PUBLIC2 11/03/2020 10:28 AM

Form

(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.

OMB No. 1545-0047 2019 Open to Public Inspection

Intern	al Revenue Serv	/ice	THE RESERVE OF THE PROPERTY OF	, and ending			
A I	For the 2019	e calendar	year, or tax year beginning of organization PUBLIC ADVOC			D Employer i	dentification number
March Street, Square,	heck if applicable	In Name o	f organization PUBLIC ADVOC				
	Address change	-	UNITED STATE	25		52-11	12449
\equiv		Doing b	ousiness as		Rcom/suite	E Telephone	number
닏'	Vame change	Numbe	r and street (or P.O. box if mail is not delivered to	street address)		703-8	345-1808
1	nitial return	_		# Company of the Comp			
	Final return/					G Gross rece	ots\$ 1,727,640
<u>_</u> '	erminated						
\sqcup	Amended return	F Name a	and address of principal officer:		H(a) Is this a gro	up return for su	bordinates? Yes X No
\Box	Application pendi	ing F:[](GENE DELGAUDIO		H(b) Are all sub		ded2 Yes No
<u> </u>	,				H(b) Are all sub	ordinates inclu	see instructions)
					II NO.	allacit a list. (god menoral
-			501(c)(3) X 501(c) (4) ♦ (inse	ert ng.) 4947(a)(1) or 527			
-	Tax-exempt stat	tus:	oublicadvocateusa.	2007	H(c) Group exe	mption number	- DC
J	Website: 🔷			Other ◆ L	Year of formation: 1	978	M State of legal domicile: DC
	Form of organiza		O DO ABOTT	OHE: Y			
P	THE P IS A	Summar		rificent activities:			
	1 Briefly	y describe ti	he organization's mission or most sig	STITUTIONS AND PROCESSES	THROUGH	PUBLIC	
به				STITUTIONS 2210			
Governance	ED	UCATION	T				
Ë		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			acov of ite not as	sets	
ove.	2 Check	k this box	if the organization discontinued	its operations or disposed of more than 2	25% of its fiet as	3	4
Ö	1			rt VI. line (a)			3
රේ ග		C ! d	and not voting members of the govern	ning body (Part VI, line 1b)		5	10
Activities	5 Total	number of	individuals employed in calendar yea	r 2019 (Part V, line Za)		6	0
<u>.</u>	6 Total	number of	volunteers (estimate if necessary)		********	70	0
Š	6 Total	maleted b	ousiness revenue from Part VIII, colur				-0
	/a Total	umerated by	siness taxable income from Form 99	0-T, line 39	Prior Ye	7b	Current Year
	b Net u	inrelated bu	Silless taxable mooms nome		1 66	0,577	1,658,694
	e Conti	ributions an	d grants (Part VIII, line 1h)		1,00	0,0	0
e	8 Conti	nom popies	revenue (Part VIII, line 2g)				0
Revenue	9 Progr	IAIII SEIVICE	me (Part VIII, column (A), lines 3, 4, a		10	7,337	68,946
è	10 Inves	stment incor	Part VIII, column (A), lines 5, 6d, 8c,	9c. 10c, and 11e)	10		1,727,640
and or		r revenue (i	add lines 8 through 11 (must equal P	Part VIII. column (A), line 12)	1,76	7,914	800
again/column	12 Total	l revenue -	add lines of through 11 (most ogga.)	lines 1–3)		1,950	0
	13 Gran	nts and simi	lar amounts paid (Part IX, column (A)	line 4)			119,500
	14 Bene	efits paid to	or for members (Part IX, column (A),	ut IV column (A) lines 5–10)	12	5,576	119,500
v.	15 Sala	ries, other o	compensation, employee benefits (Fe	art IX, column (A), lines 5–10)			V
Sesuso	16a Profe	essional fur	draising fees (Part IX, column (A), lin	25) 162,544			F4F 680
	b Tota	I fundraising	g expenses (Part IX, column (D), line	20) 4	1,62	20,263	1,545,680
T,	17 Othe	er expenses	(Part IX, column (A), lines 11a-11d,	117-246)	1,74	17,789	1,665,980
	18 Tota	l expenses.	Add lines 13-17 (must equal Part IX	., column (A), line 25)	•	20,125	61,660
	19 Reve	enue less e	xpenses. Subtract line 18 from line 13	2 anadaka makan kalan kalan mana mana mana mana di dan kalan mana mana kalan mana mana mana mana mana mana mana	Beginning of C		End of Year
70	S				6	53,128	124,788
sts	20 Tota	al assets (Pa	art X, line 16)			0	.0
ASS	24 Tota	al liabilities (Part X, line 26)			53,128	124,788
2	.5 22 Net	assets or fu	and balances. Subtract line 21 from line	ne 20			
0.1	Part II	Signatu	ure Block	in a shadular and state	ements and to the	best of my k	nowledge and belief, it is
-	Under penalti	ies of perjury.	I declare that I have examined this return	n, including accompanying scriednes and state er) is based on all information of which prepar	er has any knowle	dge.	
-	true, correct,	and complete	e. Declaration of preparer (office than office				
		<u> </u>				Dat	e
S	ign		of officer	PRES	SIDENT		
H	lere		GENE DELGAUDIO				
			orint name and title	Comments airposture	Date	Chec	k X if PTIN
	Pr	rint/Type prepar	rer's name	Preparer's signature		self-e	employed 200006674
P	aid Ne	elson L C	astner			Firm's EIN **	
P		irm's name	" NELSON L CAST	NER CPA		Fillis Cily	
	ise Only	and o rights				Phone no.	703-256-3920
	_	irm's address	4.6	and the second s		Priorie no.	X Yes No
<u></u>	lay the IRS	discuss this	return with the preparer shown above	e? (see instructions)			Form 990 (2019)

