

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 4589 | Return of Organization Exempt From Income Tax

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Inspection

Department of the Treasury
Internal Revenue Service

Т

AI	or the	e 2023 calendar year, or tax year beginning and o	ending		
B	Check if applicable	C Name of organization		D Employer identified	cation number
	Addres	AL-ANON FAMILY GROUP HEADQUARTERS, INC	•		
	Name change	- · · · ·			
	Initial		Room/suite	E Telephone numbe	r
	Final return/	1600 CORPORATE LANDING PARKWAY	rio oni, ouno	757-563-	
	terminated			G Gross receipts \$	17,871,553.
	Ameno			H(a) Is this a group re	
	Applic			for subordinates	
	pendin	^g 1600 CORPORATE LANDING PKWY, VIRGINIA B	EACH,	H(b) Are all subordinates in	
1	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c			list. See instructions
	Vebsit			H(c) Group exemptio	
		organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year		A State of legal domicile: NY
	art I	Summary	•		<u> </u>
	1	Briefly describe the organization's mission or most significant activities: $\ { t IN} \ 2$ (023, 0	VER 4,000 MH	EMBERS FROM
Governance		AROUND THE WORLD GATHERED TO CELEBRATE RE			
nar	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.
ver	3	Number of voting members of the governing body (Part VI, line 1a)		3	15
		Number of independent voting members of the governing body (Part VI, line 1b)			14
ళ	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			50
itie	6	Total number of volunteers (estimate if necessary)			17
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
4	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
6	8	Contributions and grants (Part VIII, line 1h)		3,337,918.	2,916,398.
Revenue	9	Program service revenue (Part VIII, line 2g)		295,542.	316,684.
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		315,283.	346,384.
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,099,846.	3,405,098.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,048,589.	6,984,564.
	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.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,832,111.	3,912,414.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	. b	Total fundraising expenses (Part IX, column (D), line 25) 34, 38	33.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,707,568.	1,707,319.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,539,679.	5,619,733.
		Revenue less expenses. Subtract line 18 from line 12		508,910.	1,364,831.
t Assets or			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		12,757,917.	14,574,725.
tAs	21	Total liabilities (Part X, line 26)		1,850,253.	1,465,296.
Inet		Net assets or fund balances. Subtract line 21 from line 20		10,907,664.	13,109,429.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	

Sign	Signature of officer	I	Date					
-	VALI FAYEN, EXECUTIVE DIR							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	LESLIE F. ROBERTS	LESLIE F. ROBERTS	04/23/	24 self-employed P00040492				
Preparer	Firm's name BROWN, EDWARDS &	COMPANY, LLP	I	Firm's EIN 54-0504608				
Use Only	Firm's address 701 TOWN CENTER D	RIVE, SUITE 700						
NEWPORT NEWS, VA 23606 Phone no. 757-873-								
May the IF	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No				
LHA For	Paperwork Reduction Act Notice, see the separation	rate instructions. 332001 12-21-23		Form 990 (2023)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2023) AL-ANON FAMILY GROUP HEADQUARTERS, INC.
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: AL-ANON FAMILY GROUP HEADQUARTERS, INC. IS A SPIRITUALLY BASED
	ORGANIZATION THAT HELPS THE FAMILIES AND FRIENDS OF ALCOHOLICS CONNECT
	AND SUPPORT EACH OTHER THROUGH MEETINGS, INFORMATION, AND SHARED
	EXPERIENCES.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,003,191. including grants of \$) (Revenue \$ 187,468.)
4a	(Code:) (Expenses \$1,003,191. including grants of \$) (Revenue \$187,468.) MEMBER SERVICES: ADVISES NEW GROUPS ON ORGANIZATIONAL MATTERS AND
	ASSISTS ALL GROUPS ON POLICY AND OPERATIONAL MATTERS. COORDINATES THE
	ANNUAL CONFERENCE OF DELEGATES FROM THE UNITED STATES, CANADA AND
	PUERTO RICO THAT RECOMMENDS ORGANIZATIONAL POLICIES AND GIVES
	CONCEPTUAL APPROVAL FOR DEVELOPMENT OF NEW SERVICES AND LITERATURE.
	SHARES INFORMATION WITH GROUPS AND RELATED ORGANIZATIONS OUTSIDE THE
	UNITED STATES, CANADA AND PUERTO RICO; COORDINATES THE BI-ANNUAL
	INTERNATIONAL DELEGATE MEETING; AND VISITS INTERNATIONAL ORGANIZATIONS
	AND GROUPS TO LEND SUPPORT AND TO PROVIDE INFORMATION. MAINTAINS GROUP
	AND ORGANIZATION RECORDS AND HISTORY FOR ARCHIVAL RETRIEVAL.
4b	(Code:) (Expenses \$2, 180, 983. including grants of \$) (Revenue \$316, 684.)
	COMMUNICATION AND OUTREACH SERVICES: DEVELOPS CONTENT AND DESIGNS
	BOOKS, PAMPHLETS, MAGAZINES, AND OTHER PUBLICATIONS THAT SUPPORT THE
	ORGANIZATION'S MISSION. CONDUCTS OUTREACH TO INCREASE VISIBILITY FOR
	FAMILIES AND FRIENDS OF ALCOHOLICS TO THE ORGANIZATION'S MISSION AND
	SERVICE THROUGH DIGITAL CONTENT, SOCIAL MEDIA PRESENCE, PUBLIC SERVICE
	ANNOUNCEMENTS ACROSS THE UNITED STATES AND CANADIAN MEDIA, AND
	PARTICIPATION IN PROFESSIONAL NETWORKS AND CONFERENCES. CONDUCTS
	MEMBERSHIP SURVEYS TO GATHER STATISTICS REGARDING THE SUCCESS OF THE
	ORGANIZATION'S PROGRAMS IN ACHIEVING ITS MISSION.
4c	(Code:) (Expenses \$890,741. including grants of \$) (Revenue \$3,217,630.)
	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.
	Other program services (Describe on Schedule Q)
40	Other program services (Describe on Schedule O.)
<u></u>	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 4,074,915.
40	Total program service expenses 4,074,915. Form 990 (2023)
332002	2 12-21-23 2
204	2 22 700942 1600201 500 2022 02040 1 NON EAMILY CROUD HEAD 16002

Form 990 (2023)			GROUP	HEADQUARTERS,	INC.
Part IV Checklist of	Required Sche	edules			

