636290

123452 11-11-21

Schedule B (Form 990) (2021)

Name of organization

AL-ANON FAMILY GROUP HEADQUARTERS, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 X Person Payroll 8,157. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 X Person Payroll 7,500. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 7,018. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 X Person Payroll 5,876. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 5,735. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 12 X Person Payroll 5,232. Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

13-5636290

Page 2

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123452 11-11-21

Name of organization

AL-ANON FAMILY GROUP HEADQUARTERS, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 13 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 14 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 15 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 18 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

13-5636290

123452 11-11-21

Name of organization

AL-ANON FAMILY GROUP HEADQUARTERS, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 19 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 20 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 21 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 22 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Page 2

Employer identification number

13-5636290

123452 11-11-21

L-ANON	FAMILY GROUP HEADQUARTERS, INC.	1	3-5636290
art II N	Ioncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed.	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) Io. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- - - -		\$	
(a) No. Iom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	Schedule B (Form 990) (

Name of organization

Employer identification number

Schedule B (Form 990) (2021)

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Schedule B	(Form 990) (2021)			Page 4		
Name of org	anization		Employer identifica	tion number		
ΔTΔΝΟΙ	N FAMILY GROUP HEADQUA	RTERS INC	13-563629	0		
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in set b) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ction 501(c)(7), (8), or (10) that total more than \$1,0	00 for the year		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is	held		
		e) Transfer of gift				
	Transferee's name, address, a	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	held		
.						
	(e) Transfer of gift					
_	Transferee's name, address, a	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	held		
·						
	(e) Transfer of gift					
	Transferee's name, address, a	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	held		
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
123454 11-11-2	1		Schedule B (F	orm 990) (2021)		

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SCHEDULE	D
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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.



Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 13-5636290

	AL-ANON FAMILY GRO				13-5636290
Par	t I Organizations Maintaining Donor Advise	d Funds or Other	Similar Funds o	or Accoun	Its. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.			
		(a) Donor advis	sed funds	(b) Fun	ds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in		neld in donor advised	d funds	
	are the organization's property, subject to the organization's	-			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor of				
	impermissible private benefit?				Yes No
Par					
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically	important land area
	Protection of natural habitat		Preservation of a	a certified his	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contri	ibution in the form of	a conservat	tion easement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
с	Number of conservation easements on a certified historic str	ucture included in (a)		2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not c	on a historic structure	e	
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, re			organization	during the tax
	year ►				
4	Number of states where property subject to conservation ea	sement is located			
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspe	ction, handling of		
	violations, and enforcement of the conservation easements i	t holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	and enforcing conse	rvation ease	ments during the year
	▶				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and e	enforcing conservation	on easement	ts during the year
	▶\$				
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requireme	nts of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the foot	note to the organization	's financial statemer	nts that desc	ribes the
Dee	organization's accounting for conservation easements.				
Par		-	easures, or Oth	er Simila	r Assets.
	Complete if the organization answered "Yes" on Form				
1a	If the organization elected, as permitted under FASB ASC 95	•			
	of art, historical treasures, or other similar assets held for pul				public
	service, provide in Part XIII the text of the footnote to its final				
b	If the organization elected, as permitted under FASB ASC 95				
	art, historical treasures, or other similar assets held for public	c exhibition, education,	or research in furthe	rance of put	blic service,
	provide the following amounts relating to these items:				*
	(i) Revenue included on Form 990, Part VIII, line 1				\$
~					\$
2	If the organization received or held works of art, historical tree			jain, provide	
-	the following amounts required to be reported under FASB A			▶ .	¢
a L	Revenue included on Form 990, Part VIII, line 1				\$
	Assets included in Form 990, Part X				•
	For Paperwork Reduction Act Notice, see the Instruction	5 IUT FUTIH 990.			Schedule D (Form 990) 2021
132051	10-28-21	29			