rm O	90 (2019) PUBLIC ADVOCATE	E OF THE	52-1112449	Page 2
art	III Statement of Program S	ervice Accomplishments		X
	Check if Schedule O contr	ains a response or note to ar	ny line in this Part III	[43]
IM	riefly describe the organization's mission PROVEMENT OF GOVERNM	:	S AND PROCESSES THROUGH	PUBLIC
ED	UCATION			
. D	id the organization undertake any signific	cant program services during the ye	ar which were not listed on the	Yes X No
	rior Form 990 or 990-EZ? "Yes," describe these new services on S	Schedule O.	······	Yes A NO
B D	id the organization cease conducting, or ervices?	make significant changes in how it	conducts, any program	Yes X No
If	"Yes," describe these changes on Scheen	dule O.		
4 D	escribe the organization's program servi	ce accomplishments for each of its) organizations are required to repor	three largest program services, as measured by rt the amount of grants and allocations to others	
4a ((, (-1	, 300 , 679 including grants)
Se	e Schedule O	***************************************		
•				
			and the state of t	
	taria (t) egermánia irrana, sela externica			
		including grants	of \$) (Revenue \$)
	Code:) (Expenses \$	moldang grame		arrente de la companya de la company
N				

		including grant	s of \$) (Revenue S	,
	(Code:) (Expenses \$	including grow		
N	/A			
			•••••	
	*			
4d	Other program services (Describe on S	chedule O.)) (Revenue \$)
	(Expenses \$ Total program service expenses ♦	including grants of \$ 1,300,679	(1)	Form 990 (201
40	Total program service expenses			Form 990 (201)

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A 1 2 X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C. Part I 3 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 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, X 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 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 X 6 "Yes." complete Schedule D. Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 complete Schedule D, Part III 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 X debt negotiation services? If "Yes," complete Schedule D. Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X 10 or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X 11a complete Schedule D. Part VI b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more X 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more X 11c of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets X 11d reported in Part X, line 16? If "Yes," complete Schedule D, Part IX X 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If X 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate X 14b foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or X 15 for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on X 17 Part IX. column (A), lines 6 and 11e? If "Yes," complete Schedule G. Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X 19 If "Yes," complete Schedule G, Part III 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