or in quasi-endowments? If 'Yes, ' complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is 'Yes,'' then complete Schedule D, Parts VI, VII, VIII, VII, VII, VII, VII, VII				Yes	No
2 Is the organization engage in fact or index opticalization angage in lobbying activities, or have a section to candidates for public office? If "Yes," complete Schedule C, Part I 3 X 3 Did the organization engage in lobbying activities, or have a section to 101(h) election in effect of index optimate Schedule C, Part I 4 X 4 Section S01(k)(k) organization and the organization engage in lobbying activities, or have a section S01(h) election in effect of index or any similar funds or accounts for which dores have the right to provide advect on the distribution or investment of the "accounts for which dores have the right to provide advect on the distribution or investment of anomatins in such that receives membership dues, assessments, or a section S01(k) election in investment of anomatins in such that accounts for which dores have the right to provide advect on the distribution or investment of nounces a social due to anomating in such that accounts in the funds or accounts? If "Yes," complete Schedule D, Part I 5 X 7 X Te define organization matriain collections of varies of ant, instochal transaures, or debt singlet advectary of the singlet associal due to anomating in such that account in Part X, ine 21, for escore or custodial account liability, serve as a custodial nor a manument or through a related organization, related or through a related organization, related or through a related organization, head or through a related organization, head or through a related organization related in Part X, ine 12, that is 95 or more of its total assets reported in Part X, ine 12, the sign and account to part X, ine 12, that is 95 or more of its total assets reported in Part X, line 12, thres, "complete S	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 3 Dit the organization regrege in direct or indirect political campaign activities on bakel of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(b) organizations. Did the organization regrege in k0b/ying activities, or have a section 501(b) election in effect or full (b) organizations. Did the organization materia and yound a variable of Schedule C, Part II 6 Did the organization materian and yound a variable of the organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 8:192 // Yes, "complete Schedule C, Part II 7 Did the organization materian and yound a variable fund or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts much funds or accounts for which donors have the right to provide advice on the distribution the investment or amounts on classed and a conservation accentent, historical essenters, including searcents to previse open space. 7 Did the organization matina collectors of works of art, historical trassures, or other similar assets? (* Yes, "complete Schedule D, Part II 9 Did the organization metrics of trough a related organization, hold assets in donor-restricted endowments or in quasi-endowments? (* Yes, "complete Schedule D, Part V 10 L x 10 Did the organization report an amount for indue, buildings, and equipment in Part X, line 10? (* Yes, "complete Schedule D, Part VI 11 Did the organization report an amount for other assets in Part X, line 12, thus 15 % or more of its total assets reported in Part X, line 17 (* Yes, "complete Schedule D, Part VI 11 Did the organization report an amount for other assets in Part X, line 12, thus 15 % or more of its total assets reported in Part X, line 17 (* Yes, "complete Schedule D, Part VI 11 Did the organization report an amount for other assets					
public efficient if the vession complete Schedule C, Part I 3 X 4 Section 601(cg)3 organizations. Diff the organization engage in lobbying activities, or have a section 501(c)(0) decision in effect 4 X 5 Is the organization a section 501(c)(0), cr 501(c)(0) organization that receives membership dues, assessments, or similar amounts as defined in Nev. Proc. 39 137 If ''Nes,' complete Schedule C, Part II 6 X 6 Did the organization or investment of amounts in such trudk or accounts for which donors have the right 0 6 X 7 Did the organization creative or hold a conservation assement, including easements to preserve open space. 7 X 8 Did the organization receive or hold a conservation assement, including easements to preserve open space. 7 X 9 Did the organization report an amount in Part X, line 21, for secrow or custodal account liability, serve as a custodian for amounts not listed in Part X, or provide cerdit comparization, circle V, provide cerdit comparization, circle V, provide cerdit comparization, circle V, Part V 10 X 10 Did the organization server to any of the following questions is 'Yes,' then complete Schedule D, Part V 10 X 11 the againization report an amount for lined, buildings, and equipment in Part X, line 10; f'Yes,' complete Schedule D, Part X 11a X 12 Did the organization report an amount for investmentas- chree securities in Part X, line 10; f'Yes,' co			2	X	
4 Section 501(c)(3) arganizations. Dot the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>II</i> "ise," <i>complete Schedule C</i> , Part <i>II</i> . 4 X 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) complete Schedule C, Part <i>II</i> . 5 X 0 Did the organization mathem and yoor advised into diso or any similar tands or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>II</i> "Yes," <i>complete Schedule D</i> , Part <i>II</i> . 6 X 0 Did the organization mathem and yoor advised at n. historical treasures, or other similar asset? <i>II</i> "Yes," <i>complete Schedule D</i> , Part <i>II</i> . 7 X 0 Did the organization and areas, ort historical treasures, or other similar asset? <i>II</i> "Yes," <i>complete Schedule D</i> , Part <i>II</i> . 7 X 0 Did the organization and areas ort historical treasures, or other similar asset? <i>II</i> "Yes," <i>complete Schedule D</i> , Part <i>II</i> . 8 X 0 Did the organization services or any of the following questions is "Yes," then complete Schedule D, Part V. 9 X 0 Did the organization report an amount for investments - other securities in Part X, line 12, If the <i>X</i> as applicable. 10 X 10 Did the organization service anorount for investinmed schedule D, Part VI.	3				v
during the tax year? If Yes, * complete Schedule C, Part II 4 X 5 is the organization a section Schedule C, Part III 5 6 Did the organization marks any domoralysed funds or any similar funds or accounts for which domors have the right to provide advised on the distribution or investment al amounts in such funds or accounts for which domors have the right to provide advised on the distribution or investment al amounts in such funds or accounts for which domors have the right to the evaluation or investment al amounts in such funds or accounts for which domors have the right to provide advised on the distribution or investment al amounts in such funds or accounts for which domors have the right to the evaluation or investment such associated. D, Part II 7 X 7 X Did the organization marks an collections of works of art, historical treasures, or other similar asset? If "Yes, "complete Schedule D, Part II 7 X 8 X Did the organization anismet to any of the following questions. Not assets in donor-restricted endowments 8 X 9 Did the organization incredity or through a related organization, hold assets in donor-restricted endowments 9 X 10 Did the organization orpoid a credit counseling, debt management, credit repair, or debt negotiation services? 9 X 11 If the organization inservices 0 10 X 111 X<			3		
5 Is the organization actions of 10(ell), 50 (10(e)) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98:197 (17 ers); complete Schedule D, Part III. S X 6 Did the organization maintain any done advised funds or anocunts for which donons have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donons have the right to provide advice on the distribution or investment anocunt or anocunts for which donons have the right to provide advice on the distribution or investment anocunt in Part X, ine 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit conselling, debt management, credit repart, or debt negotiation services? 7 X 10 Did the organization (incelly or through a nellated organization, hold assets in donor-restricted andowments 1 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 127. If 'res,' complete Schedule D, Part V 10 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 127. If 'res,' complete Schedule D, Part X 11 X 13 X 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 127. If 'res,' completes Schedule D, Part X	4				v
similar amounts as defined in Rev. Proc. 88-197 II 'Yes, 'complete Schedule Q, Part II 5 X 6 D0t the organization maintain any doora divides funds or any source ocurs for which doords have the right too provide advice on the distribution or investment of amounts in such funds or accounts of "Irys," complete Schedule D, Part I 6 X 7 Did the organization methods areas, or historic sources? If "Yes," complete Schedule D, Part II 6 X 8 Did the organization methods or conservation assement, including deasments to preserve open space. 7 X 9 Did the organization methods or divers of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization directly or through a related organization, hold assets in donorrestricted endowments or in quasi-indowments? If "Yes," complete Schedule D, Part V 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part V 10 X 11 Did the organization report an amount for investments - organize neals in Part X, line 137, It was is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part V 11 X 12 Did the organization report an amount for investments - program related in Part X, line 157 If "Yes," complete Schedule D,	5		4		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II I 7 XX 8 Did the organization receive on hold a conservation essement, including easements in to preserve open space, the environment, instoric all areas, or holds of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 8 9 Did the organization report an amount in Part X, line 21, for secrow or custodial account liability: seve as a custodian for amounts not start and the average of the organization and the part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 10 Did the organization report an amount for investments - orbiter securities in Part X, line 12, If will is S% or more of its total assets reported in Part X, line 12, If will is S% or more of its total assets reported in Part X, line 12, If will is S% or more of its total assets reported in Part X, line 12, If will is S% or more of its total assets reported in Part X, line 12, If will is S% or more of its total assets reported in Part X, line 12, If will is S% or more of its total assets reported in Part X, line 12, If	5		5		x
provide advice on the distribution or investment of amounts in such funds or account? If "Yes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic structures? If "Yes," complete Schedule D, Part II 6 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? 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 liability in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not liability in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not lines. Schedule D, Part IV 10 X 10 Did the organization identity or through a raitated organization, hold assets in donor-restricted andownents? 9 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 12 Did the organization report an amount for investments - organ related 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 XII 11 X 13 Did the organization report an amount for other assets in Part X, line 12, that is 5% or	6				
7 Did the organization receive or hold a conservation assement, including assements to presarve open space. the environment, historic tand areas, or historic structures? If 'Yes, 'complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar 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 B the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes, 'complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes, 'complete Schedule D, Part VI 11a X 13 X 11a X 11a X 14 Did the organization report an amount for investments - other securities in Part X, line 10? If 'Yes, 'complete Schedule D, Part VI 11a X 14 Did the organization seport in Part X, line 16? If 'Yes, 'complete Schedule D, Part VI 11e X	Ŭ		6		x
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 Bit the organization maintain collections of works of art, historical treasures, or other similar assets? <i>H</i> 'Yes, " <i>complete</i> Schedule D, Part <i>W</i> Did the organization report an amount in Part X, line 21, for escrew or custodial account liability; serve as a custodian for amounts not listed <i>II</i> Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? Did the organization, directly or through a related organization, hold assets in donor restricted endowments or in quasi-endowments? <i>II</i> 'Yes, ' <i>complete Schedule D, Part V</i> Did the organization report an amount for investments - other securities in Part X, line 10? <i>II</i> 'Yes, ' <i>complete Schedule D, Part V</i> 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? <i>II</i> 'Yes, ' <i>complete Schedule D, Part V</i> Did the organization report an amount for threastenits - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> 'Yes, ' <i>complete Schedule D, Part VI</i> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> 'Yes, ' <i>complete Schedule D, Part X</i> Did the organization sisparate or consolidated financial statements for the tax year include a footnot that addresses the organization sisparate or consolidated financial statements for the tax year? <i>II</i> 'Yes, ' <i>complete Schedule D, Part X</i> Did the organization notubed in consolidated, independent audited financial statements for the tax year? 'Yes, ' <i>and II</i> the 'Yes, ' <i>complete Schedule D, Part X</i> It de tax organization notubed in consolidated, independent audited financial statements for the tax year? 'Yes, ' <i>and II</i> the organization report on Part X. Joulm (N, line 3,	•		7		х
Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrew 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 9 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasiendowments? II "Yes," complete Schedule D, Part V 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part SV, VII, VIII, IX, or X, as applicable. 10 X a Did the organization report an amount for investments - other securities in Part X, line 10? II "Yes," complete Schedule D, Part VII 11a X b Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167. II "Yes," complete Schedule D, Part VII 11a X c Did the organization report an amount for threat secting Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167. II "Yes," complete Schedule D, Part X 11e X 11b X 11d X 11e X 11c Did the organization obtain tax positions under FIN 48 (ASC 7407 II "Yes," complete Schedule D, Part X 11e X 111c X 11d <td< td=""><td>8</td><td></td><td></td><td></td><td></td></td<>	8				
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negoliation services? y 10 Did the organization, directly or through a related organization, hold assets in domer-restricted endowments or in quasi-endowments? y 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part VI. 10 X 12 Did the organization report an amount for investments - other ascurities in Part X, line 10? If "Yes," complete Schedule D, Part VI. 11 11 X 13 Did the organization report an amount for investments - other ascurities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI. 11 11 X 14 Did the organization report an amount for other liabilities In Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI. 116 X 14 Did the organization report an amount for other liabilities In Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XII 116 X 14 Did the organization solation under Finabilities In Part X, line 15, that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part X <			8		х
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 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization 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 II and IV 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 II and IV 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 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II 19 Did the organization areport 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 H 20a X 20b 	13				
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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 19 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				
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domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			20b		
	21				v
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Form 990 (2023) AL-ANON FAMILY GROUP HEADQUARTERS, INC. Part IV Checklist of Required Schedules (continued)