		FAMILY GR						3-56			age 2
Pa	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tre	easures, o	r Other	Similar	Assets	(conti	nued)	
3	Using the organization's acquisition, accession	on, and other record	ds, chec	k any of the	following that	make sig	nificant us	se of its			
	collection items (check all that apply):										
а	Public exhibition		d 🗌	Loan or exc	change progra	am					
b	Scholarly research		e 🗌	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	in how th	hey further t	he organizatio	n's exem	pt purpose	e in Part	XIII.		
5	During the year, did the organization solicit o	-		-	-						
	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pai			3			,	·, ·	,		
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	s or other as	sets not ir	ncluded				
Ĩ	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII							∟		L	
D		and complete the it	Jilowing	lable.					Amoun	t	
•	Paginning balance						1c		, ano an		
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
f	Ending balance								7		
	Did the organization include an amount on Fe						y?	····· L	Yes		
Pa	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i										
I UI		(a) Current year		Prior year	(c) Two year		d) Three ye	are back		r voare	hack
		(a) Current year		FIIOI yeai	(C) Two year	S DACK (ais Daur	(e) i ou	i years	Dack
	Beginning of year balance										
b	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 curr	•	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment 🕨	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that	at are held a	nd administer	ed for the	e organizat	ion			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requ	ired on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's end	owment	funds.							
Pa	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answere	d "Yes" on Form 99	0, Part I	V, line 11a. S	See Form 990	, Part X, li	ine 10.				
	Description of property	(a) Cost or	other	(b) Cos	t or other	(c) Ac	cumulated	ł	(d) Boo	k valu	e
		basis (invest	tment)	basis	(other)	dep	reciation		.,		
1a	Land			15	58,347.				15	8,3	47.
	Buildings				91,878.	1,7	85,62	8.	1,00		
	Leasehold improvements				L2,485.		17,12				57.
	Equipment				L8,398.		86,64				56.
	Other			, - 	.,					-,,	
	Add lines 1a through 1e. (Column (d) must e		+V act	mn (D) 1: f	100.)				1,49	17	10.
TULA	a Aud intes ra tritoùgit re. (<u>Column (a) must e</u>	<u>qual Form 990, Par</u>	ι Α, COIUΙ	<u>וווו (ש), line 1</u>	IUC.)						

Schedule D (Form 990) 2021

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Schedule D (Form 990) 2021 AL-ANON FAM	ILY GROUP HEA	DQUARTERS, INC.	13-5636290 Page 3
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
<u>(A)</u>			
(B)			
(C)			
(D) (E)			
(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-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) lir	no 15)		•
Part X Other Liabilities.			
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, li	ne 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) POST-RETIREMENT HEALTH BE	NEFITS		755,356.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) T tot a second			755 256
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	,		▶ 755,356.
 Liability for uncertain tax positions. In Part XIII, provid organization's liability for uncertain tax positions under 			

132053 10-28-21

Schedule D (Form 990) 2021

	edule D (Form 990) 2021 AL-ANON FAMILY GROUP HEADQ					5636290	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With	h Revenue	e per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.					
1	Total revenue, gains, and other support per audited financial statements				1	7,000,	,292.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments	. 2a	1,643				
b	Donated services and use of facilities	. 2b	136	,555.			
с	Recoveries of prior year grants	. 2c					
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d				2e	<u>1,780,</u> 5,219,	<u>,365.</u>
3	Subtract line 2e from line 1				3	<u>5,219,</u>	<u>,927.</u>
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	76	,272.			
b	Other (Describe in Part XIII.)	. 4b					
с	Add lines 4a and 4b				4c	, 76 , 296	<u>,272.</u>
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5		,199.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	th Expens	es per R	-		<u>,199.</u>
5 Ра	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Wit	th Expens	es per F	-	n.	
5 Ра 1	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	th Expens	es per F	-		
	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Wit	th Expens	es per F	leturi	n.	
1	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents Wit	th Expens	es per F	leturi	n.	
1 2	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wit	th Expens	es per F	leturi	n.	
1 2	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents Wit	th Expens	es per F	leturi	n.	
1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents Wit	th Expens	es per F	leturi	n. 5,214,	.815.
1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents Wit	th Expens	es per R	leturi	n. <u>5,214,</u> 136,	.815.
1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ents Wit	th Expens	es per R	1	n. 5,214,	.815.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	ents Wit	136	, 555 •	1 2e	n. <u>5,214,</u> 136,	.815.
1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	ents Wit	136	es per R	1 2e	n. <u>5,214,</u> 136,	.815.
1 2 3 4	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents Wit	136	, 555 •	1 2e	n. <u>5,214</u> , <u>136</u> , <u>5,078</u> ,	<u>,815.</u> ,555. ,260.
1 2 3 4 3	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	ents Wit	th Expens	es per R , 555. , 272.	1 2e	n. <u>5,214,</u> <u>136,</u> <u>5,078,</u> 76,	<u>,815.</u> ,555. ,260.
1 2 d e 3 4 b c 5	TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	ents Wit	th Expens	es per P	1 2e 3	n. <u>5,214</u> , <u>136</u> , <u>5,078</u> ,	<u>,815.</u> ,555. ,260.

