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ARMANINO LLP

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PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 70258

(Rev. January 2020)

Department of the Treasury

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Open to Public

OMB No. 1545-0047

			L 1, 2019 and	ending J					
			1 1, 2019 and	enumy U	1				
B (heck if pplicable	C Name of organization			D Empl	oyer identific	cation number		
	Addre	SS ALCOHOL JUSTICE							
	Name chang	Doing business as			6	8-0152770			
F	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telep	hone number			
F	Final	24 BELVEDEDE GUDEEU	70.00 10 01.001 000,	110011,00110		.5)257-2480			
	termir ated		IP or foreign postal code		G Gross r	eceipts \$	1,838,915.		
	Amen					nis a group re			
	Applic		LIVINGSTON		1	subordinates			
	pendi	SAME AS C ABOVE				Ill subordinates in	·····= =		
<u> </u>	- ax-ex	empt status: X 501(c)(3) 501(c) ()	◀ (insert no.)	or 527	1 ` ′		list. (see instructions)		
		te: WWW.ALCOHOLJUSTICE.ORG	(moore no.) 10 17 (a)(1)	01 021	1	up exemptior	,		
			sociation Other	1 Year	of formation		State of legal domicile: CA		
	art I	Summary		L 1001	or rormation	i. 184	otato or logar dormono.		
	1	Briefly describe the organization's mission or most	significant activities: SEE SC	HEDULE O					
Se	'	Briefly decembe the enganization of model of model							
Governance	2	Check this box if the organization discon	tinued its operations or dispos	sed of more	than 25%	of its net ass	ets		
Ver	l	Number of voting members of the governing body (•			_	10		
Ĝ	l	Number of independent voting members of the government of the gove	, , , , , , , , , , , , , , , , , , , ,				10		
		Total number of individuals employed in calendar ye					12		
ij		Total number of volunteers (estimate if necessary)					120		
Activities &		Total unrelated business revenue from Part VIII, colu					569.		
Ă		Net unrelated business taxable income from Form 9					0.		
		The difference basiness taxable mostle from to	, in 10 00		Prior		Current Year		
	8	Contributions and grants (Part VIII, line 1h)				,556,309.	1,819,526.		
Jue	9					0.	5,000.		
Revenue	l	Investment income (Part VIII, column (A), lines 3, 4,				4,288.	3,019.		
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,				459.	569.		
	l	Total revenue - add lines 8 through 11 (must equal F			1	,561,056.	1,828,114.		
		Grants and similar amounts paid (Part IX, column (A				0.	0.		
	14				0.	0.			
	4-		ts paid to or for members (Part IX, column (A), line 4) es, other compensation, employee benefits (Part IX, column (A), lines 5-10)						
ses	162	Professional fundraising fees (Part IX, column (A), lir				,118,401.	1,279,022.		
Expenses	h	Total fundraising expenses (Part IX, column (D), line				- •			
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d,				538,436.	578,335.		
		Total expenses. Add lines 13-17 (must equal Part IX			1	,656,837.	1,857,357.		
	l	Revenue less expenses. Subtract line 18 from line 1				-95,781.	-29,243.		
	"	rievende less expenses. Gubtraet line 10 from line 1	<u> </u>	Re	ainnina of (Current Year	End of Year		
ets c	20	Total assets (Part X, line 16)				,363,210.	1,739,313.		
ASSE	21	Total liabilities (Part X, line 26)				144,185.	548,497.		
Net Assets or	22	Net assets or fund balances. Subtract line 21 from I	ine 20		1	,219,025.	1,190,816.		
Pa	rt II	Signature Block	110 20			, , -1	, , ,		
Und	er pena	Ities of perjury, I declare that I have examined this return, i	ncluding accompanying schedule:	s and stateme	ents, and to	the best of my	knowledge and belief, it is		
	-	t, and complete. Declaration of preparer (other than officer				-	,		
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,						
Sigi	n	Signature of officer				Date			
Her		BRUCE LIVINGSTON, EXECUTIVE DIRECT	TOR/CEO						
	•	Type or print name and title							
		Print/Type preparer's name	Preparer's signature] [Date	Check	PTIN		
Paid			ATY BROWN	0	5/13/21	if self-employe			
	arer	Firm's name ARMANINO LLP				Firm's EIN	94-6214841		
	Only	Firm's address 12657 ALCOSTA BLVD, STE.	500			IIII O LIN			
		SAN RAMON, CA 94583-4600			,	hone no.925	-790-2600		
May	, the II	RS discuss this return with the preparer shown above	so? (soo instructions)				X Yes No		

ALCOHOL JUSTICE 68-0152770 Page 2 Form 990 (2019)

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: ALCOHOL JUSTICE PROMOTES EVIDENCE-BASED PUBLIC HEALTH POLICIES AND	
	ORGANIZES CAMPAIGNS WITH DIVERSE COMMUNITIES AND YOUTH AGAINST THE	
	ALCOHOL INDUSTRY'S HARMFUL PRACTICES.	_
2	Did the organization undertake any significant program services during the year which were not listed on the	
_		Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	1es140
_	,	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes _ANo
	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	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	xpenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,559,363. including grants of \$) (Revenue \$)	5,000.
	ALCOHOL JUSTICE HAS ONE MAJOR PROGRAM WHICH WE CALL: "ALCOHOL INDUSTRY	
	WATCHDOG". WE SEEK CHANGES IN ALCOHOL CORPORATIONS AND THEIR PRODUCTS,	
	PROMOTIONS, AND PRACTICES, ALCOHOL POLICIES, REGULATIONS, AND	
	ENFORCEMENT. WE BRING RESEARCH, POLICY, MEDIA, AND ADVOCACY TOGETHER;	
	MOBILIZE COALITIONS THAT INCLUDE YOUTH, ADULTS, AND VARIOUS COMMUNITY	
	LEADERS; AND ORGANIZE TO ENACT, SUPPORT, AND ADVOCATE FOR ALCOHOL	
	POLICIES THAT KEEP YOUTH AND COMMUNITIES SAFE AND HEALTHY.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
<u>,</u>	Other many many and income (December on Calcadula Co.)	
4d	Other program services (Describe on Schedule O.)	,
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,559,363.	000
		Form 990 (2019)

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Form 990 (2019) ALCOHOL JUSTICE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	l	7.7	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
٦	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
u		11d	х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		х
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116		
•	the organization's separate of consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	٠		
124	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Х

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Form 990 (2019) ALCOHOL JUSTICE Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
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 lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
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		х
38	Did the organization complete Schedule O and provide explanations in 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	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

| Part 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	12						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
				3a	Х				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	Х				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			Х			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ıccour	nt)'?	4a					
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Actions.	ccoun	+c (EDAD)						
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		is (FBAN).	5a		Х			
b	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?			5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	any contributions that were not tax deductible as charitable contributions?			6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	gifts						
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a		Х			
b				7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	uired						
	to file Form 8282?	 I	 I	7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10	7.		Х			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		ť?	7e 7f					
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
9 h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			7h					
	on an artist of the first transfer of the state of the st	•		8					
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:	ı	1						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	11a	I						
a		11a							
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b							
12a	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	j	12u					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1						
а				13a					
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c							
				14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		<u> </u>			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					v			
	excess parachute payment(s) during the year?			15		X			
16	If "Yes," see instructions and file Form 4720, Schedule N.	ina-	no?	46		Х			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	LINCOR	iie?	16		Α			
	If "Yes," complete Form 4720, Schedule O.								

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
_	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
_	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
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>		
-	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
·	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This dection b requests information about policies not required by the internal nevertice dode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	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 to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	,,		
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	BRUCE LIVINGSTON - (415)257-2480			
	24 RELVEDEDE CODEET CAN DAFAEL CA 94901			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	box	not c , unle cer ar	rson i	than is both	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) RUBEN RODRIGUEZ	2.00									
PRESIDENT (LEFT 08/19)		Х		Х				0.	0.	0.
(2) RICHARD ZALDIVAR	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0,
(3) RITA SEDANO-GARCIA	2.00]								
TREASURER		Х		Х				0.	0.	0,
(4) LARRY MEREDITH, PHD	2.00									
SECRETARY		Х		Х				0.	0.	0.
(5) RUTHIE BOLTON	1.00									
DIRECTOR		Х						0.	0.	0.
(6) TERRY CUNNINGHAM	1.00									
DIRECTOR		Х						0.	0.	0.
(7) VERONICA DE LARA	1.00									
DIRECTOR		Х						0.	0.	0.
(8) TOM GREENFIELD	1.00									
DIRECTOR		Х						0.	0.	0.
(9) HERB KESSNER, PHD	1.00									
DIRECTOR		Х						0.	0.	0
(10) SHARON O'HARA	1.00									
DIRECTOR (LEFT 02/20)		Х						0.	0.	0
(11) SONNY SKYHAWK	1.00									
DIRECTOR		Х						0.	0.	0
(12) JOHN O. WHITAKER, JR.	1.00									
DIRECTOR		Х				_		0.	0.	0
(13) BRUCE LIVINGSTON	40.00									
EXECUTIVE DIRECTOR				Х		_		153,847.	0.	55,561
(14) MICHAEL SCIPPA	40.00	1								
MEDIA DIRECTOR	1					Х		103,437.	0.	42,114.
		-								
			-			-				
		-								
	1	1	I	I	I	I	1	I		

Form 990 (2019)

ALCOHOL JUSTICE

68-0152770

Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(C) (D) (E) (F)

	(A) Name and title	(B) Average hours per week	/erage Position (do not check more than one box, unless person is both ar					an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount o other				
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	>)	fr org and	pensa om th anizat d relat anizati	ne tion ted		
											\top					
											\dashv					
											\dashv					
											\dashv					
											\forall					
											+					
1h	Subtotal								257,284.		0.		97	675.		
C	Total from continuation sheets to Part VI	, Section A						>	0.		0.			0.		
	Total (add lines 1b and 1c) Total number of individuals (including but n							▶ o re	257,284. eceived more than \$100,	000 of reportable	0.		97,	675.		
	compensation from the organization						,			·		I	Yes	No		
3	Did the organization list any former officer,	director, truste	ee, k	еу е	mpl	oye	e, or	hig	hest compensated emp	loyee on	ſ		163	NO		
	line 1a? <i>If</i> "Yes," complete Schedule J for so For any individual listed on line 1a, is the su											3		Х		
	and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual			4	х			
	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com											5		Х		
Secti	ion B. Independent Contractors Complete this table for your five highest con	-									neat	ion fro	·m			
	the organization. Report compensation for t	•	•													
	(A) Name and business	address	NO	NE					(B) Description of s	ervices	C	(C ompei		n		
											—					
	Total number of independent contractors (in	•	ot lin	nited	to t			ted	above) who received mo	ore than						
	\$100,000 of compensation from the organiz	zation >					0					Form	990 ((2019)		

932008 01-20-20

Form 990 (2019) ALCOHOL JUST Part VIII Statement of Revenue

		Check if Schedule O	contai	ns a respo	nse (or note to anv lin	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns		1a						
ants										
جَ ق		Membership dues								
fts,		Fundraising events				1,314,357.				
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations				421,684.				
ns, Sim		Government grants (contr				421,004.				
er S	t	All other contributions, gifts,				02 405				
듗된		similar amounts not included				83,485.				
ont od (_	Noncash contributions included in					1 010 506			
<u>0 g</u>	h	Total. Add lines 1a-1f					1,819,526.			
						Business Code				
9	2 a	PROFESSIONAL SERVIC	ES		_	900099	5,000.	5,000.		_
e <u>Ķ</u>	b									
Su	С				_					
eve	d									
Program Service Revenue	е	·								
Ā	f	All other program service	reven	ue						
	g	-				>	5,000.			
	3	Investment income (includ								
		other similar amounts)					3,019.			3,019.
	4	Income from investment of								·
	5	Royalties		-	-					
	•	rioyanioo	П	(i) Real		(ii) Personal				
	6 2	Gross rents	6a	11,3		()				
			6b	10,8						
		Less: rental expenses	-		69.					
		Rental income or (loss)	6c		· ·		569.		569.	
		Net rental income or (loss)	' 	(i) Securit		(ii) Other	305.		303.	
	<i>i</i> a	Gross amount from sales of	I_	(i) Securit	C3	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
Revenue		and sales expenses	7b							
Ş		Gain or (loss)								
		Net gain or (loss)								
her	8 a	Gross income from fundraisi	ng eve	nts (not						
₫		including \$		of						
		contributions reported on	line 1	c). See						
		Part IV, line 18			8a					
	b	Less: direct expenses			8b					
	С	Net income or (loss) from	fundra	aising even	t <u>s</u>					
	9 a	Gross income from gamin	g acti	vities. See						
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
	С	Net income or (loss) from	gamir	ng activities	·					
		Gross sales of inventory, I								
		and allowances			10a					
	b	Less: cost of goods sold			10b					
		Net income or (loss) from				•				
					<i>,</i>	Business Code				
sne	11 a									
nec Tue	b				_					
Miscellaneous Revenue	C				_					
Sce	4	All other revenue								
Ξ	u									
		Total revenue See instruction					1,828,114.	5,000.	569.	3,019.
	12	Total revenue. See instruction	лιδ .			·····	1 -,020,114.	3,000.	1 303.	3,017.