Page	4
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	• (continued)		Vee					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No				
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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						
	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			37				
	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	0.51		x				
00	Schedule L, Part I	25b						
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%							
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		X				
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled							
	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		x				
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,							
20	instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>							
	"Yes," complete Schedule L, Part IV	28a		x				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х				
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If							
	"Yes," complete Schedule L, Part IV	28c		X				
29	Did the organization receive more than \$25,000 in noncash 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		v					
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x				
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X				
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	354						
U U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1				
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							
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x				
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?							
	Note: All Form 990 filers are required to complete Schedule O	38	Х					
Pa								
	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 14	-						
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	4						
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37					
	(gambling) winnings to prize winners?	1c	X	<u> </u>				
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	990 (2023) AL-ANON FAMILY GROUP HEADQUARTERS, INC.		Р	Page 5			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 50						
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	<u> </u>			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		──			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X				
b	If "Yes," enter the name of the foreign country CANADA						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		──			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X X			
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
_	were not tax deductible?	6b		<u> </u>			
7	Organizations that may receive deductible contributions under section 170(c).	_		v			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		├───			
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-		x			
	to file Form 8282?	7c					
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-		x			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X			
T	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f					
g k	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		├──			
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<u>/n</u>					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8					
0	sponsoring organization have excess business holdings at any time during the year?	0					
9	Sponsoring organizations maintaining donor advised funds.	9a					
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b					
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders 11a						
	Gross income from other sources. (Do not net amounts due or paid to other sources against						
~	amounts due or received from them.) 11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans						
с	Enter the amount of reserves on hand						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
	excess parachute payment(s) during the year?	15		X			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						
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		ı.		4 -		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		15	-				
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b		14	-				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other						
	officer, director, trustee, or key employee?				2		X		
3	Did the organization delegate control over management duties customarily performed by or under the								
	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 99				4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		X X		
6									
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, st	ockho	lders, or						
	persons other than the governing body?				7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e 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 read	ched a	t the						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)						
						Yes			
10a	Did the organization have local chapters, branches, or affiliates?				10a		X		
b	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, affiliates	3,					
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing th	e form?	11a	Х			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х			
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х			
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es." d	escribe						
	on Schedule O how this was done	,			12c	Х			
13	Did the organization have a written whistleblower policy?				13	Х			
14	Did the organization have a written document retention and destruction policy?				14	Х			
15	Did the process for determining compensation of the following persons include a review and approval								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,							
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.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	ith a						
	taxable entity during the year?				16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				104				
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ								
	exempt status with respect to such arrangements?				16b				
Sec	tion C. Disclosure				100				
17	List the states with which a copy of this Form 990 is required to be filed <u>NY</u>								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 000	.T (sectio	n 501(c)(3)		availal	hle		
10	for public inspection. Indicate how you made these available. Check all that apply.	10 330	-1 (360110	11 30 1(0)(3)	s Orny)	avalla	JIE		
	X Own website Another's website X Upon request Other (explain		hadula C						
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, col				finan				
19		mict C	miniterest	policy, and	a ni idili	oidi			
20	statements available to the public during the tax year.	ko or -	h roosid-						
20	State the name, address, and telephone number of the person who possesses the organization's boo NIKETA WILLIAMS - 757-563-1600	iks and	a records						
	1600 CORPORATE LANDING PARKWAY, VIRGINIA BEACH, VA	23	454-	5617					

AL-ANON FAMILY GROUP HEADQUARTERS, INC. 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.

Form 990 (2023)

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<u>Form 990 (2</u>			• HEADQUARTERS,			Page 7			
Part VII	Compensation of Officers,	Directors, Trustee	s, Key Employees, Hi	ghest Compen	sated				
Employees, and Independent Contractors									
Check if Schedule O contains a response or note to any line in this Part VII									
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
4. Complete this table for all assessment indite the listed Department of further adapted as and in with a within the assessment indite tables									

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

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

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

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do		Pos	itior		ne	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an		n an	compensation	compensation	amount of		
	week		officer and a director/trustee)		tee)	from	from related	other		
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional	Ι.	nploy	st con	-	1033-1120)		organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) VALI FAYEN	40.00		_							
EXECUTIVE DIRECTOR		х		Х				193,261.	Ο.	15,188.
(2) NIKETA WILLIAMS	40.00									
DIRECTOR OF FINANCE & OPERATIONS						X		140,452.	0.	11,365.
(3) KAREN WOLFF	40.00									
SOFTWARE ENGINEER						X		140,184.	0.	11,042.
(4) SARAH SMITH	40.00									
DIRECTOR OF PROGRAMS						X		107,485.	0.	8,256.
(5) SCOT POWERS	40.00									
DIRECTOR OF COMMUNICATIONS AND COMMU						X		104,663.	0.	7,742.
(6) ANN MARIE ZIFFER	20.00									_
TREASURER		х		X				0.	0.	0.
(7) JAYMI CRISAFI	10.00									_
BOARD MEMBER		Х						0.	0.	0.
(8) DEBBIE PANGBORN	10.00									
BOARD MEMBER		Х						0.	0.	0.
(9) DIANE BASS	10.00									
BOARD MEMBER	10.00	Х						0.	0.	0.
(10) DON BOCHE	10.00									•
BOARD MEMBER	10.00	Х						0.	0.	0.
(11) JEAN LINK	10.00								•	•
BOARD MEMBER		Х						0.	0.	0.
(12) JERI WESNER	20.00							•	0	0
CHAIRPERSON	10.00	X		X				0.	0.	0.
(13) KATHI MAGGIO	10.00							0	0	0
BOARD MEMBER	10.00	Х						0.	0.	0.
(14) LYNETTE KAUTZ	10.00							0	0	0
BOARD MEMBER	10.00	X						0.	0.	0.
(15) CINDY MEDFORD	10.00							0	0	0
BOARD MEMBER	10.00	X						0.	0.	0.
(16) NANCY SHORE	10.00	37							•	^
BOARD MEMBER	10.00	X						0.	0.	0.
(17) TONY SAMPSON	10.00	77							•	<u>^</u>
BOARD MEMBER		Х						0.	0.	0 . Form 990 (2023)

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332007 12-21-23

Form **990** (2023)

Form 990 (2023)	AL-ANON	FAMILY G	RC	UP	H	EA	DQ	UA	RTERS, INC.				P	age 8
Part VII Section A	. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title		(B) Average hours per week (list any hours for related organizations below line)	box	not cl , unles	(C Posi heck r ss per id a di	tion more t son is rector	than o s both	an	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensatio from related organization (W-2/1099-MIS 1099-NEC)	in I S	an com fr org an	(F) stimate nount other pensa om th anizat d relat anizati	of tion e ion ed
(18) PENNIE KITTI	LSON	10.00	-	<u> </u>	6	χ	er Hi	R						
BOARD MEMBER X 0.					0.			0.						
(19) SALLY KOTCHOREK 10.00						0			0					
c Total from cont d Total (add lines	inuation sheets to Part V 1b and 1c)	II, Section A	·····		· · · · · · · · ·				0. 686,045. 0. 686,045.		0.		3,5	0.
	individuals (including but r om the organization	not limited to th	ose	liste	d ab	ove)) who	o re	ceived more than \$100,	000 of reportable	e			5
 3 Did the organiza line 1a? <i>If "Yes,"</i> 4 For any individua and related orga 	tion list any former officer <i>complete Schedule J for s</i> al listed on line 1a, is the su nizations greater than \$15 isted on line 1a receive or a	such individual um of reportabl 0,000? If "Yes,	 e co " co	mpe mple	ensat ete S	tion Sche	and dule	oth	er compensation from t	he organization		3	Yes	No X
rendered to the	organization? If "Yes." con											5		Х
1 Complete this ta	the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)													
			11(<u> </u>									
	independent contractors (i npensation from the organi	•	ot lin	nitec	l to t	hos 0		ted	above) who received me	ore than			000	