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

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

INCOME TAXES.

132054 10-28-21

3 a Subtotal	1	0			416,550.
b Total from continuation sheets to Part I	0	o			0.
c Totals (add lines 3a and 3b)	1	0			416,550.
LHA For Paperwork Reduction A	ct Notice, see th	e Instructio	ns for Form 990.	Schedule F (F	orm 990) 2021
132071 12-20-21					
132071 12-20-21 20503 797738 20379			33		

	United States.					
3	Activities per Region. (Th	ne following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)	
	(a) Region	(b) Number of offices in the region	(c) Number of 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)	 (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region 	(f) Total expenditures for and investments in the region
NORI	TH AMERICA	1	0		SUPPORT OF THE U.S. SERVICES IN THE CANADIAN REGION.	416,550.
0 -	Quibtotal	1	0			416,550.
	Subtotal		0			410,000.
	Total from continuation sheets to Part I	0	0			٥.
с	Totals (add lines 3a and 3b)	1	0			416,550.

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2 United States

<u> </u>	Activities per Region. (1)	ne following Part	I, III S Lable Ca	in de duplicated if additional space is n	eeded.)
		(I-) Nicoralis and a f	(-) Nicoralis and of	(a) A still the state of the st	1-116-

			HEADQUARTERS,			13-5636290
Part I	General Info	ormation	on Activities Outside	the United States.	Complete if the organ	ization answered "Yes" on
	Form 990, Part	IV, line 14b.				

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.

Open to Pu Inspection

.....Ľ

Employer	identification	number
----------	----------------	--------

Yes

No

SCHEDULE F (Form 990)

Department of the Treasury	
nternal Revenue Service	

1

Name of the organization

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

2021	
pen to Public	

OMB No. 1545-0047

Schedule F (Form 990) 2021

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)
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax								
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter							
3 Enter total number of	3 Enter total number of other organizations or entities Schedule F (Form 990) 2021							

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) 2021

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

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	XNo
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	XNo
	Fund (see instructions for Form 862.1)		
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) 2021

132074 12-20-21

Part V	Supplement	al Information	l					
	Provide the infor	rmation required b	y Part I, line 2	(monitoring	of funds); Part I, line 3,	column (f) (accou	inting method; amounts of	
							hod); and Part III, column (c)	
	(estimated numb	per of recipients), a	as applicable.	Also comple	ete this part to provide a	any additional info	ormation. See instructions.	
PART I	, LINE 3:							
	L METHOD							
ACCRUA	L MEIHOD							
132075 12-20-	21						Schedule F (Form	<u>990) 202</u>
					37			,

SC	SCHEDULE J Compensation Information								
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		00	1				
•	•	Compensated Employees		20	Z I				
_		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic			
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction				
Nam	e of the organization		Employer i	identificatio	on nur	nber			
		AL-ANON FAMILY GROUP HEADQUARTERS, INC.	13-5	563629	0				
Pa	rt I Question	s Regarding Compensation							
					Yes	No			
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,						
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or c	harter travel Housing allowance or residence for person	nal use						
	Travel for com	panions Payments for business use of personal res	sidence						
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fees	3						
	Discretionary	spending account Personal services (such as maid, chauffeu	ır, chef)						
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or							
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b					
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
3		y, of the following the organization used to establish the compensation of the organization's							
		ector. Check all that apply. Do not check any boxes for methods used by a related organization	on to						
	· · ·	ation of the CEO/Executive Director, but explain in Part III.							
	X Compensation								
	·	ompensation consultant							
	Form 990 of o	ther organizations Approval by the board or compensation c	ommittee						
4	During the year dia	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
4	organization or a re								
-	-	e payment or change-of-control payment?		4a		х			
b				416		X			
	-	size as mean the second s		4.		X			
U		erve payment from an equity-based compensation arrangement?		·····					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n						
-	contingent on the r								
а	-			5a		Х			
		ation?				X			
		r 5b, describe in Part III.							
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n						
	contingent on the r	et earnings of:							
а	The organization?	-				X			
		ation?				X			
		r 6b, describe in Part III.							
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments							
		es 5 and 6? If "Yes," describe in Part III		7		X			
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th							
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X			
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in							
		53.4958-6(c)?		9					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)	2021			

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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.