932009 01-20-20

68-0152770

Part IX Statement of Functional Expenses

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

Do n	Check if Schedule O contains a respons of include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	_ (D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	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				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	trustees, and key employees	186,947.	158,036.	10,628.	18,283
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	787,282.	728,262.	13,553.	45,467
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	78,728.	72,826.	1,355.	4,547
	Other employee benefits	155,523.	146,900.	882.	7,741
	Payroll taxes	70,542.	64,343.	1,607.	4,592
	Fees for services (nonemployees):				
	Management	18,426.	2,214.	16,212.	
	Legal	16,632.		16,632.	
	Accounting	84,414.	10.045	84,414.	
	Lobbying	10,947.	10,947.		
	Professional fundraising services. See Part IV, line 17	1 600		1 600	
	Investment management fees	1,698.		1,698.	
_	Other. (If line 11g amount exceeds 10% of line 25,	55.050	26 624		00.630
	column (A) amount, list line 11g expenses on Sch 0.)	57,272.	36,634.	1 005	20,638
	Advertising and promotion	36,711.	34,761.	1,905.	45
	Office expenses	38,868.	36,678.	1,487.	703
	Information technology	22,642.	20,696.	489.	1,457
	Royalties	72.056	F0 0F1	0.571	2 424
	Occupancy	72,056.	59,051.	9,571.	3,434
	Travel	62,954.	58,923.	1,034.	2,997
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	45.005	26 652	9 604	6.4.0
	Conferences, conventions, and meetings	45,905.	36,653.	8,604.	648
	Interest				
	Payments to affiliates	12 201	38,587.	957.	2 727
	Depreciation, depletion, and amortization	42,281.			2,737
	Insurance	29,524.	15,847.	12,539.	1,138
	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.) SUBSCRIPTIONS	31,393.	31,393.		
_	EDUCATION ACTIVITIES	6,612.	6,612.		
	EDUCATION ACTIVITIES	0,012.	0,012.		
C					
d	All other evenesses				
	All other expenses Add lines 1 through 24s	1,857,357.	1,559,363.	183,567.	114,427
	Total functional expenses. Add lines 1 through 24e	1,007,007.	1,339,303.	103,307.	114,427
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2019)
Part X Balance Sheet

rai	rt X	Balance Sneet					
		Check if Schedule O contains a response or r	ote to any	y line in this Part X	(A) Beginning of year		(B) End of year
	_	Ocela mani internat hasning			54,142.		369,384
	1	Cash - non-interest-bearing			33,514.	1	33,592
	2	Savings and temporary cash investments			19,097.	2	24,052
	3	Pledges and grants receivable, net		19,097.	3	24,032	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current		' '			
		trustee, key employee, creator or founder, sub				_	
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
	_	under section 4958(f)(1)), and persons describ	· / · / · / · · · · · -		6		
əts	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use	20.002	8	F0 F0F		
•	9				38,873.	9	59,507
	10a	Land, buildings, and equipment: cost or other		0 000 666			
		basis. Complete Part VI of Schedule D			4 040 650		4 040 540
	b	Less: accumulated depreciation	1,075,924.	1,018,672.	10c	1,012,742	
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		198,912.	15	240,036	
	16	Total assets. Add lines 1 through 15 (must ed			1,363,210.	16	1,739,313
	17	Accounts payable and accrued expenses		144,185.	17	129,045	
	18	Grants payable		18			
	19	Deferred revenue	0.	19	419,452		
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complet	of Schedule D		21		
S	22	Loans and other payables to any current or fo	rmer offic	er, director,			
Ě		trustee, key employee, creator or founder, sub	ostantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese perso	ons		22	
_	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela-	ted third p	parties		24	
	25	Other liabilities (including federal income tax,	payables t	to related third			
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
		of Schedule D		<u> </u>		25	
	26	9			144,185.	26	548,497
		Organizations that follow FASB ASC 958, c	heck here	e ▶ X			
Ses		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			1,195,150.	27	1,161,899
Ba	28	Net assets with donor restrictions	23,875.	28	28,917		
pur		Organizations that do not follow FASB ASC	958, che	eck here 🕨 🗌			
Ę		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current fund	ds	L		29	
set	30	Paid-in or capital surplus, or land, building, or	equipmer	nt fund		30	
As	31	Retained earnings, endowment, accumulated	income, d	or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,219,025.	32	1,190,816
_	33	Total liabilities and net assets/fund balances			1,363,210.	33	1,739,313

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	828,	114.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	857,	357.			
3	Revenue less expenses. Subtract line 2 from line 1	3		-29,	243.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	219,	025.			
5	Net unrealized gains (losses) on investments	5		1,	034.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	1,	190,	816.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis X Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit						
	Act and OMB Circular A-133?		За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2019)			

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

ALCOHOL JUSTICE

ALCOHOL Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

			,	an organizations mast of	ompioto tin	10 part.) 00			
he.	organ	ization is not a private found	ation because it is: (F	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	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative		·			i).		
4	一	A medical research organiz					•	the hospital's name.	
•		city, and state:		,				,	
5		An organization operated for	or the benefit of a col	lege or university owned	d or operate	ed by a go	vernmental unit describe	ed in	
Ŭ		section 170(b)(1)(A)(iv). (C		age of animolousy emilies	. o. opo.a.	-			
6			A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).						
6	H	, ,	ū				• •	and the state of the state of	
7	ш	An organization that norma	•	ntial part of its support i	rom a gove	ernmentai	unit or from the general p	oublic described in	
_		section 170(b)(1)(A)(vi). (C							
8	\vdash	A community trust describe							
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or	
		university:							
10		An organization that norma	Ily receives: (1) more	than 33 1/3% of its sup	port from c	ontributio	ns, membership fees, an	d gross receipts from	
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of its support f	rom gross investment	
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the organization a	fter June 30, 1975.	
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).		
12	X	An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functio	ns of, or to carry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section (509(a)(2).	See section 509(a)(3). (Check the box in	
		lines 12a through 12d that	describes the type of	f supporting organization	n and com	plete lines	12e, 12f, and 12g.		
а	X	Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving	
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	pporting	
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organization(s), by hav	ring	
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manage the supp	ported	
		organization(s). You mus			•				
С		Type III functionally inte	-		in connect	ion with, a	and functionally integrate	d with,	
		its supported organization	-				• •	•	
d		Type III non-functionally		·				zation(s)	
		that is not functionally int					· · · · · · · · · · · · · · · · · · ·	* *	
		requirement (see instructi	-		•		= '		
е		Check this box if the orga	•	-					
_		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
f	Fnte	er the number of supported of						1	
		vide the following information	•	d organization(s)				-	
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
				above (see instructions))					
IAR	IN C	OMMUNITY FOUNDATION	94-3007979	8	x		1,857,357.		
	_						1 057 357		