332008 12-21-23

Pa	rt v	V 111					wooto to any Pro-	in this Dout VIII			
			Check if Schedule O	conta	ains a respo	nse (or note to any line	<u>e in this Part VIII</u> (A)	(B)	(C)	
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ស ស	1	а	Federated campaigns		1a						
ran ⁻			Membership dues								
, G		с	Fundraising events								
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations								
s, G		е	Government grants (contr	ibutio	ons) 1e						
tion r Si		f	All other contributions, gifts,	grant	s, and						
the			similar amounts not included	abov	e 1f		2,916,398.				
id C		g	Noncash contributions included in	lines 1	a-1f 1g	5					
ы О		h	Total. Add lines 1a-1f					2,916,398.			
							Business Code				
ice.	2	a	FORUM MAGAZINE SUBS				900099	262,050.	262,050.		
ervi		b	PREMIUM MOBILE APP S	SUBS	CRIPTION		900099	54,634.	54,634.		
n S /eni		C									
Program Service Revenue		d									
roç		e 4	All other prearem convice								
-			All other program service Total. Add lines 2a-2f					316,684.			
	3		Investment income (includ					020,001			
	U	•		Ŭ				340,144.			340,144
	4	L	Income from investment of					,			,
	5		Royalties		•						
			,		(i) Rea		(ii) Personal				
	6	a	Gross rents	6a							
		b	Less: rental expenses	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss))							
	7	a	Gross amount from sales of		(i) Securi	ies	(ii) Other				
			assets other than inventory	7a	9,707,	114.					
		b	Less: cost or other basis								
onu					9,700,						
Revenue			Gain or (loss)	7c		240.		6.040			6.040
r Re			Net gain or (loss)			······		6,240.			6,240.
Other	8	а	Gross income from fundraisin								
0			including \$								
			contributions reported on		-						
		h	Part IV, line 18			8a 8b					
			Net income or (loss) from								
	9		Gross income from gamin		0						
	-	-	Part IV, line 19			9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from			s					
	10		Gross sales of inventory, I								
			and allowances			10a	4,403,745.				
		b	Less: cost of goods sold			10b	1,186,115.				
		с	Net income or (loss) from	sales	s of invento	ry		3,217,630.	3,217,630.		
s							Business Code				
eou	11	а	CONVENTION				900099	187,468.	187,468.		
Miscellaneous Revenue		b									
Sev		с									
Mis			All other revenue					107 400			
			Total. Add lines 11a-11d					187,468. 6,984,564.	3,721,782.	0.	346,384.
	12	2-21-	Total revenue. See instructio	JIIS	<u></u>			5,704,304.	J, 121, 102.	I ⁰ .	Form 990 (2023

AL-ANON FAMILY GROUP HEADQUARTERS, INC.

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Form 990 (2023)

2023.03040 AL-ANON FAMILY GROUP HEAD 16002912

Page **9**

Form 990 (2023)

AL-ANON FAMILY GROUP HEADQUARTERS, Part IX Statement of Functional Expenses

Page 10

INC.

	1	(•)	(5)	(0)	
	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 individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	208,449.	164,674.	43,775.	
6	Compensation not included above to disqualified				
Ū	persons (as defined under section $4958(f)(1)$) and				
7	Other salaries and wages	2,944,757.	2,348,970.	595,787.	
8	Pension plan accruals and contributions (include	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,,		
5	section 401(k) and 403(b) employer contributions)	183,815.	145,319.	38,496.	
9	Other employee benefits	329,950.	292,174.	37,776.	
0	Payroll taxes	245,443.	196,354.	49,089.	
1	Fees for services (nonemployees):	21371130		13,0031	
' a	Management				
b	Legal	46,700.	13,450.	33,250.	
	Accounting	35,429.		35,429.	
d	Lobbying	00,1200			
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	74,130.		74,130.	
g	Other. (If line 11g amount exceeds 10% of line 25,	/			
9	column (A), amount, list line 11g expenses on Sch O.)				
2	Advertising and promotion	11,682.	11,682.		
3	Office expenses	221,462.	115,161.	106,301.	
4	Information technology	103,237.	53,683.	49,554.	
5	Royalties	ŕ	,	,	
6	Occupancy	304,265.	267,754.	36,511.	
7	Travel	183,994.	42,987.	141,007.	
8	Payments of travel or entertainment expenses	ŕ	,	,	
-	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	45,330.	45,330.		
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	100,776.	63,358.	37,418.	
3	Insurance				
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PRINTING	163,124.	163,124.		
b	CREDIT CARD FEES	100,628.		100,628.	
с	PUBLIC SERVICE ANNOUNCE	95,050.	95,050.		
d	TELEPHONE	53,530.	14,564.	38,966.	
е	All other expenses	167,982.	41,281.	92,318.	34,38
5	Total functional expenses. Add lines 1 through 24e	5,619,733.	4,074,915.	1,510,435.	34,38
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				

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332010 12-21-23

Check here

13130423 700842 1600291.500

if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

13130423 700842 1600291.500

Form 990 (2023)

Part X Balance Sheet

		Check if Schedule O contains a response or not	e to anv	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,611,439.	1	3,345,948.
	2	Savings and temporary cash investments			262,529.	2	208,970.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			99,876.	4	209,572.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disqualit	ied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	l in sect	ion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			502,684.	8	549,650.
Ä	9				340,306.	9	200,236.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,387,650. 3,101,133.			
	b	Less: accumulated depreciation	10b	3,101,133.	1,372,487.	10c	1,286,517. 8,468,212.
	11	Investments - publicly traded securities		7,283,942.	11	8,468,212.	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets	225,043.	14	246,552.		
	15	Other assets. See Part IV, line 11	59,611.	15	59,068.		
	16	Total assets. Add lines 1 through 15 (must equa			12,757,917.	16	14,574,725.
	17	Accounts payable and accrued expenses	361,451.	17	446,719.		
	18	Grants payable		18			
	19	Deferred revenue	813,960.	19	379,245.		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete I	Part IV c	of Schedule D		21	
Se	22	Loans and other payables to any current or form	er office	er, director,			
iliti		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes	e perso	ns		22	
	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelated		24			
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24).	Complete Part X	684 040		630 330
		of Schedule D		·····	674,842.	25	639,332.
	26		<u></u>		1,850,253.	26	1,465,296.
s		Organizations that follow FASB ASC 958, che	ck here	X			
Ce		and complete lines 27, 28, 32, and 33.			10 007 664		12 100 420
alar	27				10,907,664.	27	13,109,429.
ä	28	Net assets with donor restrictions				28	
ŭ		Organizations that do not follow FASB ASC 9	58, che	ck here			
л Т		and complete lines 29 through 33.					
its (29	Capital stock or trust principal, or current funds				29	<u> </u>
SSe	30	Paid-in or capital surplus, or land, building, or ec				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			10,907,664.	31	13 100 420
Ne	32	Total net assets or fund balances			12,757,917.	32	13,109,429.
	33	Total liabilities and net assets/fund balances	<u></u>		14,191,911.	33	<u>14,574,725.</u>

14,574,725. Form **990** (2023)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total evenue (must equal Part VIII, column (A), line 12) 1 6, 984, 564. 2 Total expenses (must equal Part X, column (A), line 25) 2 5, 619, 733. 3 Revenue less expenses. Subtract line 2 from line 1 3 1, 364, 831. 4 10, 907, 664. 5 836, 934. 5 0 5 836, 934. 6 0 7 6 7 7 8 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)) 13, 109, 429. 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)) 13, 109, 429. Port XIII Financial Statements and Reporting X X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other <	Form	AL-ANON FAMILY GROUP HEADQUARTERS, INC.			Pa	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 6,984,564. 2 Total expenses (must equal Part IX, column (A), line 25) 2 5,619,733. 3 Revenue less expenses. Subtract line 2 from line 1 3 1,364,831. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 10,907,664. 5 Net unrealized gains (losses) on investments 6 6 6 0 7 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)) 13,109,429. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X Yes 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 O. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its m	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 5, 619, 733. 3 Revenue less expenses. Subtract line 2 from line 1 3 1, 364, 831. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 10, 907, 664. 5 836, 934. 6 7 8 6 7 6 7 7 8 9 0. 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 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 13, 109, 429. Part XII Financial Statements and Reporting X X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Za X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis Both consolidated and separate basis Zb X		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 5, 619, 733. 3 Revenue less expenses. Subtract line 2 from line 1 3 1, 364, 831. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 10, 907, 664. 5 836, 934. 6 7 8 6 7 6 7 7 8 9 0. 9 0. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 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 13, 109, 429. Part XII Financial Statements and Reporting X X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Za X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis Both consolidated and separate basis Zb X						
3 Revenue less expenses. Subtract line 2 from line 1 3 1,364,831. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 10,907,664. 5 Net unrealized gains (losses) on investments 5 836,934. 6 Donated services and use of facilities 6 7 8 6 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 13,109,429. Part XIII 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	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 10,907,664. 5 Net unrealized gains (losses) on investments 5 836,934. 6 Investment expenses 6 7 8 9 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 13,109,429. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 ft eorganization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 1 Yes, 'n check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both: 2a X 1 Fires," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X 1 ff "Yes," check a box below to indicate whether the financ	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 5 8366,934. 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 13,109,429. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 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 O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both: 2a 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: 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: <th>3</th> <th>Revenue less expenses. Subtract line 2 from line 1</th> <th>3</th> <th></th> <th></th> <th></th>	3	Revenue less expenses. Subtract line 2 from line 1	3			
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 9 0. 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 13,109,429. Part XII Financial Statements and Reporting X X Yes Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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: 2b X 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: 2b X X If "Yes," check a box below to indicat	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10,90	<u>7,6</u>	64.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Check if Schedule O contains a tesponse or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization's financial statements audited by an independent accountant? 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: Separate basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X Separate basis Consolidated basi	5	Net unrealized gains (losses) on investments	5	83	6,9	34.
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Check if Schedule O contains a tesponse or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization's financial statements audited by an independent accountant? 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: Separate basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: X Separate basis Consolidated basi	6	Donated services and use of facilities	6			
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b b Were the organization's financial statements audited by an independent accountant? 2b 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: 2b 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: 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: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that ass	7		7			
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column (B)) 10 13,109,429. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 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 O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 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: 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: 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: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Doth consolidated basis Both consolidated and separate basis 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: 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: 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: 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: 2b X If "Yes," to li	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X I Accounting method used to prepare the Form 990: Cash X Accrual Other Ves No I Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Construct to the construction of the co		column (B))	10	13,10	9,4	<u>29.</u>
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	rt XII Financial Statements and Reporting				
 Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis b Were the organization's financial statements audited by an independent accountant? 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: 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: If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					Yes	No
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X 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: 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: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Image: Construction of the audit, for the a	1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Consolidated basis, or both: Im		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
separate basis, consolidated basis, or both: Image: Consolidated basis Both consolidated and separate basis Image: Consolidated basis Image: Consolidat	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
Separate basis Consolidated basis Both consolidated and separate basis 2b X 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: 2b X X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, If "Yes"		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
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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 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both: Image: Consolidated basis Ima	b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		consolidated basis, or both:				
		X Separate basis Consolidated basis Both consolidated and separate basis				
review, or compilation of its financial statements and selection of an independent accountant?	С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X		Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