PE	art IV Checklist of Required Schedules (continued)					T
					Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individual	als on		22		X
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		,	44		48
44	organization's current and former officers, directors, trustees, key employees, and highest compensation	ted				
	employees? If "Yes," complete Schedule J	100		23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	 1				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lin		b			
	through 24d and complete Schedule K. If "No," go to line 25a			24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the	e year				
	to defease any tax-exempt bonds?		************	24c		
d ar-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess	ss ben	etit	250		x
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in	a prio		25a		- 22
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 9					
	If "Yes," complete Schedule L, Part I	30-L2	••	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any	/ curre	nt			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	,				and the same of th
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, truste	ee, key	у			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	е				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of the	se				
	persons? If "Yes," complete Schedule L, Part III			27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule	e L, Pa	art			4
	IV instructions, for applicable filing thresholds, conditions, and exceptions):				200	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contribut	tor? If		28a		X
	"Yes," complete Schedule L, Part IV			28b		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?) If				
С	"Yes," complete Schedule L, Part IV			28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedu	ile M		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualific					
•	conservation contributions? If "Yes," complete Schedule M		,	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Sched	ule N,	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"					22
	complete Schedule N, Part II			32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Reg	ulation	าร			x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			33		12
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pan	t II, III,		34		X
	or IV, and Part V, line 1			35a		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	 a				
b	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-charitate					
•	related organization? If "Yes," complete Schedule R, Part V, line 2			36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	nizatio	n			x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	Part VI	<i>1</i>	37		12
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines	ino an	a	38	X	
W.B.	19? Note: All Form 990 filers are required to complete Schedule O.					
_ Ka	irt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	,				
wherether the control of	Official in Confedence of Software a Teaponies of Trote to any mile in this Fact v			paratrates	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	13	100 - 100 P	A PROPERTY OF	Market Co.
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-12	的数 内容数
C	Did the organization comply with backup withholding rules for reportable payments to vendors and				131	
-	reportable gaming (gambling) winnings to prize winners?			1c	X	0 (00:5:
DAA				For	m JJ!	0 (2019)

Form 990 (2019)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 10 Statements, filed for the calendar year ending with or within the year covered by this return 22 X 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes." enter the name of the foreign country • See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a 6a organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a and services provided to the payor? 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 75 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. 9a Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b Section 501(c)(7) organizations. Enter: 10 10a a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: 11 11a Gross income from members or shareholders a Gross income from other sources (Do not net amounts due or paid to other sources b 11b against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which 13b the organization is licensed to issue qualified health plans 13c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X 15 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 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

	tion A. Governing Body and Management		designation and the state of th		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4			
	If there are material differences in voting rights among members of the governing body, or				4	
	if the governing body delegated broad authority to an executive committee or similar			1.00		
	committee, explain on Schedule O.				1	
b	Enter the number of voting members included on line 1a, above, who are independent	1b	3			and the second
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		y ar at at y ar at an		Aug C
4	any other officer, director, trustee, or key employee?			2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
6	Did the organization have members or stockholders?	111127		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			al control		
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by	the following	j:		1.77
а	The governing body?			· 8a	X	77
b	Each committee with authority to act on behalf of the governing body?			8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					X
	the exemplantion's mailing address? If "Ves." provide the names and addresses on Schedule O			9		Δ
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	rnal I	revenue (Joae.)	Van	No
					Yes	X
10a	Did the organization have local chapters, branches, or affiliates?			10a		-
b	If "Yes." did the organization have written policies and procedures governing the activities of such chapters,			401		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filir	ig the f	orm?	11a	A	Selection of
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			40-	245	X
12a	Did the organization have a written conflict of interest policy? If "No." go to line 13			12a		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give re	se to c	onflicts?	12b		-
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			10		
ŭ	describe in Schedule O how this was done			12c		X
13	Did the organization have a written whistleblower policy?			13		X
14	Did the organization have a written document retention and destruction policy?			14	0.824	1
15	Did the process for determining compensation of the following persons include a review and approval by					
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?			77	
а	The organization's CEO, Executive Director, or top management official		,	15a	X	X
b	Other officers or key employees of the organization			15b	41914	1
100	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			177		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			4	i i i i i i i	X
	with a taxable entity during the year?			16a	nert.	1
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			16b	1	
	organization's exempt status with respect to such arrangements?	<u>ئىدىنىدىنىدىنىدىنى</u>		100		
Sec	tion C. Disclosure	.KY	MD, MS,	NC, NJ,	NY	
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, FL, IL, KS	Section	501(c)	e a o d'o o é a ele		
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (00000	. 55 . (5)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain on Schedule O)	erest -	nlicy and			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	GICST F	oncy, and			
	financial statements available to the public during the tax year.	orde 4	•			
20	State the name, address, and telephone number of the person who possesses the organization's books and recommendation.	Julus 1				
E	UGENE DELGAUDIO			00 0	, p	0/