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

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

<u>5e</u> 0	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
_	etion B. Total Support						1
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4			. ,		1	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1					
9	Net income from unrelated business	1					
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	J			•	()()	. \square
S0/	organization, check this box and stop	here Per	rcentage				>
	•	•••		. (5)		T 44 T	
	Public support percentage for 2019 (li		•	***		14	%
	Public support percentage from 2018 33 1/3% support test - 2019. If the o					15	%
10a	stop here. The organization qualifies						. —
h	33 1/3% support test - 2018. If the o		-		Uine 15 is 33 1/3%		
IJ	and stop here. The organization quali	-					
172	10% -facts-and-circumstances test						
., a	and if the organization meets the "fact	•					•
	meets the "facts-and-circumstances" t				· · · · · · · · · · · · · · · · · · ·	~	
h	10% -facts-and-circumstances test						
		-	-				
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization		-	•			s
	<u> </u>		,	, , ,		edule A (Form 990	

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	ļ					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf	ļ					
5	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business	ļ					
	activities not included in line 10b, whether or not the business is	ļ					
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
_	check this box and stop here						>
	ction C. Computation of Publi					1 1	
	Public support percentage for 2019 (I			column (f))		15	%
	Public support percentage from 2018					16	<u>%</u>
	ction D. Computation of Inves					 	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
19a	a 33 1/3% support tests - 2019. If the						7 is not
	more than 33 1/3%, check this box ar						▶□
k	o 33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

932023 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1	х	
•		
2		Х
За		Х
3b		
3c		
4a		Х
46		
4b		
4c		
5a		Х
5b		
5c		
_		Х
6		Α
7		Х
8		х
9a		Х
9b		Х
9c		Х
40		Х
10a		^
10h		
10b 990 or 99	∩-F7\	2010

Pai	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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		Х
b	A family member of a person described in (a) above?	11b		Х
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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	Х	
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		Х
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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 government entity (see inst	ructions)	
2	Activities Test. Answer (a) and (b) 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.	2a		
b	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. Al				
	other Type III non-functionally integrated supporting organizations must con	mplete S	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .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 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-functionall	y integra	ited Type III supporting orga	inization (see	
	instructions)			·	

Schedule A (Form 990 or 990-EZ) 2019

Par	τV	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou	ints paid to supported organizations to accomplish exer	mpt purposes		
2	Amou	ints paid to perform activity that directly furthers exemp			
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	 S		
4	Amou	ints paid to acquire exempt-use assets			
5		fied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which th	ne organization is responsive		
		de details in Part VI). See instructions.	3		
9		outable amount for 2019 from Section C, line 6			
10		B amount divided by line 9 amount			
		anount annual by mile of annual n	(i)	(ii)	(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Unde	rdistributions, if any, for years prior to 2019 (reason-			
	able c	cause required- explain in Part VI). See instructions.			
3	Exces	ss distributions carryover, if any, to 2019			
а	From	2014			
b	From	2015			
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:				
а	Applie	ed to underdistributions of prior years			
b	Applie	ed to 2019 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
		uning underdistributions for years prior to 2019, if			
		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in Part VI. See instructions.			
6		uning underdistributions for 2019. Subtract lines 3h			
-		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2020. Add lines 3			
•	and 4	-			
8		cdown of line 7:			
		ss from 2015			
		ss from 2016			
		ss from 2017			
		ss from 2018			
е	-xces	ss irom z019			

Schedule A (Form 990 or 990-EZ) 2019

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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

ALC	COHOL JUSTICE	68-0152770				
Organization type (check 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					
• •	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.				
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	· · · · · · · · · · · · · · · · · · ·				
Special Rules						
sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount line 1. Complete Parts I and II.	r 16b, and that received from				
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, 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						
aution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), ut 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 ertify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

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

Name of organization

Employer identification number

ALCOHOL JUSTICE

68-0152770

Parti	Contributors (see instructions). Use duplicate copies of Part I if addition	nai space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		- - \$1,317,863.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		- - \$	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
3		- - \$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		- - \$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$60,000.	Person X Payroll Noncash (Complete Part II for

Name of organization

Employer identification number

ALCOHOL JUSTICE

68-0152770

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	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
8	- Hamo, dada ooo, and En 1 1	\$\$179,256.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Hailie, audiess, aliu ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Hailie, audiess, aliu ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ALCOHOL JUSTICE

68-0152770

Partii	(see instructions). Use duplicate copies of Part II	i 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
		 \$	

Name of o	rganization		Employer identification number
ALCOHOL	JUSTICE		68-0152770
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cluse duplicate copies of Part III if additional s	through (e) and the following line e naritable, etc., contributions of \$1,000 o	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year intry. For organizations or less 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 g	ift
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(S)1 dipose of gift	(c) 03c of gift	(a) Description of now girl is field
-		(e) Transfer of gi	ift
-	Transferee's name, address, an	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 g	ift
_	Transferee's name, address, an	d 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, an	(e) Transfer of g	ift Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Tax) (see separate instructions), then				
•	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization			Emp	loyer identification number
	ALCOHOL JUS				68-0152770
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures			.
Pa	art I-B Complete if the org	anization is exempt und	er section 501(c)(3).	
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	> 5	0.
	Enter the amount of any excise tax				
3	If the organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.	 	=0.//		1/0
		anization is exempt und			, , ,
1	Enter the amount directly expended	I by the filing organization for se	ction 527 exempt funct	tion activities > S	S
2	Enter the amount of the filing organ	ization's funds contributed to ot	her organizations for se		
	exempt function activities				<u> </u>
3	Total exempt function expenditures			,	
	line 17b				
4	Did the filing organization file Form				
5	Enter the names, addresses and en		•	•	
	made payments. For each organiza contributions received that were pro-	· ·	0 0		·
	political action committee (PAC). If			•	te segregated fund of a
	. , ,		1		(a) Amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

chedule C (Form 990 or 990-EZ) 2019 A					152770 Page
Part II-A Complete if the orga	inization is exe	mpt under section	n 501(c)(3) and file	d Form 5768 (ele	ction under
section 501(h)).					
Check ▶ ☐ if the filing organizati	ion belongs to an aff	iliated group (and list ir	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and share	of excess lobbying	expenditures).			
Check if the filing organizati	ion checked box A a	nd "limited control" pro	ovisions apply.		
	s on Lobbying Expe itures" means amo	enditures unts paid or incurred.	1	(a) Filing organization's totals	(b) Affiliated grou totals
1a Total lobbying expenditures to influe	ence public opinion	(grassroots lobbying)		5,229.	
b Total lobbying expenditures to influe	-			5,717.	
c Total lobbying expenditures (add line	es 1a and 1b)			10,946.	
d Other exempt purpose expenditures	1,846,411.				
e Total exempt purpose expenditures	(add lines 1c and 1c	d)		1,857,357.	
f Lobbying nontaxable amount. Enter	T T	242,868.			
If the amount on line 1e, column (a) or	(b) is: The lol	obying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000,	,000 \$100,0	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	0,000 \$175,0	00 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	00,000 \$225,0	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000	,000.			
g Grassroots nontaxable amount (ente	er 25% of line 1f) .			60,717.	
h Subtract line 1g from line 1a. If zero	or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero	or less, enter -0			0.	
j If there is an amount other than zero reporting section 4911 tax for this ye		-	ation file Form 4720	Γ	Yes
reporting accitors 4011 tax for time yo		eraging Period Under		L	
(Some organizations tha			• •	f the five columns be	elow.
, ,		rate instructions for li	-		
	Lobbying Expe	enditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
		1	1		