332012 12-21-23

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2023
Open to Public Inspection

1

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

Name of	the organization						Employer	identification number
			GROUP HEADQ			1C.		
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions		
The organ	nization is not a private found	lation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1 🛄	A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	1)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)				
3 🛄	A hospital or a cooperative							
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
	city, and state:							
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
	section 170(b)(1)(A)(iv). (Complete Part II.)							
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7 📖	An organization that norma		ntial part of its support fi	rom a gove	ernmental	unit or from the	e general p	oublic described in
. —	section 170(b)(1)(A)(vi). (C							
8	A community trust describe							
9	An agricultural research org	-			-		-	-
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of t	he college	or
	university:							
10 X	An organization that norma							
	activities related to its exen		-					-
	income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the orga	inization a	πer June 30, 1975.
44	See section 509(a)(2). (Con An organization organized a	-	valu to toot for public or	fatu Caa	oootion El	O(a)(4)		
11 12	An organization organized a						av out that	ourposes of one or
	more publicly supported or	-	•	-			•	
	lines 12a through 12d that	-						
a	Type I. A supporting orga	• •					-	nivina
- <u> </u>	the supported organization	-	-	• • • •	-			
	organization. You must o							ppo:
b	Type II. A supporting org	-		tion with its	s supporte	ed organization	(s). bv hav	ina
	control or management o	-				•		-
	organization(s). You mus			•		U		
c 🗌	Type III functionally inte			in connect	tion with, a	and functionally	/ integrate	d with,
	its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.	-	
d 🗌	Type III non-functionally	v integrated. A supp	orting organization oper	ated in co	nnection v	vith its support	ed organiz	ation(s)
	that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and a	an attentiv	eness
	requirement (see instruct	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 fro	m the IRS	that it is a	Type I, Type II	, Type III	
	functionally integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation.			
f Ent	er the number of supported o	organizations						
	vide the following information		· · ·	(iii) is the even	ainsting listed			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ng document?	(v) Amount of i support (see ins	,	(vi) Amount of other support (see instructions)
	organization		above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)
Total								
Total						I		

AL-ANON FAMILY GROUP HEADQUARTERS, INC.

Page 2

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge \dots						
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.						
Sec	ction B. Total Support	1	1			1	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				_		
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						-
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,		,			12	
13	First 5 years. If the Form 990 is for the			-			
800	organization, check this box and sto						
	ction C. Computation of Public			(5)			0/
	Public support percentage for 2023 (I		•			14	%
	Public support percentage from 2022					15	<u>%</u>
108	33 1/3% support test - 2023. If the organization qualifier						
h	stop here. The organization qualifies		-		d line 15 is 22 1/20		
D.	and stop here. The organization qual	-					
17-	· · ·		•		0 13 162 or 16b		
178	17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts and eircumstances test, shock this hav and stop here. Explain in Part VI how the organization						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
Ь	10% -facts-and-circumstances test	-		• • • •		17a and line 15 is	
N	more, and if the organization meets the						
	organization meets the facts-and-circl						
18	Private foundation. If the organization		•	-			s
		and the officer a					(Form 990) 2023

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Schedule A (Form 990) 2023

Part II

AL-ANON FAMILY GROUP HEADQUARTERS, INC. Schedule A (Form 990) 2023 Part III Support Schedule for Organizations Described in Section 509(a)(2)

%

%

%

%

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

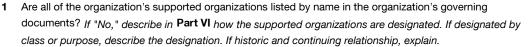
(c) 2021 (d) 2022 Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 2916398.14359924. 2186645 3295721. 2623242 3337918. include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 4109552. 2644177. 2660432. 3020577. 4720429.17155167. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization'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 7636827.31515091. 6296197. 5939898. 5283674. 6358495. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 246,171. amount on line 13 for the year 111,819. 110,253 24,099 c Add lines 7a and 7b 111,819. 110,253. 24,099. 246,171 31268920. Public support. (Subtract line 7c from line 6.) Section B. Total Support (d) 2022 Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (e) 2023 (f) Total 5283674. 9 Amounts from line 6 6296197 5939898. 6358495 7636827.31515091. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 31,562. 110,925. 145,423. 62,372. 690,426. 340,144. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 110,925. 145,423. 62,372. 31,562. 340,144. 690,426. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 6407122. 6085321. 5346046. 6390057. 7976971.32205517. **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** Section C. Computation of Public Support Percentage 97.09 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 15 97.66 16 Public support percentage from 2022 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 2.14 17 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 1.45 18 18 Investment income percentage from 2022 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is notX more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990) 2023 332023 12-21-23 15

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Schedule A (Form 990) 2023

Part IV Supporting Organizations

Section A. All Supporting Organizations



- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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

Yes No

1

INC.

Sche	edule A (Form 990) 2023 AL-ANON FAMILY GROUP HEADQUARTERS, INC.		Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	stion 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		103	
	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			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
			V.	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
-	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structior	1 <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.* 332025 12-21-23

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3b | | Schedule A (Form 990) 2023

2a

2b

3a

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_	AL-ANON FAMILY GROUP H. rt V Type III Non-Functionally Integrated 509(a)(3) Supportionally			Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualify			Port VII) See instructions
	All other Type III non-functionally integrated supporting organizations mu			Part VI). See instructions.
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting orga	nization (see

instructions).

Schedule A (Form 990) 2023

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AL-ANON	FAMILY	GROUP	HEADQUARTERS,	INC.
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Sche Par		Y GROUP HEADQUA				Page 7
	on D - Distributions		inizations (continu	ieu)	Current Ye	
<u>3ecu</u>		matauraaaa		1	Current re	ar
2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			-		
2	organizations, in excess of income from activity	ic purposes or supported		2		
3	Administrative expenses paid to accomplish exempt purpose	e of supported organizations	2	3		
4	Amounts paid to acquire exempt-use assets	s of supported organizations	5	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	avida dataila in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive		- '		
0	(provide details in Part VI). See instructions.	le organization is responsive		8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
10		(i)	(ii)		(iii)	
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributior Pre-2023	ıs	Distributat Amount for 2	
1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
а	From 2018					
b	From 2019					
с	From 2020					
d	From 2021					
е	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2023 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
-	and 4c.					
8	Breakdown of line 7:					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
	Excess from 2023					
~						

Schedule A (Form 990) 2023

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	(Form 990) 2023 AL-ANON FAMILY GROUP HEADQUARTERS, INC	Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line	es I and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Pa Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	art V, Section B, line 1e; Part V, ditional information.

Schedule of Contributors

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

2023

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

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

501(c)(3) taxable private foundation

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

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

General Rule

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 for an *exclusively* set in the set of t

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

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

Schedule B (Form 990) (2023)

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 59,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 32,869. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 30,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll 22,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 20,472. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person Payroll 15,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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Employer identification number

Page 2

AL-ANON	FAMILY	GROUP	HEADQUARTERS,	INC.