000 (0040)	DITRIT.TC	ADVOCATE	OF	THE
nrm 990 (7019)	EUDLIL	Edd V which had been	100	and the sheet

FA	49	4	4	2	A	A	0
52		J.	1	. L.	냎	44	3

Part VII	Compensation of Officers, Directors, Tro	ustees, 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.
 See instructions for the order in which to list the persons above.

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

Telested organizations Telested organizati	ortable Estimated amo on sation of other related compensation from the 99-MISC) organization a	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(D) Reportable compensation from the organization (W-2/1099-MISC)	oth an ustee)	tion nore the son is rector/	ess per nd a d	k, unle	box	(A) (B) Name and title Average hours per week (list any hours for	
SUBJECT SOURCE Color C	related organiza		(1.2.11)	Former Highest compensated	Key employee	Officer	Institutional trustee	Individual trustee or director	related organizations below dotted line)	
PRESIDENT									00.00	(1) EUGENE DELGAUDIO
C2 PAUL SERRANO	0		0			x		x		DOSCIDENT
1.00								-	0.00	
(3) STEPHEN MIROY 1.00 TREASURER/DIRECTOR (4) MARK CLAYTON 1.00 VICE PRES/DIRECTOR (5) (6) (7) (8)	0							-		
1.00			0	+	-	X		X	0.00	SECRETARY/DIRECTOR
TREASURER/DIRECTOR						and a second			1.00	(3) STEPHEN MIROI
1.00	U		0			X		X		TREASURER/DIRECTOR
(6) (7) (8) (9)	0		0	and the second desired the second desired the second desired to th		x		x		
(6) (7) (8)								1		The same of the sa
(8)										
(8)								1		(6)
(8)										
(9)										(7)
(9)										
										(8)
				-			-	+		(9)
				en e			pro-proposition control of the contr	-		
(10)						1				(10)
								1		f
(11)										(11)

Part VII Section A. Officers	s, Directors, Tru	stee	s, K	еу Е	mpl	oyee	s, a	and Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any	bo: off	k, unle icer ar	Pos check ess pe	rson i	than o s both r/truste	an 30)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
1b Subtotal c Total from continuation sho d Total (add lines 1b and 1c)	eets to Part VII,	Sect					* * *			
2 Total number of individuals (i reportable compensation from	ncluding but not	imite	ed to	thos	se lis	ted a	abo	ove) who received more than	\$100,000 of	
3 Did the organization list any	former officer, di	recto	r, tru	relic	וחו חי	anviou	IIAI			Yes No
 employee on line 1a? If Yes For any individual listed on line organization and related organization and related organization and related organization and related organization line Did any person listed on line 	ne 1a, is the sum inizations greater	of re	eport n \$1	table 50,0	con	npen If "Ye	sat es,"	complete Schedule J for su		4 X
5 Did any person listed on line for services rendered to the	ra receive or accordance or ac	es,	con'	nplet	e Sc	hedu	ıle	J for such person		5 X
Section B. Independent Contract 1 Complete this table for your compensation from the organ	five highest comp nization. Report o	ensa	ated ensa	inde ation	pend for	dent the c	cor	mal year enumy with or with	IIII LIIO OT G	ear. (C) Compensation
Name at	(A) nd business address							Descri	(B) ption of services	Compensation
INNOVAIRRE FOREST	V	A 2	245	551				PRINTING & MA	IL	239,396
SABER COMMUNICATION FALMOUTH	rs V	1 2	24		10			SHINGTON ST COORDINATION	· ·	213,190
EUGENE DELGAUDIO &	ASSOCIATES	i I	NC					MANAGEMENT		181,101
SOUTHWEST PUBLISHIN	G & MAILI	IG			_		1	ADAMS STREET	TT	128,396
TOPEKA CORPORATE COMMUNICA			666	09		48: 0 C		PRINTING & MA MERCE DRIVE		
UPPER MARLBORO	M	2				tod t) & h	PRINTING & MA	IL	115,121
2 Total number of independen received more than \$100,00	t contractors (incl 0 of compensatio	uain n fro	g bu m th	e or	gani	zatio	n 🌗	> Instead above) with	6	Form 990 (2019