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total				
2a Lobbying nontaxable amount	213,996.	227,359.	234,458.	242,868.	918,681.				
b Lobbying ceiling amount (150% of line 2a, column(e))					1,378,022.				
c Total lobbying expenditures	32,236.	27,361.	19,047.	10,946.	89,590.				
d Grassroots nontaxable amount	53,499.	56,840.	58,615.	60,717.	229,671.				
e Grassroots ceiling amount (150% of line 2d, column (e))					344,507.				
f Grassroots lobbying expenditures	18,855.	9,249.	11,134.	5,229.	44,467.				

Schedule C (Form 990 or 990-EZ) 2019

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

ng purposes? fs, government officials, or a legentions, speeches, lectures, or an ization to be not described in urred under section 4912 urred by organization manager on 4912 tax, did it file Form 472 ation is exempt under section is exempt under section.	gislative matter gislative body? any similar means? a section 501(c)(3)? as under section 4912 and for this year?		No), or sec	Amo	ount
public? statements? g purposes? fs, government officials, or a legentions, speeches, lectures, or anization to be not described in urred under section 4912 urred by organization manager on 4912 tax, did it file Form 472 ation is exempt under section is exempt under sect	gislative matter gislative body? any similar means? a section 501(c)(3)? as under section 4912 and for this year?), or sec		
public? statements? g purposes? fs, government officials, or a legentions, speeches, lectures, or anization to be not described in urred under section 4912 urred by organization manager on 4912 tax, did it file Form 472 ation is exempt under section is exempt under sect	gislative matter gislative body? any similar means? a section 501(c)(3)? as under section 4912 and for this year?), or sec		
public? statements? g purposes? s, government officials, or a legentions, speeches, lectures, or anization to be not described in urred under section 4912 urred by organization manager on 4912 tax, did it file Form 472 ation is exempt under section 4912	gislative body? any similar means? a section 501(c)(3)? s under section 4912), or sec		
public? statements? go purposes? fs, government officials, or a legentions, speeches, lectures, or anization to be not described in urred under section 4912 urred by organization manager on 4912 tax, did it file Form 472 ation is exempt under section is exempt under sec	gislative body? any similar means? a section 501(c)(3)? as under section 4912), or sec		
public? statements? go purposes? fs, government officials, or a legentions, speeches, lectures, or anization to be not described in urred under section 4912 urred by organization manager on 4912 tax, did it file Form 472 ation is exempt under section is exempt under sec	gislative body? any similar means? a section 501(c)(3)? as under section 4912), or sec		
public? statements? ng purposes? fs, government officials, or a legentions, speeches, lectures, or anization to be not described in urred under section 4912 urred by organization manager on 4912 tax, did it file Form 472 ation is exempt under section is exempt under section is exempt under section is exempt under section.	gislative body? any similar means? a section 501(c)(3)? as under section 4912 20 for this year?), or sec		
public? statements? ing purposes? fs, government officials, or a legentions, speeches, lectures, or anization to be not described in urred under section 4912 urred by organization manager on 4912 tax, did it file Form 472 ation is exempt under section is exempt under section.	gislative body? any similar means? a section 501(c)(3)? as under section 4912 as for this year?), or sec		
statements? Ing purposes? Ifs, government officials, or a legentions, speeches, lectures, or anization to be not described in urred under section 4912 urred by organization manager on 4912 tax, did it file Form 472 ation is exempt under section is exempt under secti	gislative body? any similar means? a section 501(c)(3)? s under section 4912), or sec		
ing purposes? fs, government officials, or a legentions, speeches, lectures, or anization to be not described in urred under section 4912 urred by organization manager on 4912 tax, did it file Form 472 ation is exempt under section is exempt under section.	gislative body? any similar means? n section 501(c)(3)? s under section 4912 20 for this year?), or sec		
rs, government officials, or a legentions, speeches, lectures, or an ization to be not described in urred under section 4912 urred by organization manager on 4912 tax, did it file Form 472 ation is exempt under section is exempt under section.	gislative body? any similar means? a section 501(c)(3)? s under section 4912 20 for this year?), or sec		
entions, speeches, lectures, or	any similar means?), or sec		
unization to be not described in urred under section 4912 urred by organization manager on 4912 tax, did it file Form 472 ation is exempt under s	s section 501(c)(3)? s under section 4912 20 for this year?), or sec		
anization to be not described in urred under section 4912 urred by organization manager on 4912 tax, did it file Form 472 ation is exempt under s	s under section 4912), or sec		
anization to be not described in urred under section 4912 urred by organization manager on 4912 tax, did it file Form 472 ation is exempt under s	s section 501(c)(3)? s under section 4912 20 for this year?), or sec		
urred under section 4912 urred by organization manager on 4912 tax, did it file Form 472 ation is exempt under s	rs under section 4912), or sec		
urred by organization manager on 4912 tax, did it file Form 472 ation is exempt under s	s under section 4912), or sec		
on 4912 tax, did it file Form 472 ation is exempt under s	20 for this year?), or sec		
ation is exempt under s	section 501(c)(4), se	ection 501(c)(5), or sec		
			,,	tion	
s received pondeductible by m					
s received nondeductible by m				Yes	N
3 received florideductible by fil	nembers?		1		
lobbying expenditures of \$2,00	00 or less?		2		
lobbying and political campaig	n activity expenditures fr	om the prior year?	3		
from members			1		
and political expenditures (do r	not include amounts of	political			
tax was paid).					
			. 2a		
			. 2b		
			. 2c		
033(e)(1)(A) notices of nondedu	uctible section 162(e) due	es	3		
line 2c exceeds the amount on	line 3, what portion of th	ne excess			
to the reasonable estimate of	nondeductible lobbying	and political			
			. 4		
I expenditures (see instructions	s)		5		
on					
l expenditures (see instructions	s)		5		
S a	s from members and political expenditures (do tax was paid). 6033(e)(1)(A) notices of nondeduline 2c exceeds the amount oner to the reasonable estimate of	s from members and political expenditures (do not include amounts of tax was paid). 5033(e)(1)(A) notices of nondeductible section 162(e) due line 2c exceeds the amount on line 3, what portion of the to the reasonable estimate of nondeductible lobbying al expenditures (see instructions)	s from members and political expenditures (do not include amounts of political tax was paid). 5033(e)(1)(A) notices of nondeductible section 162(e) dues line 2c exceeds the amount on line 3, what portion of the excess or to the reasonable estimate of nondeductible lobbying and political al expenditures (see instructions)	s from members and political expenditures (do not include amounts of political tax was paid). 2a 2b 2c 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 line 2c exceeds the amount on line 3, what portion of the excess or to the reasonable estimate of nondeductible lobbying and political 4 al expenditures (see instructions) 5	and political expenditures (do not include amounts of political 2a 2b 2c 3033(e)(1)(A) notices of nondeductible section 162(e) dues 3 line 2c exceeds the amount on line 3, what portion of the excess er to the reasonable estimate of nondeductible lobbying and political al expenditures (see instructions) 5