AL-ANON FAMILY GROUP HEADQUARTERS, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$12,867.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$11,900.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$9,700.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$9,308.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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Page **2**

Employer identification number

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 9,000. 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 8,127. 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 7,000. 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 6,933. 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 6,100. 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 6,043. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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Page 2

Employer identification number

Schedule B (Form 990) (2023)

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 6,010. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 20 X Person Payroll 6,000. 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 Noncash 5,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 23 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 24 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

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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 25 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 26 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. 27 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. 28 X Person Payroll Noncash 5,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 29 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 30 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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Employer identification number

Schedule B (Form 990) (2023) 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. (b) (c) (d) (a) ... Type of contribution X Person Payroll Noncash • (Complete Part II for noncash contributions.) (d) Type of contribution X Person Payroll Noncash ٠ (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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Employer identification number

NO.	Name, address, and ZIP + 4	I otal contributions
31		
		\$5,000
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
32		
		\$ 5,000
		•
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
		\$
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
		\$
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions
110.	אמווה, מענו כאא, מוע בור ד ד	

Name of organization

Employer identification number

AL-ANON FAMILY GROUP HEADQUARTERS, INC.

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	

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Name of or	rganization		Employer identification number			
AL-ANC	ON FAMILY GROUP HEADQUA	RTERS, INC.				
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a	ions to organizations described in sec) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year /. For organizations ss for the year. (Enter this info. once.) \$			
(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			
	Transferee's name, address, a	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
(a) No						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
-	(e) Transfer of gift					
F	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
323454 12-26-	-23		Schedule B (Form 990) (2023			

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Schedule B (Form 990) (2023)

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SCHEDULE D)
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(Form	990)
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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

	AL-ANON FAMILY GROUP HEA		
Par	t I Organizations Maintaining Donor Advised Funds	or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
	(a)	Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised '	funds
•	are the organization's property, subject to the organization's exclusive le		
6	Did the organization inform all grantees, donors, and donor advisors in v		
Ŭ	for charitable purposes and not for the benefit of the donor or donor adv		•
Par			
1	Purpose(s) of conservation easements held by the organization (check a		
	Preservation of land for public use (for example, recreation or edu		historically important land area
	Protection of natural habitat	Preservation of a c	certified historic structure
-	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserv	ation contribution in the form of a	
	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 structure inclu	ided on line 2a	2c
d	Number of conservation easements included on line 2c acquired after Ju		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, exti	nguished, or terminated by the org	ganization during the tax
	year		
4	Number of states where property subject to conservation easement is lo	cated	
5	Does the organization have a written policy regarding the periodic monit	oring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes 📃 No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	violations, and enforcing conserv	ation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of viola	tions, and enforcing conservation	easements during the year
8	Does each conservation easement reported on line 2d above satisfy the	requirements of section 170(h)(4)((B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easement		
	balance sheet, and include, if applicable, the text of the footnote to the	-	
	organization's accounting for conservation easements.	5	
Par		torical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to re	port in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition		
	service, provide in Part XIII the text of the footnote to its financial statem	, ,	
b	If the organization elected, as permitted under FASB ASC 958, to report		ance sheet works of
	art, historical treasures, or other similar assets held for public exhibition,		
	provide the following amounts relating to these items.	education, or research in furthera	
			¢
	(i) Revenue included on Form 990, Part VIII, line 1		
0		thar similar assots for financial as	
2	If the organization received or held works of art, historical treasures, or of the following amounts required to be reported under FASE ACC 058 role	•	iiii, provide
	the following amounts required to be reported under FASB ASC 958 rela		^
a	Revenue included on Form 990, Part VIII, line 1		<u>.</u>
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form	9 90.	Schedule D (Form 990) 2023
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Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued] 9 Using the organization's accession, and other records, check any of the following that make significant use of its clean or sexhange program Pable schedula Bable schedula Provise description of the organization's soulections and explain how they further the organization's source of the organization's collections and explain how they further the organization's collection? Part IIII Escrow and Custodical Arrangements Complete state and and arther to be maintained as part of the organization's collection? Vess in the organization and custodical Arrangements? Vess in the organization and appent, trustee, custodian, or other intermediary for contributions or other assets not included on form 800, Part X, Ine 21. Its is the organization and appent, trustee, custodian, or other intermediary for contributions or custodial account liability? Ves in No If Yes, 'explain the arrangement in Part XIII and complete the following table: If the organization in answered 'Yes' on Form 800, Part IV, Ine 9. If the organization and anount on form 800, Part X, Ine 21, for escrow or custodial account liability? Ves If the organization and custodia Part XIII If the organization ananount on form 800, Part X, Ine 21, for es			FAMILY GROU				imilar Acco	to	Pa	age 2
collection terms (check all that apply). Collection terms (check all that apply). Collection terms (check all that apply). Scholarly research Provide a deviation of thure generations Other									ued)	
a Public exhibition d Can or exchange program b Scholary research e Other c Preservation for future generations e Other d Provide a description of the organization socile correcte donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Ves No PartIV Excore wand CutoSciolal Arrangements Complete the arganization answered "Yes" on Form B00, Part X, line 0. No fail is the organization answered muscle wave and the complete the following table: Amount Amount d fails the organization answered muscle wave and the complete the following table: Amount d Endomination and the year Id Id d Endomination and the year Id Id Id d Additions during the year Id Id <td< td=""><td>3</td><td></td><td>on, and other records, o</td><td>check any of the</td><td>following that</td><td>make signi</td><td>ficant use of it</td><td>S</td><td></td><td></td></td<>	3		on, and other records, o	check any of the	following that	make signi	ficant use of it	S		
b Scholarly research e Other c Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year. did the organization solitic or receive domations of art. historical treasures, or other similar assets to be solit or insets funds rather than to be matinized as part of the organization's collection? Yes No Part V Escrow and Custodial Arrangements Complete if the organization's collection? Yes No b if the organization and custodial account the organization's collection? Yes No b if 'Yes." explain the arrangement in Part XIII and complete the following table: Arnount 1e c Beginning balance 1e 1e 1e 1e 2 Didth comparization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes." explain the arrangement in Part XIII. Check here if the explanation include an amount on equivarization anseed "Yes' on Form 990, Part X, line 10. Part Y Endowment Funds Complete the organization include an amount on Form 990, Part X, line 10. far dering balance (a) Current year (b) Prior year balax (d) Three years back (d) Three years back (d) Three years back (d) Three years back				<u> </u>						
c Provide a description of future generations 4 Provide a description of the organization's collections and explain how they further the organization's evenpt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's evenpt purpose in Part XIII. 5 During the year, did the organization solucit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. 1 a Is the organization an agent, trustee, custodian, or other intermediaty for contributions or other assets not included on Form 990, Part X is the set of the organization answered 'Yes' on Form 990, Part X, line 21. 2 Boil of the organization and explain the arrangement in Part XIII and complete the following table: 2 Additions during the year 3 Dif the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 4 Dif 'Yes,' explain the arrangement in Part XIII and 21, for escrow or custodial account liability? 4 Dif 'Yes', explain the arrangement in Part XIII and 21, for escrow or custodial account liability? 4 Dif 'Yes', explain the arrangement in Part XIII 5 Dif 'Yes', explain the arrangement in Part XIII and Complete if the organization answered 'Yes' on Form 990, Part IV, line 10 5 Dif 'Yes', explain the arrangement in Part XIII 5 Dif Yes', explain the arrangement in Part XIII 5 Dif Yes', explain the arrangement in Part XIII and Complete if the organization answered 'Yes' on Form 990, Part IV, line 10 5 Dif Yes', explain the arrangement in Part XIII 5 Dif Yes', explain the arrangement in Part XIII 5 Dif Yes', explain the arrangement in Part XIII 5 Dif Yes', explain the arrangement in Part XIII 5 Dif Yes', explain the arrangement in Part XIII 5 Dif Yes', explain the arrangement in Part XIII 5 Dif Yes', explain the arrangement in Part XIII 5			d							
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and programs	d	Grants or scholarships								
f Administrative expenses	е	Other expenditures for facilities								
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2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment% b Permanent endowment% c Term endowment% s The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations? (i) Unrelated organizations? (ii) Related organizations? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answerd "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 158, 347. 158, 347. b Buildings 2, 791, 878. 1, 925, 222. 866, 656. c Leasehold improvements 623, 101. 556, 862. 66, 239. d Equipment 814, 324. 619, 049. 195, 275. other 0 0.4 0.4 0.5 0.5 0.5 0.5	f	Administrative expenses								
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organization by: Yes No (i) Unrelated organizations? 3a(i) 3a(i) (ii) Related organizations? 3a(ii) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XII the intended uses of the organization's endowment funds. 3b 3b 3b Part VI Land, Buildings, and Equipment (c) Accumulated depreciation (d) Book value Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 158 , 347 . 158 , 347 . 158 , 347 . b Buildings 2 , 791 , 878 . 1 , 925 , 222 . 866 , 656 . c Leasehold improvements 623 , 101 . 556 , 862 . 66 , 239 . d Equipment 814 , 324 . 619 , 049 . 195 , 275 . e Other 0 1 1 , 286 , 517 .		The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
organization by: Yes No (i) Unrelated organizations? 3a(i) 3a(i) (ii) Related organizations? 3a(ii) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XII the intended uses of the organization's endowment funds. 3b 3b 3b Part VI Land, Buildings, and Equipment (c) Accumulated depreciation (d) Book value Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 158 , 347 . 158 , 347 . 158 , 347 . b Buildings 2 , 791 , 878 . 1 , 925 , 222 . 866 , 656 . c Leasehold improvements 623 , 101 . 556 , 862 . 66 , 239 . d Equipment 814 , 324 . 619 , 049 . 195 , 275 . e Other 0 1 1 , 286 , 517 .	3a	Are there endowment funds not in the posses	ssion of the organizatio	on that are held a	nd administere	ed for the				
(ii) Related organizations? 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 158 , 347 . 158 , 347 . 158 , 347 . b Buildings 2 , 791 , 878 . 1 , 925 , 222 . 866 , 656 . c Leasehold improvements 623 , 101 . 556 , 862 . 66 , 239 . d Equipment 814 , 324 . 619 , 049 . 195 , 275 . e Other 1 286 , 517 .		organization by:							Yes	No
(ii) Related organizations? 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 158 , 347 . 158 , 347 . 158 , 347 . b Buildings 2 , 791 , 878 . 1 , 925 , 222 . 866 , 656 . c Leasehold improvements 623 , 101 . 556 , 862 . 66 , 239 . d Equipment 814 , 324 . 619 , 049 . 195 , 275 . e Other 1 286 , 517 .		(i) Unrelated organizations?								
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 158, 347. 158, 347. b Buildings 2, 791, 878. 1, 925, 222. 866, 6566. c Leasehold improvements 623, 101. 556, 862. 66, 239. d Equipment 814, 324. 619, 049. 195, 275. e Other 1 286, 517.										
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 158,347. 158,347. b Buildings 2,791,878. 1,925,222. 866,656. c Leasehold improvements 623,101. 556,862. 66,239. d Equipment 814,324. 619,049. 195,275. e Other 1 286,517.	b									
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(c) Accumulated depreciation(d) Book value1a Land158,347.158,347.b Buildings2,791,878.1,925,222.866,656.c Leasehold improvements623,101.556,862.66,239.d Equipment814,324.619,049.195,275.e OtherImage: Column (d) must equal Form 990. Part X. line 10c. column (B))1,286,517.										
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land158,347.158,347.b Buildings2,791,878.1,925,222.866,656.c Leasehold improvements623,101.556,862.66,239.d Equipment814,324.619,049.195,275.e OtherImage: Column (d) must equal Form 990. Part X. line 10c. column (B))1,286,517.	Par	t VI Land, Buildings, and Equipm	ent							
basis (investment) basis (other) depreciation 1a Land 158,347. 158,347. b Buildings 2,791,878. 1,925,222. 866,656. c Leasehold improvements 623,101. 556,862. 66,239. d Equipment 814,324. 619,049. 195,275. e Other 1 1 286,517.		Complete if the organization answered	d "Yes" on Form 990, F	Part IV, line 11a. S	See Form 990,	Part X, line	e 10.			
1a Land 158,347. 158,347. b Buildings 2,791,878. 1,925,222. 866,656. c Leasehold improvements 623,101. 556,862. 66,239. d Equipment 814,324. 619,049. 195,275. e Other 1 700. Part X. line 10c. column (B) 1,286,517.		Description of property		.,		.,		(d) Boo	k value	Э
b Buildings 2,791,878. 1,925,222. 866,656. c Leasehold improvements 623,101. 556,862. 66,239. d Equipment 814,324. 619,049. 195,275. e Other 701. 700. 700. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B)) 1,286,517.	19	Land		,	· /			15	3,34	47.
c Leasehold improvements 623,101. 556,862. 66,239. d Equipment 814,324. 619,049. 195,275. e Other 70tal. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B)) 1,286,517.						1.92	5.222.			
d Equipment 814,324. 619,049. 195,275. e Other 70tal. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B)) 1,286,517.										
e Other Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. line 10c, column (B)) 1,286,517.										
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))					, 5 4 7 •		<u>,,,,</u> ,,,			
				line 10				1 28	5 5	17
	TULA	COUMN (a) MUST 6	<u>quai Forni 990, Part X, I</u>	<u>iirie ruc, column</u>	<u>رتم)</u>					