(A) Name and Title		(B) Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) VALI FAYEN	(i)	183,779.	0.	0.	14,311.	0.	198,090.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KAREN WOLFF	(i)	141,076.	0.	0.	11,101.	0.	152,177.	0.
SOFTWARE ENGINEER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Schedule J (Form 990) 2021 AL-ANON FAMILY GROUP HEADQUARTERS, INC.

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) 2021

OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O Complete to provide information for responses to specific questions on (Form 990) Form 990 or 990-EZ or to provide any additional information. **Open to Public** ► Attach to Form 990 or Form 990-EZ. Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service Employer identification number Name of the organization AL-ANON FAMILY GROUP HEADQUARTERS INC. 13-5636290 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EXPERIENCE AND OFFERING ITS TRILINGUAL LITERATURE ONLINE TO SPANISH-AND FRENCH-SPEAKING MEMBERS FOR THE FIRST TIME; COMPLETED ITS TRIANNUAL GATHERING DATA FROM MORE THAN 16,000 MEMBERS (A 23% MEMBERSHIP SURVEY, INCREASE OVER 2018 RESPONSE) AND COLLECTING CONTACT INFORMATION FROM THOSE MEMBERS WILLING TO PARTICIPATE IN ITS FIRST LONGITUDINAL STUDY SCHEDULED TO LAUNCH IN 2022; AND FINALIZED THE MANUSCRIPT FOR ITS NEXT PIECE OF LITERATURE, A NEW DAILY READER. THE ORGANIZATION ALSO ENGAGED CONSULTANT TO EVALUATE STAFF COMPENSATION WITH THE RESULTS CONFIRMING POSITIVE ALIGNMENT OF ITS COMPENSATION STRUCTURE WITH ITS PHILOSOPHY. IN RESPONSE TO THE CONTINUED GLOBAL COVID-19 PANDEMIC, THE ORGANIZATION OPERATED AT LOWER STAFFING LEVELS THAN USUAL THROUGHOUT THE YEAR, LIMITING SERVICES WHEN POSSIBLE AND ADAPTING WHEREVER POSSIBLE.

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 IF A CONFLICT DOES EXIST THE CONFLICT IS DISCLOSED TO THE ANNUAL BASIS. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021 132211 11-11-21 41

Schedule O (Form 990) 2021	Page 2
Name of the organization AL-ANON FAMILY GROUP HEADQUARTERS, INC.	Employer identification number $13 - 5636290$
PERSON IN CHARGE OF THE ACTIVITY (OR THE NEXT HIGHER AUTHO	RITY IF THE
MEMBER IS IN CHARGE) AND TO THE GOVERNING BODY OF THE UNIT	OF AL ANON
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

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ORGANIZATION.

FORM 990, PART XI, LINE 2C

NO CHANGE IN CURRENT YEAR TO THIS PROCESS.

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Schedule O (Form 990) 2021

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Schedule O (Form 990) 202 Name of the organization		FAMILY	GROUP	HEADQUARTE	ERS, INC		mployer ident 13-563	Pag ification numbo 6290
				×		<u> </u>		
32212 11-11-21				43			Schedule C) (Form 990) 20
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(Form 990)

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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

2021 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.	-				
275 SLATER STREET, SUITE 900					AL-ANON FAMILY GROUP
OTTAWA, ONTARIO, CANADA K1P 5H9	SAME AS U.S. ACTIVITIES	CANADA	274,261.	562,750.	HEADQUARTERS, INC
	-				

Part II 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 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	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 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.

	r an	, jour									
(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	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?		Genera manag partn	^{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) 2021 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.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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		
	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		
h	Purchase of assets from related organization(s)	1h		
	Exchange of assets with related organization(s)	1i		<u> </u>
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		<u> </u>
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		<u> </u>
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		<u> </u>
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	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		\square
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)			
(2)			
<u>(3)</u>			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2021 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)	(b)	(c)	(d)	((e) e all	(f)	(g)	1)	ı)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are partne 501(org	e all rs sec.			Dispr tior alloca	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	l or Percentage
of entity		(state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	0100 010					tions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes I	10
	ļ						1					
					\square			\square			\vdash	<u> </u>
	-											

Schedule R (Form 990) 2021

		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) 2021

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