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number ALCOHOL JUSTICE 68 - 0152770

Pa	rt I Organizations Maintaining Donor Advised	I Funds or Other S	imilar Funds or <i>i</i>	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advise	d 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 w	riting that the assets he	ld in donor advised fu	unds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that gra	nt funds can be used	d only
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes	s" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a hi	istorically important land area
	Protection of natural habitat		Preservation of a ce	ertified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribu	ition in the form of a	conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on	a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			anization during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located 🕨 🔃		
5	Does the organization have a written policy regarding the period	odic monitoring, inspect	ion, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, an	d enforcing conserva	ation easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and ent	orcing conservation	easements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirement	s of section 170(h)(4)	(B)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	n easements in its reven	ue and expense state	ement and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's	financial statements	that describes the
	organization's accounting for conservation easements.	A . II	0.11	0
Pa	rt III Organizations Maintaining Collections of	•	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its reve	nue statement and b	palance sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education,	or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its finan-	cial statements that desc	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	B, to report in its revenue	statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherar	nce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			• \$
				· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical trea	sures, or other similar as	ssets for financial gair	n, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			• \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2019

932051 10-02-19

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	(d) Book value
1a Land		524,367.		524,367.
b Buildings		932,208.	652,546.	279,662.
c Leasehold improvements		538,449.	346,840.	191,609.
d Equipment		93,642.	76,538.	17,104.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990 Part X colun	an (R) line 10c)	•	1,012,742.

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.			1 age 5
Complete if the organization answered "Yes" of	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year	market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			market value
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year	nainei vaide
(1)		+	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" o			
	Description	(b)	Book value
(1) MCF FUNDS			239,336.
(2) TRADEMARK/PATENTS			700.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>	>	240,036.
Complete if the organization answered "Yes" of	on Form 990, Part IV, line		
1. (a) Description of liability		(b)	Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)		
2. Liability for uncertain tax positions. In Part XIII, provide	,		ts the
organization's liability for uncertain tax positions under			

Schedule D (Form 990) 2019

Sche	dule D (Form 990) 2019 ALCOHOL JUSTICE			68-015	2770 Page
	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Re	venue per Re	turn.	9
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,838,251
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,034.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		10,801.		
е	Add lines 2a through 2d			2e	11,835
3	Subtract line 2e from line 1			3	1,826,416
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	1,698.		
b	Other (Describe in Part XIII.)		·		
	Add lines 4a and 4b			4c	1,698
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	1,828,114
	t XII Reconciliation of Expenses per Audited Financial Stater	nents With E	xpenses per F		, ,
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1	1,866,460
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
	Donated services and use of facilities	2a			
b	Prior year adjustments				
C	Other losses		10,801.		
			,	20	10,801
	Add lines 2a through 2d			2e	1,855,659
3	Subtract line 2e from line 1			3	1,033,033
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	اما	1,698.		
	Investment expenses not included on Form 990, Part VIII, line 7b		1,090.		
	Other (Describe in Part XIII.)	•			1 600
	Add lines 4a and 4b			4c	1,698
5 Do:	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information.			5	1,857,357
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			; Part X, III	ie 2; Part XI,
PART	2 X, LINE 2:				
THE	ORGANIZATION IS NOT CLASSIFIED AS A PRIVATE FOUNDATION AND I	S EXEMPT			
FROM	I FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF T	HE			
INTE	RNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA COD	E. THE			
ORGA	NIZATION IS CONSIDERED A PUBLICLY SUPPORTED ORGANIZATION. TH	IE			
C T NIX	NCIAL ACCOUNTING STANDARDS BOARDS PRESCRIBES A RECOGNITION T	UDEGUOI D			
FINA	INCIAL ACCOUNTING STANDARDS BOARDS PRESCRIBES A RECOGNITION T	RESHOLD			
AND	A MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION	OF TAX			
POSI	TIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN. MANAGEM	IENT HAS			
EVAL	UATED ITS UNCERTAIN TAX POSITIONS AND RELATED INCOME TAX CON	TINGENCIES			
AND	DOES NOT BELIEVE ANY MATERIAL UNCERTAIN TAX POSITIONS EXIST.				

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Part XIII Supplemental Information	ALCOHOL JUSTICE		68-0152770	Page 5
Part XIII Supplemental Infor	mation _(continued)			
RENTAL EXPENSES		10,801.		
		,		
PART XII, LINE 2D - OTHER AD	JUSTMENTS:			
RENTAL EXPENSES		10,801.		

SCHEDULE J (Form 990)

Compensation Information

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

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

➤ Attach to Form 990.

► Attach to Form 990.

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

Internal Revenue Service Name of the organization

Department of the Treasury

ALCOHOL JUSTICE

Part I Questions Regarding Compensation

Employer identification number 68-0152770

OMB No. 1545-0047

Open to Public

Inspection

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			.,
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	a		ı

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

Schedule J (Form 990) 2019

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-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(6)(1)-(0)	reported as deferred on prior Form 990	
(1) BRUCE LIVINGSTON	(i)	153,847.	0.	0.	15,385.	40,176.	209,408.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								

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Schedule J (Form 990) 2019

Page 3

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019
Open to Public

Open to Public Inspection

Employer identification number

ALCOHOL JUSTICE 68-0152770 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ALCOHOL JUSTICE. THE INDUSTRY WATCHDOG. PROMOTES EVIDENCE-BASED PUBLIC HEALTH POLICIES AND ORGANIZES CAMPAIGNS WITH DIVERSE COMMUNITIES AND YOUTH AGAINST THE ALCOHOL INDUSTRY'S HARMFUL PRACTICES. FORM 990, PART VI, SECTION B, LINE 11B: FORM 990 IS PROVIDED TO GOVERNING BODY FOR REVIEW PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: BOARD AND STAFF MEMBERS OF ALCOHOL JUSTICE (AJ) ARE EXPECTED TO CONDUCT THEIR AFFAIRS IN SUCH A MANNER AS TO AVOID ANY ACTUAL, POTENTIAL, APPARENT CONFLICT BETWEEN THEIR PERSONAL INTEREST AND THE INTEREST OF AJ. IN GENERAL, WHEN CONDUCTING THE BUSINESS OF AJ, A CONFLICT OF INTEREST WILL BE PRESUMED WHEN A BOARD OR STAFF MEMBER OR SOMEONE WITH WHOM THE BOARD OR STAFF MEMBER HAS A CLOSE RELATIONSHIP SERVES AS A BOARD OR STAFF MEMBER DIRECTOR, OWNER, OFFICER, OR STOCKHOLDER OF AN AFFECTED ORGANIZATION OR FIRM; HAS A FORMAL AFFILIATION OR INTEREST IN AN AFFECTED ORGANIZATION OR FIRM; OR COULD EXPECT FINANCIAL GAIN OR LOSS FROM A PARTICULAR DECISION THE FOLLOWING PROCEDURES WILL APPLY TO THE RESOLUTION OF ANY CONFLICT OF INTEREST THAT CANNOT OTHERWISE BE AVOIDED: ANY POTENTIAL CONFLICT OF INTEREST THAT MAY AFFECT A MATTER UNDER CONSIDERATION SHALL BE DISCLOSED BY THE BOARD OR STAFF MEMBER TO THE EXECUTIVE DIRECTOR AND BOARD PRESIDENT AND MADE A MATTER OF RECORD AS SOON LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

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2019.05094 ALCOHOL JUSTICE

Name of the organization ALCOHOL JUSTICE	Employer identification number 68-0152770
AS THE POSSIBLE CONFLICT IS IDENTIFIED.	
- AN INTERESTED BOARD MEMBER SHALL NOT VOTE ON SUCH MATTER AND SHALL NOT	
ATTEMPT TO EXERT INFLUENCE IN CONNECTION WITH THE MATTER. IN A SITUATION	
WHERE A "CONFLICTED" BOARD OR STAFF MEMBER HAS INFORMATION WHICH THE BOARD	
OR STAFF MEMBER FEELS MAY BE AN IMPORTANT AND MATERIAL FACT HE OR SHE SHALL	
DISCUSS SUCH INFORMATION CONFIDENTIALLY WITH THE EXECUTIVE DIRECTOR OR	
BOARD PRESIDENT.	
AT THE DISCRETION OF EXECUTIVE DIRECTOR AND BOARD PRESIDENT, THE INTERESTED	
PERSON MAY PARTICIPATE IN BOARD DISCUSSIONS CONCERNING SUCH MATTER, BUT	
SHALL NOT BE COUNTED TOWARD THE QUORUM FOR THE VOTE UPON SUCH MATTER. IF	
THE INTERESTED PERSON IS UNABLE TO MITIGATE THE CONFLICT OF INTEREST, THE	
BOARD MAY REMOVE UPON A VOTE OF THE MATTER.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE HR DIRECTOR ANNUALLY REVIEWS SALARY LEVELS OF COMPENSATION (USING	
REGIONAL NON-PROFIT REPORTS) FOR THE EXECUTIVE DIRECTOR AND ALL OTHER	
EMPLOYEES AND REPORTS ANY DISCREPANCIES IN SALARY LEVELS (TOO HIGH OR TOO	
LOW COMPARED TO REGIONAL NORMS) TO THE ED. NO ACTION WAS NECESSARY THIS	
YEAR, AS ALL SALARIES STILL FALL IN NORMAL REGIONAL LEVELS.	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 2C:	
THE FINANCE COMMITTEE (A SUB-COMMITTEE OF THE EXECUTIVE COMMITTEE) IS	
RESPONSIBLE FOR OVERSIGHT OF THE AUDIT, REVIEW OF FINANCIAL STATEMENTS,	hadula 0 (Faura 000 at 000 F7) (0040)

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization ALCOHOL JUSTICE	Employer identification number 68-0152770
AND SELECTION OF AN INDEPENDENT ACCOUNTANT. ACTIONS BY THE FINANCE	
COMMITTEE ARE ULTIMATELY REPORTED TO THE BOARD AND APPROVED BY THE	
BOARD.	

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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

ALCOHOL JUSTICE					68-015277)
Part I Identification of Disregarded Entities. Complete	e 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 incor	(e) ne End-of-year	assets Direct	(f) controlling entity
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990,	Part IV, line 34, be	ecause it had one	or more related tax-ex	empt
(a)	(b)	(c)	(d)	(e)	(f)	(a)

(a) Name, address, and EIN of related organization	(b) (c) Primary activity Legal domicile (state or foreign country)		Primary activity Legal domicile (state or Exempt Code		Primary activity Legal domicile (state or Exempt Code Public charity		(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No		
DAGMAR DOLBY FOUNDATION - 47-5332690									
5 HAMILTON LANDING, #200					MARIN COMMUNITY				
NOVATO, CA 94949	GRANT-MAKING	CALIFORNIA	501(C)(3)	LINE 12B, II	FOUNDATION		Х		
BINGHAM, OSBORN & SCARBOROUGH FOUNDATION -									
51-0515757, 5 HAMILTON LANDING, #200,					MARIN COMMUNITY				
NOVATO, CA 94949	GRANT-MAKING	CALIFORNIA	501(C)(3)	LINE 12B, II	FOUNDATION		Х		
DONALD B. TANKLAGE AND CAROLE F. TANKALGE									
FOUNDATION - 20-0089179, 5 HAMILTON LANDING,					MARIN COMMUNITY		i		
#200, NOVATO, CA 94949	GRANT-MAKING	CALIFORNIA	501(C)(3)	LINE 12B, II	FOUNDATION		Х		
FULLERTON FAMILY FOUNDATION - 94-3316190									
5 HAMILTON LANDING, #200]				MARIN COMMUNITY		ĺ		
NOVATO, CA 94949	GRANT-MAKING	CALIFORNIA	501(C)(3)	LINE 12B, II	FOUNDATION		Х		

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

Schedule R (Form 990) 2019

Part II Continuation of Identification of Related Tax-Exempt Organizations

Schedule R (Form 990)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
KURLAND FAMILY FOUNDATION - 87-0749260						163	NO
5 HAMILTON LANDING, #200	-				MARIN COMMUNITY		
NOVATO, CA 94949	- GRANT-MAKING	CALIFORNIA	501(C)(3)	LINE 12B, II			Х
LYNX FOUNDATION - 26-2717594				,			
5 HAMILTON LANDING #200	-				MARIN COMMUNITY		
NOVATO, CA 94949	- GRANT-MAKING	CALIFORNIA	501(C)(3)	LINE 12B, II	FOUNDATION		х
MARGARET E. HAAS FUND - 51-0533111				,			
5 HAMILTON LANDING, #200	7				MARIN COMMUNITY		
NOVATO, CA 94949	- GRANT-MAKING	CALIFORNIA	501(C)(3)	LINE 12B, II	FOUNDATION		х
PRESIDIO THEATRE - 84-1695823				,			
5 HAMILTON LANDING, #200	SUPPORT MARIN COMMUNITY				MARIN COMMUNITY		
NOVATO, CA 94949	FOUNDATION AND ITS GOALS	CALIFORNIA	501(C)(3)	LINE 12B, II	FOUNDATION		х
MCF GIFT FUND, INC 68-0477815				,			
5 HAMILTON LANDING, #200	SUPPORT MARIN COMMUNITY				MARIN COMMUNITY		
NOVATO, CA 94949	FOUNDATION AND ITS GOALS	CALIFORNIA	501(C)(3)	LINE 12B, II	FOUNDATION		х
MCF ONE - 51-0666996				,			
5 HAMILTON LANDING, #200	SUPPORT MARIN COMMUNITY				MARIN COMMUNITY		
NOVATO, CA 94949	FOUNDATION AND ITS GOALS	CALIFORNIA	501(C)(3)	LINE 12B, II	FOUNDATION		х
MCF PROPERTY HOLDINGS, INC 94-3274626	TO PROVIDE LEASED			,			
5 HAMILTON LANDING, #200	PROPERTIES FOR NON-PROFIT				MARIN COMMUNITY		
NOVATO, CA 94949	ORGANIZATIONS	CALIFORNIA	501(C)(3)	LINE 12B, II	FOUNDATION		х
PETER E. HAAS JR. FAMILY FUND - 14-1962681				,			
5 HAMILTON LANDING, #200	7				MARIN COMMUNITY		
NOVATO, CA 94949	- GRANT-MAKING	CALIFORNIA	501(C)(3)	LINE 12B, II	FOUNDATION		х
PIRKLE JONES FOUNDATION - 68-0664486				,			
5 HAMILTON LANDING, #200	7				MARIN COMMUNITY		
NOVATO, CA 94949	- GRANT-MAKING	CALIFORNIA	501(C)(3)	LINE 12B, II	FOUNDATION		х
MARIN COMMUNITY FOUNDATION - 94-3007979				·			
5 HAMILTON LANDING, #200	7						
NOVATO, CA 94949	GRANT-MAKING	CALIFORNIA	501(C)(3)	LINE 8	N/A		х
LEONARD & BERYL BUCK FOUNDATION - 94-6485668							
333 MARKET STREET, 29TH FL	1						ĺ
SAN FRANCISCO, CA 94105	GRANT-MAKING	CALIFORNIA	501(C)(3)	LINE 8	N/A		Х
	-						

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.

	organizations treated as a partitioning during the tax year.														
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)				
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	or entity	Direct controlling entity	entity	state or entity	te or entity	rolling Predominant income (related, unrelated, excluded from tax under	minant income Share of total income income		1 ' '	ortionate ations?	Code V-UBI amount in box 20 of Schedule	Genera manag partn	Percentage ownership
		country)		sections 512-514)		455015	Yes	No	K-1 (Form 1065)	Yes	10				
	1														
	1														
	1														
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	1		1	1				•	1						

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i)				
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	I contr	o)(13) olled ity?				
		country)		or trusty		455515		Yes	No				

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed i	n Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	y			. 1a		Х
b	Gift, grant, or capital contribution to related organization(s)				. 1b		Х
С	Gift, grant, or capital contribution from related organization(s)				. 1c	Х	
							Х
							Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				. 1g		Х
h	Purchase of assets from related organization(s)				. 1h		Х
	turing the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Table					Х	
j	Lease of facilities, equipment, or other assets to related organization(s)				. 1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
							Х
							Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization						Х
	Gift, grant, or capital contribution to related organization(s) Gift, grant, or capital contribution from related organization(s) Loans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Dividends from related organization(s) Dividends from related organization(s) Purchase of assets to related organization(s) Purchase of assets to related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets with related organization(s) Lease of facilities, equipment, or other assets with related organization(s) Lease of facilities, equipment, or other assets with related organization(s) Lease of facilities, equipment, or other assets with related organization(s) 110 Naring of paid employees with related organization(s) 111 Naring of paid employees with related organization(s) 112 Naring of paid employees with related organization(s) for expenses 115 Naring of paid employees with related organization(s) for expenses 116 Naring of paid employees with related organization(s) for expenses 117 Naring of paid employees with related organization(s) 118 Naring of paid employees with related organization(s) 119 Naring of paid employees with related organization(s) 110 Naring of paid employees with related organization(s) 111 Naring of paid employees 112			Х			
р	Reimbursement paid to related organization(s) for expenses				1p		Х
	ceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity t, grant, or capital contribution to related organization(s) t, grant, or capital contribution from related organization(s) ans or loan guarantees to or for related organization(s) ans or loan guarantees by related organization(s) teledidends from related organization(s) this providence of assets with related organization(s) this providence of assets with related organization(s) the asset of facilities, equipment, or other assets to related organization(s) teledidends from related organization(s) teledidends from related organization(s) this providence of services or membership or fundraising solicitations for related organization(s) teledidends from related organization(s			Х			
r	Other transfer of cash or property to related organization(s)				1r		х
	ift, grant, or capital contribution from related organization(s) ana or loan guarantees to or for related organization(s) abans or loan guarantees by related organization(s) widends from related organization(s) widends from related organization(s) if g also dissests to related organization(s) if g in chase of assets to related organization(s) if g in chase of assets with related organization(s) if g in change of assets with related organization(s) if g in change of assets with related organization(s) if g in change of savets with related organization(s) if g in change of services or membership or fundraising solicitations for related organization(s) if g in change of services or membership or fundraising solicitations by related organization(s) if g in change of facilities, equipment, or other assets from related organization(s) if g in change of services or membership or fundraising solicitations by related organization(s) if g in change of facilities, equipment, mailing lists, or other assets with related organization(s) if g in change of facilities, equipment, mailing lists, or other assets with related organization(s) if g in change of facilities, equipment, mailing lists, or other assets with related organization(s) if g in change of facilities, equipment, mailing lists, or other assets with related organization(s) if g in change of facilities, equipment, mailing lists, or other assets with related organization(s) if g in change of facilities, equipment, mailing lists, or other assets with related organization(s) if g in change of facilities, equipment, mailing lists, or other assets with related organization(s) if g in change of facilities, equipment, mailing lists, or other assets with related organization(s) if g in change of facilities, equipment, or other assets from related organization(s) if g in change of facilities, equipment, or other assets from related organization(s) if g in change of facilities, equipment, or other assets from related organization(s				х		
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	Name of related organization	Transaction			involved		
(1)							
,							
(2)							
<u>,</u>							
(3)							
,							
(4)							
/							
(5)							
,							
			I				

Schedule R (Form 990) 2019 ALCOHOL JUSTICE 68-0152770 Page **4**

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									