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		ILY GROUP HEAD	DQUARTERS, INC	Page 3
Part VII				
	Complete if the organization answered "Yes"			
	ption of security or category (including name of security)	(b) Book value	(c) Method of Valuation	n: Cost or end-of-year market value
	ial derivatives			
	/ held equity interests			
(3) Other (A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col.	(b) must equal Form 990, Part X, line 12, col. (B))			
Part VII	I Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u> (8)				
(9)				
	(b) must equal Form 990, Part X, line 13, col. (B))			
Part IX				
	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)				
<u>(9)</u>				
Part X	umn (b) must equal Form 990, Part X, line 15, cc Other Liabilities	ol. (B))		
Turtx	Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f. See Form 990. F	Part X line 25
1	(a) Description of liability			(b) Book value
1. (1) Fee	deral income taxes			
	OST-RETIREMENT HEALTH BE	NEFITS		580,264.
	PERATING LEASE LIABILITY			59,068.
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, line 25, cc	н. (B))		639,332.
2. Liability	y for uncertain tax positions. In Part XIII, provide	e the text of the footnote to	the organization's financial	statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... 🗴

Schedule D (Form 990) 2023

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Sche	dule D (Form 990) 2023 AL-ANON FAMILY GROUP HEADQ				Page 4				
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	evenue per Re	turn					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.							
1	Total revenue, gains, and other support per audited financial statements			1	7,992,025.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
а	Net unrealized gains (losses) on investments	836,934.							
b	Donated services and use of facilities	244,657.							
с	Recoveries of prior year grants	. 2c							
d	Other (Describe in Part XIII.)								
е	Add lines 2a through 2d			2e	1,081,591.				
3	Subtract line 2e from line 1			3	6,910,434.				
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	74,130.						
b	Other (Describe in Part XIII.)	4b							
с	Add lines 4a and 4b			4c	<u>74,130.</u> 6,984,564.				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)							
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	nents With E	Expenses per F	Returi	n				
Pa	Tt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With E	Expenses per F	Returi					
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Statem	n ents With E a.	Expenses per F	Returi	n 5,790,260.				
	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	n ents With E a.	Expenses per F						
1	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements	a.	Expenses per F						
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:	nents With E a. 2a	Expenses per F						
1 2	T 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	2a	Expenses per F						
1 2 a b	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	2a 2b 2c	Expenses per F		5,790,260.				
1 2 a b	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	2a 2b 2c 2d	Expenses per F		5,790,260.				
1 2 b c d	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.)	2a 2b 2c 2d	Expenses per F	1	5,790,260.				
1 2 b c d e	t 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	2a 2b 2c 2d	Expenses per F	1 2e	5,790,260.				
1 2 b c d 3	t 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	2a 2b 2c 2d	Expenses per F	1 2e	5,790,260.				
1 2 6 6 8 4	T 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:	2a 2b 2c 2d	Expenses per F	1 2e	5,790,260. 244,657. 5,545,603.				
1 2 a b c d e 3 4 a	T 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	2a 2b 2c 2d 2d	Expenses per F 244,657. 74,130.	1 2e	5,790,260. 244,657. 5,545,603. 74,130.				
1 2 a b c d e 3 4 a 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.)	2a 2b 2b 2c 2c 2d 2d 2d	Expenses per F	1 2e 3	5,790,260. 244,657. 5,545,603.				

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

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INCOME TAXES.

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

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and 3b)

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.

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

3 Activities per Region (a) Region (b) Number of offices in the region (b) Number of offices in the region (c) Number of offices of enployees. If additional space is needed. (c) I dottivities control text in the region (c) Total exponentiations provide in the region (c) I dottivities control text in the region (c) Total exponentiations provide in the region (c) I dottivities control text in the region (c) Total exponentiations provide in the region (c) I dottivities control text in the region (c) Total exponentiations provide in the region (c) Total exponenting provide in the region (c)	United States.					
NORTH AMERICA 1 0 SUPPORT FOR GROUP SERVICES SERVICES IN THE CANADIAN REGION 13,331.		(b) Number of offices	(c) Number of employees, agents, and independent contractors	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to	 (e) If activity listed in (d) is a program service, describe specific type 	expenditures for and investments
b Total from continuation	NORTH AMERICA	1	0		SERVICES IN THE CANADIAN	13,331.
b Total from continuation						
b Total from continuation						
b Total from continuation						
b Total from continuation						
b Total from continuation						
b Total from continuation						
b Total from continuation						
c Totals (add lines 3a	b Total from continuation sheets to Part I					

AL-ANON FAMILY GROUP HEADQUARTERS, INC. General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I

Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes
- For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the 2

Name of the organization

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service



No

Employer identification number

Schedule F (Form 990) 2023

13,331.

Schedule F (Form 990) 2023

Page 2

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 other organizations or entities ...

Schedule F (Form 990) 2023

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) 2023

			FAMILY	GROUP	HEADQUARTERS,	INC.
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 the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		
	U.S. Owner (see the 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 the 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 the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see the 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		
	the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

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Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART II, LINE 1 (ACCOUNTING METHOD):

ACCRUAL METHOD

Schedule F (Form 990) 2023

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Page 5

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SC	HEDULE J	I	OMB No. 1	545-004	17		
(Fo	rm 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest		20	ດວ	,	
		Compensated Employees		20	ZJ)	
Dena	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publi	ic	
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe			
Nan	ne of the organization		Employer ide	entificatio	on nur	nber	
		AL-ANON FAMILY GROUP HEADQUARTERS, INC.					
Ра	rt I Question	s Regarding Compensation					
					Yes	No	
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form 99	3 0,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c						
	Travel for com		Jence				
		ation and gross-up payments	ab af)				
		spending account Personal services (such as maid, chauffeur,	chet)				
h	If any of the bayes	an line to are checked, did the exercitation follow a written policy recording normant or					
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or 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,					
2	•	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
	trustees, and onice			. 2			
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's							
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to							
establish compensation of the CEO/Executive Director, but explain in Part III.							
X Compensation committee Written employment contract							
		ompensation consultant Compensation survey or study					
	·	ther organizations Approval by the board or compensation con	nmittee				
4	During the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	lated organization:					
а	Receive a severance	e payment or change-of-control payment?		4a		X	
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		. 4b		X	
С	Participate in or rec	eive payment from an equity-based compensation arrangement?		. 4c		X	
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
)(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 compensation					
	contingent on the r			_		v	
						X X	
b		ation?		5b			
~		or 5b, describe in Part III.					
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
а	contingent on the n	-		6a		х	
		ation?				X	
U		ation? or 6b, describe in Part III.		00			
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
•		the solution provide any normal payments and the organization provide any normal payments the solution of the solution provide any normal payments and solution payments and solution payments and solution payments and solution provide any normal payments and solution payments and s		7		x	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
-	-			8		x	
9		id the organization also follow the rebuttable presumption procedure described in					
-	Regulations section			9			
For		on Act Notice, see the Instructions for Form 990.		le J (Form	1 990)	2023	

LHA 332111 11-06-23

AL-ANON FAMILY GROUP HEADQUARTERS, INC. Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) VALI FAYEN	(i)	193,261.	0.	0.	15,188.	0.	208,449.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) NIKETA WILLIAMS	(i)	140,452.	0.	0.	11,365.	0.	151,817.	0.
DIRECTOR OF FINANCE & OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KAREN WOLFF	(i)	140,184.	0.	0.	11,042.	0.	151,226.	0.
SOFTWARE ENGINEER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

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.

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Schedule J (Form 990) 2023

SCHEDULE O	Supplemental Information to Form 990 or 990-	-EZ	OMB No. 1545-0047					
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		2023					
Department of the Treasury	Attach to Form 990 or Form 990-EZ.		Open to Public					
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.		Inspection					
Name of the organizatio	AL-ANON FAMILY GROUP HEADQUARTERS, INC.	Employer	identification number					
FORM 990, PA	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:						
VIRTUALLY FO	R THE SEVENTH AL-ANON INTERNATIONAL CONVENTION	IN						
ALBUQUERQUE,	NEW MEXICO; THE NEW DAILY READER, A LITTLE TI	ME FOR						
MYSELFA COLL	ECTION OF AL-ANON PERSONAL EXPERIENCES LAUNCHE	D IN J	ULY AND					
RECEIVED AN	JNPRECEDENTED RESPONSESELLING OVER 69,000 COPI	ES IN						
ENGLISH, 4,4	00 IN SPANISH, AND 1,900 IN FRENCH; CODE FOR T	HE AL-	ANON					
FAMILY GROUP	S MOBILE APP WAS REFRESHED, ENHANCING ENGAGEME	NT FEA	TURES					
AND INCREASI	NG USERS TO OVER 160,000; IN MARCH 2023, THE N	EW GLO	BAL					
ELECTRONIC M	EETING SEARCH LAUNCHED INCREASING MEETING SEAR	CHES T	O OVER					
3.5 MILLION;	THE FIRST GLOBAL GATHERING FOR INTERNATIONAL	STRUCT	URES					
WAS HELD, AT	FENDED BY 85 MEMBERS REPRESENTING 25 COUNTRIES	; THE						
ORGANIZATION TRANSLATED AND UPDATED 24 AL-ANON GUIDELINES IN ENGLISH,								
SPANISH, AND FRENCH, HONORING ITS TRILINGUAL RESPONSIBILITIES;								
	•							

FORM 990, PART 1, LINE 1,

A NEW PUBLIC OUTREACH TOOLKIT ENCOURAGING MEMBER OUTREACH TO

PROFESSIONALS AND THE PUBLIC WASLAUNCHED ON AL-ANON.ORG; TRADEMARK

REGISTRATIONS WERE INITIATED IN FIVE NEW COUNTRIES AND FINALIZED IN

CAYMAN ISLANDS AND KAZAKHSTAN; THE MANUSCRIPT FOR A NEW BOOKLET WAS

FINALIZED IN PREPARATION FOR RELEASE IN 2024.

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

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.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23 42 Schedule O (Form 990) 2023

AL-ANON FAMILY GROUP HEADQUARTERS, INC.

Employer identification number

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

ALL MEMBERS OF THE BOARD OF TRUSTEES, THE EXECUTIVE COMMITTEE, AND SENIOR STAFF ARE REQUIRED TO SIGN THE CONFLICT OF INTEREST POLICY STATEMENT ON AN ANNUAL BASIS. IF A CONFLICT DOES EXIST, THE CONFLICT IS DISCLOSED TO THE PERSON IN CHARGE OF THE ACTIVITY (OR THE NEXT HIGHER AUTHORITY IF THE MEMBER IS IN CHARGE) AND TO THE GOVERNING BODY OF THE UNIT OF AL ANON FAMILY GROUP HEADQUARTERS, INC. IN WHICH YOU HOLD OFFICE. THE INDIVIDUAL IDENTIFYING THE CONFLICT ARE RECUSED FROM ANY DELIBERATIONS OR VOTE ON THE MATTER GIVING RISE TO THE CONFLICT OF INTEREST AT ANY BOARD, COMMITTEE, OR OTHER MEETING. THE EMPLOYEE MANUAL STATES THAT POTENTIAL OR ACTUAL CONFLICT OF INTEREST OCCURS WHENEVER AN EMPLOYEE IS ABLE TO INFLUENCE A DECISION THAT MAY RESULT IN A PERSONAL GAIN FOR THE EMPLOYEE OR AN IMMEDIATE FAMILY MEMBER AND THAT EMPLOYEE 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 AND 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 ENGAGED 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

 332212 11-14-23

 Schedule O (Form 990) 2023

 43

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 700842
 1600291.500
 2023.03040
 AL-ANON
 FAMILY GROUP HEAD
 16002912

Name of the organization

AL-ANON FAMILY GROUP HEADQUARTERS, INC.

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INTEREST POLICY IS AVAILABLE ONLY UPON REQUEST FROM PARTICIPANTS IN THE

ORGANIZATION.

FORM 990, PART XI, LINE 2C

NO CHANGE IN CURRENT YEAR TO THIS PROCESS.

Schedule O (Form 990) 2023

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SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number

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 KIP 5H9	SAME AS U.S. ACTIVITIES	CANADA	291,750.	615,389.	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	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 AL-ANON FAMILY GROUP HEADQUARTERS, INC.

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.

	i i i i i i i i i i i i i i i i i i i								1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	n)	(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	end-of-year allocations?		Code V-UBI amount in box 20 of Schedule	Genera managi partne	or Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o
	-										
	-										
	-										
	4										
	4										

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 enti	
		country)						Yes	No
									

AL-ANON FAMILY GROUP HEADQUARTERS, INC. Schedule R (Form 990) 2023

Part	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note	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	la		
		lb		
		lc		
		ld		
		le		
f	Dividends from related organization(s)	1f		
g		lg		
h	Purchase of assets from related organization(s)	lh		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	lk		
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		
m	Performance of services or membership or fundraising solicitations by related organization(s)	m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	In		
ο	Sharing of paid employees with related organization(s)	lo		
р	Reimbursement paid to related organization(s) for expenses	lp		
		lq		
r	Other transfer of cash or property to related organization(s)	1r		
S	Other transfer of cash or property from related organization(s)	ls		

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

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

Schedule R (Form 990) 2023 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)		(f)	(g)	(1	ו)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes I	(1) (3) (?	Share of total income	Share of end-of-year	Dispr tion alloca	opor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1	General o managin partner? Yes NC	Percentage ownership
				resi	NO			res	NO		resinc	
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Schedule R (Form 990) 2023

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Part VII Supplemental Information

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

Schedule R (Form 990) 2023

332165 09-28-23