Pa	irt V			of Revenue nedule O cont	ains a	resno	nse or note	to any line in thi	is Part VIII		П
	TTONAMO					тооро	noc of note	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated camp	paigns	\$	1a	Maria da Cara		er en gelige fra de la companya de l			100 100 100 100 100 100 100 100 100 100
Gra	b	Membership du	es		1b				Contraction of the second of t		A CONTRACTOR OF THE
ts, (С	Fundraising eve	ents		1c			Balance Balance (Marie Service Control of Co	Specification of the second se	A CONTRACTOR OF THE STATE OF TH	
Giff	d	Related organiz	ations	3	1d			Andrew State of the State of th	and the second second second second	and the state of t	The second section of the second seco
in;	е	e Government grants (contributions) 1e						and a supplied of the state of		and the second section of the s	and the second s
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, and similar amounts n			1f	1	,658,694			7.	
d C	g	Noncash contributions	s include	ed in lines 1a-1f	1g 5	5.		Marine Commence of the control of th			
2 g	h	Total. Add lines	1a-1	f				1,658,694			
							Business Code	and the second second second second second			and the state of t
Program Service Revenue	2a b	*									
Se uu	С										
Reve	d										
rog	e										
α.	f	All other program	m sen	vice revenue							
	g	Total. Add lines	2a-2	f					WH		A THE STATE OF THE
	3	other similar am	ounts								
	4		estme	ent of tax-exempt	t bond p	roceeds	• •	50.045			68,946
	5	Royalties		Tillianianianianianiani			•	68,946			00,520
				(i) Real		(ii)	Personal				
de la composition della compos	6a	Gross rents	6a								100
	b	Less: rental expenses	-	-						the state of the s	
	С	Rental inc. or (loss)	6c					ATTENDED TO THE PARTY OF THE PA			
	d	Net rental income or (loss) Gross amount from (i) Securities			•		removable are a subsection of the manufacture	or makes makes in the re-	A service of the bay without		
	14	sales of assets		(i) Securities		(1	i) Other	read the same of the	Against a second of the second	the conference subjections with	The state of the s
		other than inventory	7a			.,					
nne	b	Less: cost or other			aginamatikk						
Other Revenue		basis and sales exps	7b								
8		Gain or (loss)	7c				A				
he		Net gain or (loss			Г			A PARTY OF THE BEAUTY OF THE STATE OF THE ST			
ō	8a	Grass income from		aising events	de la constant					and the most product the court	and a second condense of the
		(not including \$.,,,,,,,,,,,,,,,,				and the second s		Land to be the second	a second second second second
		of contributions re		on line 1c).	8a			The Control of the Co	Property of the second	State	2.45 - 2. 10 - 10 10 10 10 10 10 10 10 10 10 10 10 10
	١.	See Part IV, line 1			8b					100	
		Less: direct exp Net income or (-		•				
	1	Gross income from			T		***************************************	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			
	Ja	See Part IV, line 1		ing donvitios.	9a						The state of the state of
	ь	Less: direct exp		S	9b			and the state of t		to the property of the second stands of	
		Net income or (vities						and the second s
		Gross sales of i						The second secon		and the second	The second of th
		returns and allo			10a		was believed the service of the serv		70		a production and the state of the second of
		Less: cost of go			10b		-		CONT. MARINE CO.	The second second second	And the second s
	C	Net income or (loss) i	from sales of inve	entory .		· · · · · · · •				
2							Business Code				
160	11a										
Miscellaneous Revenue	b										
Sce	C										and and an angular department of the second
Z	d	All other revenu		444							The second of th
***********		Total Add lines				reported in the second second	•	1,727,640	(0	68,946
		· · · · · · · · · · · · · · · · · · ·	1 1990	11301111111111111			W I	mm / 1 mm / 1 mm in th	I .	A	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respo	onse or note to any line in t	this Part IX	· · · · · · · · · · · · · · · · · · ·	
	clude amounts reported on lines 6b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Gran	its and other assistance to domestic organizations		222	1	a service and the service of the ser
	domestic governments. See Part IV, line 21	800	800		Service Report for the Control
	ants and other assistance to domestic				
	viduals. See Part IV, line 22				
	nts and other assistance to foreign				
_	anizations, foreign governments, and foreign				
	viduals. See Part IV, lines 15 and 16				
	nefits paid to or for members				
	mpensation of current officers, directors,				
	stees, and key employees npensation not included above to disqualified				
	sons (as defined under section 4958(f)(1)) and			vices applica	
•	sons described in section 4958(c)(3)(B)				
	ner salaries and wages	110,883	69,728	22,208	18,947
	sion plan accruals and contributions (include				
	tion 401(k) and 403(b) employer contributions)				
	ner employee benefits				A Mark Pro-
10 Pay	yroll taxes	8,617	5,353	1,809	1,455
11 Fee	es for services (nonemployees):			60 067	CO 267
	nagement	181,101	60,367	60,367	60,367 10,174
b Leg	gal	42,174	11,750	20,250	10,174
c Acc	counting	65,000		65,000	
d Lob					
e Prof	fessional fundraising services. See Part IV, line 17				
f Inve	estment management fees				
9	er. (If line 11g amount exceeds 10% of line 25, column	6 012	6,289	547	76
	amount, list line 11g expenses on Schedule O.)	6,912	0,209		
12 Adv	vertising and promotion	12,893	6,447	6,446	
	ice expenses	12,093	0/22/		
14 Info	ormation technology				
15 Ro	yalties	15,409		15,409	
	cupancy	4,276	3,849	427	
	avel	2,210			
	yments of travel or entertainment expenses				
	any federal, state, or local public officials nferences, conventions, and meetings	30	30		
		2		2	
	erest yments to affiliates				
	preciation, depletion, and amortization	521		521	
	surance	2,689	1,345	1,344	Andread to the Transfer of the September
	ner expenses. Itemize expenses not covered			The second of th	A CONTRACTOR OF THE PROPERTY O
	ove (List miscellaneous expenses on line 24e. If	Sign of the State	and the second s		Andrew Control of the
	24e amount exceeds 10% of line 25, column	and the second second post of the second	to the state of th	entransport of the second of t	Andreas I to make the second
	amount, list line 24e expenses on Schedule O.)	300 464	357,408	3,093	19,963
	POSTAGE	380,464 364,845	345,545		19,300
	PRINTING AND MAILING	176,863	167,507		9,356
	INTERNET EXPENSE CREATIVE AND COORDINATING	139,943	132,540		7,403
		152,558	131,721	5,334	15,503
	other expenses al functional expenses. Add lines 1 through 24e	1,665,980	1,300,679	202,757	162,544
26 Joi	int costs. Complete this line only if the lanization reported in column (B) joint costs m a combined educational campaign and				
fun	m a combined educational campaign and individuals and if		4 400 004		63,299
	owing SOP 98-2 (ASC 958-720)	1,196,590	1,133,291		Form 990 (201)

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 60,235 122,414 1 Cash-non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 12,003 10a basis. Complete Part VI of Schedule D 638 11,884 10c 119 10b b Less: accumulated depreciation 11 11 Investments—publicly traded securities 12 Investments-other securities. See Part IV, line 11 12 13 Investments-program-related. See Part IV, line 11 13 14 14 Intangible assets 2,255 2,255 15 15 Other assets. See Part IV, line 11 124,788 63,128 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0 0 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here 🌢 🗓 and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 124,788 63,128 27 Net assets without donor restrictions 27 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here . and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30

124,788 Form 990 (2019)

124,788

31

32

63,128

63,128

31

32

Schedule O.

Single Audit Act and OMB Circular A-133?

X

Form 990 (2019)

3a

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits