Form

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 2021 Open to Public Inspection

A		r the 2021 c	alendar year, or tax year beginning , and ending	***************************************		моросом
В	Chec	ck if applicable:	C Name of organization PUBLIC ADVOCATE OF THE	DE	mploy	ver identification number
L	Addr	ress change	UNITED STATES	-1		*
Г	Nam	e change	Doing business as		2.1	1110440
<u> </u>	7		Number and street (or P.O. box if mail is not delivered to street address)  Room/suite			L112449
_	_	return				-845-1808
	1	return/ nated	City or town, state or province, country, and ZIP or foreign postal code			
	3				ross red	ceipts\$ 1,542,072
L	7	1	F Name and address of principal officer:	166	ross rec	ceipts\$ 1,342,072
	Applic	cation pending	EUGENE_DELGAUDIO H(a) is th	is a group ret	um for	subordinates? Yes X N
		,	H(b) Are	all subordina	tes inc	luded? Yes No
						See instructions
1	Tax-e	exempt status:	501(c)(3) X 501(c) ( 4 ) (insert no.) 4947(a)(1) or 527			
J	Webs	site: 🄷 🔌 W	The state of the s	up exemption		
K	Form	of organization:	X Corporation Trust Association Other ♦ L Year of formatio			
	art	I Su	mmary Callet V   Calle	n. 1970		M State of legal domicile: DC
	1		scribe the organization's mission or most significant activities:			
o		IMPRO	OVEMENT OF GOVERNMENTAL INSTITUTIONS AND PROCESSES THROUGH			
ũ		EDUC		H PUB.	PIC	
E		•				
še	1 ,	Charleth!	b. All. 20			
ဖွ	2	Check this	box ♦ ☐ if the organization discontinued its operations or disposed of more than 25% of its ne	t assets.		
۰ŏ	3	Number of	voting members of the governing body (Part VI, line 1a)		3	4
ije.	4	Number of	independent voting members of the governing body (Part VI, line 1b)	1	4	3
Activities & Governance	5	i otal numi	per of individuals employed in calendar year 2021 (Part V, line 2a)	····· [	5	9
Act	6	i otai numi	per of volunteers (estimate if necessary)	i	6	0
	7:	a Total unrel	ated business revenue from Part VIII, column (C), line 12	· · · · · ·	7a	0
-	t	Net unrelat	ted business taxable income from Form 990-T, Part I, line 11		7b	Ö
	1		Prio	r Year	10	Current Year
ള			ns and grants (Part VIII, line 1h)	140,1	96	1,422,973
Revenue	9	Program se	ervice revenue (Part VIII, line 2g)			0
ě	10	Investment	income (Part VIII, column (A), lines 3, 4, and 7d)		$\neg$	0
œ				107,4	61	119,099
	12	Total reven		47,6		1,542,072
	13	Grants and	similar amounts paid (Part IX, column (A), lines 1-3)	6,6	anarana kandana	5,075
			id to or for members (Part IX, column (A), line 4)		+	3,0,3
ø				48,5	30	148,246
Expenses	16a	Professiona	al fundraising fees (Part IX, column (A), line 11e)	.20,0.	33	140,240
ber			aising expenses (Part IX, column (D), line 25) ♦ 155,384		-	<u> </u>
Ĕ	17	Other exper	nses (Part IX, column (A), lines 11a–11d, 11f–24e)	91,19	A	1,384,855
				46,33		
	19	Revenue le	ss expenses. Subtract line 18 from line 12	1,32		1,538,176
es		Novonac ic.	Beginning of	THE RESIDENCE AND ADDRESS OF THE PARTY AND ADD	-	3,896 End of Year
Net Assets or Fund Balances	20	Total assets	(Part Y line 16)	26,11	-	130,008
Ass	21		es (Part X, line 26)	2 0 , 1 i	0	130,008
Net Lind	22		***************************************	26,11	2	130,008
	art II		ature Block		- 60	130,000
-	-	-				
tru	e, corr	ect, and com	jury, I declare that I have examined this return, including accompanying schedules and statements, and to the olete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	e best of m	y knov	wledge and belief, it is
		TA	The state of the s	auge.	-	
Sig	n	Signs	elture of officer			
-			The state of the s	L	ate	
Her	е	1 1007	UGENE DELGAUDIO PRESIDENT	-		
			or print name and title			The state of the s
D-1-1		Print Type pre	eparer's name Preparer's signature Date	Ch	eck	X if PTIN
Paid		Nelson L	Castner	sel	f-emplo	pyed P000066'74
Prep		Firm's name	" NELSON L. CASTNER CEMPOJH	Firm's EIN	56	54-0675255
Use	Only			1		
Name -		Firm's addres	s "	Phone no.		703-256-3920
May	the IF	RS discuss th	nis return with the preparer shown above? See instructions			X Yes No

	2021) PUBLIC ADVOCATE		52-1112449	Page
Part III	Check if Schedule O conta	ervice Accomplishments ains a response or note to any line in	this Part III	X
1 Briefly	describe the organization's mission:			
EDITO	ATION	ENTAL INSTITUTIONS AND	PROCESSES THROUGH PUR	BLIC
	TILON			
• • • • • • • • • • • • • • • • • • • •	***************************************			
Did the	e omanization undertake any significa	ant program positions design the constability	L. L. J. Charles	
prior F	orm 990 or 990-EZ?	ant program services during the year which w	ere not listed on the	
	" describe these new services on So	shedule O		Yes X No
		nake significant changes in how it conducts, a	any program	
service	s?			Yes X No
	" describe these changes on Schedu	ule O.		
expens	oe the organization's program service es. Section 501(c)(3) and 501(c)(4) of a service es. Section 501(c)(4) of a service es. Section 501(c)(4) of a service es. Section 501(c)(5) and 501(c)(5) and 501(c)(6) and 5	e accomplishments for each of its three larges organizations are required to report the amou each program service reported.	st program services, as measured by nt of grants and allocations to others,	
a (Code:	) (Expenses \$ 1,	173,556 including grants of \$	5,075 ) (Revenue \$	
See S	chedule O			
	***************************************			
		•••••		
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		***************************************		
(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
1/A				
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• • • • • • • • • • • • • • • • • • • •		***************************************		
		***************************************		
(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	}
/A			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		***************************************		
		*************************************		
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				······································
Other pro	gram services (Describe on Seksky)	a0)		
Other pro	gram services (Describe on Schedul		) (Revenue \$	

Form 990 (2021)

## Part IV Checklist of Required Schedules

			Vac	N
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		100	
2	***************************************		+-	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	-	X
-	candidates for public office? If "Yes," complete Schedule C, Part I			
4	Section 501/cV2) arganizations. Did the arraying V	3	-	X
7	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
- pa	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,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		T	T
	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
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		X
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, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	49		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	1 4 4 -		X
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		1	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		<u>X</u> _
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>x</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X

Part IV **Checklist of Required Schedules** (continued)

20	P.14	promonoition	Yes	No
22	some stick more than \$6,000 or grants or other assistance to or for domestic individuals on			
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
~~	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	22		X
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	+	1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b		24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	- Company of the Comp		1
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
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 prior	25a	-	X
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current		1	
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	ĺ		
28	persons? If "Yes," complete Schedule L, Part III	27		X
40	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	12.75		
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			-
	"Yes," complete Schedule L, Part IV	28c	X	-
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			**
24	conservation contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	. 31	-	<u> </u>
V 24	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	-   <u>  </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			ioneen.share
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	25-		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
30	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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	00		-
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
- Inn	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	rt 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	<del></del>	T	<u> </u>
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable   1a   21		Yes	No
1a h	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1a 21  1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c		National Control
DAA		Forn	990	(2021)

If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. 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.

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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

Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in

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

excess parachute payment(s) during the year?

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

14a Did the organization receive any payments for indoor tanning services during the tax year?

Enter the amount of reserves on hand

If "Yes," complete Form 4720, Schedule O.

If "Yes," complete Form 6069.

If "Yes," see instructions and file Form 4720, Schedule N.

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

16

X

X

X

7g

f

g

F	PUBLIC ADVOCATE OF THE 52-1112449					_
	Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through	ich 7	h halaw an	dfor	- "No	Page
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	nn Sa	bodulo O	u ioi i	a IVO	liono
-	Check if Schedule O contains a response or note to any line in this Part VI	טנו זונ	nedule O. S	ee III	Struct	
S	ection A. Governing Body and Management	*****		*****		χ
	2110116 A110116	-				
1	a Enter the number of voting members of the governing body at the end of the tax year	1	1 4		Ye	s No
	If there are material differences in voting vielts are supplied to the tax year	1a	4			
	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.					
	Enter the number of voting members included on line 1a, above, who are independent	1b	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				No. of	
	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	1	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5	1	X
6	Did the organization have members or stockholders?			6	1	X
7a	and the power to elect or appoint				1	
	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,				1	1
	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	r by th	e following:			
а				8a	X	94.95
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	,				
-	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	ction B. Policies (This Section B requests information about policies not required by the Intern	al R	venue Co	de )	-	Vinena Maria
			2701140 00	<u>uo.</u> /	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	163	X
b	***************************************			100		35
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a		he for	m?	11a	X	<b></b>
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	116 101		11a	-22	0 7 E
12a				12a	9 - 60	X
b		to con	fliate2	12b		22
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	to con	mcis!	120		
	describe on Schedule O how this was done			12c		
13	Did the organization have a written whictloblaway policy?					X
14	Did the organization have a written document retention and doctruction policy?			13		X
15	Did the process for determining compensation of the following persons include a review and approval by			14	21.25	
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO Executive Director or ten monography of significant			100	x	
b	Other officers or key employees of the organization			15a	~	X
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			15b	1.15	
16a				40.0		
	with a taxable entity during the year?			16a	1510 max	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			ioa	\$5.75 ·	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				100	
			ľ	16b	A-65-11	Z. (2
Sec	organization's exempt status with respect to such arrangements? tion C. Disclosure	<del></del>		100]		
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, FL, IL, KS, K	Y,M	MS NC	NJ N	[X	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires and organization organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 6104 requires and organization or			17.4.		
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		. (0)			
	Own website Another's website 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 interes	t nalia	u and			
	financial statements available to the public during the tax year.	r hour	y, and			
20	State the name, address, and telephone number of the person who possesses the organization's books and records					
	GENE OF CALIDIO	*				

Form 990 (2021)	DITETTO	ADVOCATE	A ===	F01 11 11 11 11
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52-1112449

Page 7

## 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

Check this box if neither the org	anization nor an	y rel	ated	orga	aniza	ation	com	pensated any current offic	er, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	ox, uni ficer a	Pos check ess po	erson	han both Highest compensated	ee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) EUGENE DELGAUDIO	30.00	x		x				0	0	0
(2) PAUL SERRANO	1.00									
SECRETARY/DIRECTOR (3) STEPHEN MIROY	1.00	X		X				0	0	0
TREASURER/DIRECTOR (4) MARK CLAYTON	1.00	X		X				0	0	0
VICE PRES/DIRECTOR (5)	0.00	X		X		1		0	0	0
(6)										
(7)										
(8)			1							
(9)										
(10)										renderen state erreden zest eine et en men betourspelingsprocen
(11)										000

Part VII Section A. Offi				HE			52-1112449 ees, and Highest Compensated Employees (continued)				Pag		
(A) Name and title	(B) Average hours per week	(d	lo not ox, unl	Po check less p	(C) sition c more erson	than is bot	one h an	(D)  Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other			
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	from	ensatior m the cation ar ganizati	nd	
			,								pytenown policyclogospay.		
						,						TOTAL PROPERTY AND	
										·			
											-		
										November A Self-Giller (st. Aung spensoren aus	***************************************		
fb Subtotal c Total from continuation sh d Total (add lines 1b and 1c)		ectio	n A				•						
2 Total number of individuals ( reportable compensation from	including but not lin	nited	to th	nose	liste	d ab	ove)	who received more than \$	100,000 of		<del></del>	<b>B</b> EEFE STATE OF THE STATE OF T	
Did the organization list any employee on line 1a? If "Ves	former officer, direc	ctor,	trust	ee, l	key e	empl	oyee	e, or highest compensated		3	Yes	No	
For any individual listed on li organization and related orga individual  Did any person listed on line	anizations greater th	nan \$	150	,000	? If "	Yes,	" cor	mplete Schedule J for such		. 4		x	
for services rendered to the extion B. Independent Contract	organization? If "Ye									. 5		X	
Complete this table for your to compensation from the organ	five highest comper	nsate	d inc	depe	nder	nt co	ntrac	ctors that received more that	in \$100,000 of	<del></del>			
Name ar	(A) nd business address							(B Description		Cor	(C) mpensat	tion	
EUGENE DELGAUDIO &	ASSOCIA										170	,850	
<del>sooinmest pub</del> lishin TOPEKA	G & MAILING KS		60			1		DAMS STREET RINT & MAILING			158	,498	
SABER COMMUNICATION FALMOUTH	VA	224	40					NGTON ST ORDINATION			147	,647	
CORPORATE COMMUNICA UPPER MARLBORO	TIONS GROUP MD	20	77		00	COM		RCE DRIVE INTING & MAIL			136	,405	
Total number of independent received more than \$100,000								listed above) who	4				
A			0	. 3011						Form	990	(2021)	

-		Offeck	11 301	iedule O cor	ILAINS	a response or no	ote to any line in th	is Part VIII		
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	2 1	a Federated cam	paigns	3	1a					
Gra	O	b Membership di	ues		1b					Water State of the
S,		Fundraising ev	ents	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1c					
=		d Related organiz			1d			2,000		
Contributions, Gifts, Grants		Government grants (			1e					
	5	All other contributions			16					
				led above	1f	1,422,97	3			
֓֞֞֞֞֓֓֓֓֓֓֓֞֓֓֓֓֓֓֡֓֞֓֓֡֓֞֡֓֞֡	5 9	Noncash contribution		d in	1g	e	da at s			
S		Total. Add lines	s 1a-1		1.9	•	1,422,973			
=	1		14 1		•••••	Business Co	The state of the s			
Program Service	28	ι , , , , , , , , , , , , , , , , , , ,				1				
	b t									
Š		;								
ran		ı								
2	6					-1				`
1.	1	All other progra								
		Total. Add lines							40.12	
	3	Investment inco								
		other similar am				•				
	4	Income from inv	estme/	nt of tax-exemp	t bond	oroceeds •				
	5	Royalties					119,099			119,099
				(i) Real		(ii) Personal	14			
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental inc. or (loss)	6c							
	_d	Net rental incom	ne or (le	oss)						
	7a	Gross amount from sales of assets		(i) Securities		(ii) Other		Carrie Wall		Maria Maria
		other than inventory	7a							
g	b	Less: cost or other								ing and the second seco
Other Revenue		basis and sales exps.	7b					**************************************		
Re	C	Gain or (loss)	7c						110000000000000000000000000000000000000	
Jer	d	Net gain or (loss	3)						7	decide the state of the state o
ö	8a	Gross income from	fundrai	ising events						triversia.
		(not including \$								
		of contributions rep	orted or	n line						
		1c). See Part IV, Iir	ne 18		8a					
	b	Less: direct expe	enses		8b	~~~				
	С	Net income or (le	oss) fro	om fundraising e	events					
	9a	Gross income fro	om gar	ming						
		activities. See Pa		line 19	9a					
		Less: direct expe			9b		A CONTRACTOR OF THE CONTRACTOR			
		Net income or (le			ities	·····	44-13-44-14-14-14-14-14-14-14-14-14-14-14-14-	2,347,51		
-	10a	Gross sales of ir returns and allow			40-		The state of the s	46		
1	h				10a	, many and the second s	1			
		Less: cost of goo			10b			1 to 12 to 1		MATERIAL CONTRACTOR
$\dashv$	C	Net income or (lo	uss) tro	or sales of inve	mory	Business Code				
	44-					Business Code				The second secon
evenue	11a	*					<del> </del>			
Revenue	b	· · · · · · · · · · · · · · · · · · ·						4		
	C						<del> </del>			
		All other revenue								
		Total. Add lines Total revenue.					1,542,072	0	0	119,099
	17	Intal revenue 5	See ing	PARTICIONS		400	1 1 2 2 2 1 1 2 1	VI	<b>V</b> 1	

Statement of Functional Expenses

	nclude amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
-	and 10b of Part VIII.		expenses	general expenses	expenses
1 Gra	nts and other assistance to domestic organizations				
	domestic governments. See Part IV, line 21	5,075	5,075		
2 Gra	ants and other assistance to domestic				
ind	ividuals. See Part IV, line 22				
3 Gra	ants and other assistance to foreign				
_	anizations, foreign governments, and				
	eign individuals. 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			1	
	sons described in section 4958(c)(3)(B)				
	er salaries and wages	137,529	84,118	29,308	24,103
	sion plan accruals and contributions (include				
sect	tion 401(k) and 403(b) employer contributions)				
9 Oth	er employee benefits				
	roll taxes	10,717	6,447	2,423	1,847
	es for services (nonemployees):				
a Mar	nagement	170,850	56,949	56,951	56,950
b Leg	al	47,019	18,581	19,888	8,550
c Acc	counting	65,000		65,000	
	bying				
	essional fundraising services. See Part IV, line 17				on the angle to state the property facility to the property and which the contribution of the contribution
	estment management fees				***************************************
-	r. (If line 11g amount exceeds 10% of line 25, column	27,332	24,598	2,734	
	mount, list line 11g expenses on Schedule O.)	21,332	24,390	2,132	and the second s
13 Office	rertising and promotion	12,857	6,429	6,428	
14 Info	ce expenses rmation technology		<u> </u>		<del></del>
15 Rov	ralties				
	supancy	16,317		16,317	
17 Trav		4,702	4,232	470	
18 Pay	ments of travel or entertainment expenses				
	any federal, state, or local public officials				
<b>19</b> Con	ferences, conventions, and meetings				
20 Inter	rest				
21 Pay	ments to affiliates				
	reciation, depletion, and amortization	28		28	
	ırance	2,720	1,360	1,360	
	er expenses. Itemize expenses not covered				
	re (List miscellaneous expenses on line 24e. If 24e amount exceeds 10% of line 25, column				
	amount, list line 24e expenses on Schedule O.)				
	RINTING AND MAILING	335,748	316,976		18,772
	OSTAGE	331,279	310,175	2,735	18,369
	NTERNET EXPENSE	136,428	128,800		7,628
	REATIVE AND COORDINATING	107,499	101,489		6,010
	ther expenses	127,076	108,327	5,594	13,155
	functional expenses. Add lines 1 through 24e	1,538,176	1,173,556	209,236	155,384
26 Join	t costs. Complete this line only if the				
_	nization reported in column (B) joint costs a combined educational campaign <u>and</u>				
	raising solicitation. Check here				EC 000
	wing SOP 98-2 (ASC 958-720)	1,019,233	962,247		56,986 Form 990 (2021)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 123,829 127,753 Cash-non-interest-bearing 1 Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 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 Notes and loans receivable, net 7 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

10a

10b 12,003 28 10c 11 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 14 Intangible assets 2,255 2,255 15 15 Other assets. See Part IV, line 11 126,112 130,008 16 16 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 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% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 0 0 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ◆ |X| Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 126,112 130,008 27 Net assets without donor restrictions 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 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 130,008 126,112 Total net assets or fund balances 32 126,112 130,008 Total liabilities and net assets/fund balances

Form 990 (2021)

For	n 990 (2021) PUBLIC ADVOCATE OF THE	52-1112449			Pi	age 12
P	art XI Reconciliation of Net Assets				Manage Control of the	<del>nin Milanum marana</del>
	Check if Schedule O contains a response or note to any li	ne in this Part XI				. П
1	Total revenue (must equal Part VIII, column (A), line 12)		11	1,5	42,	072
2	Total expenses (must equal Part IX, column (A), line 25)		2	1,5	38,	176
3	Revenue less expenses. Subtract line 2 from line 1		3	- transcriptor and annual constraints		896
4	Net assets or fund balances at beginning of year (must equal Part X, line 3)	2, column (A))	4	1		112
5	Net unrealized gains (losses) on investments		5	***************************************		teres a principal manufacture o
6			6			
7	Investment eveness		7	***************************************		*****************
8	Prior period adjustments		8	****************	~	<del></del>
9	Other changes in net assets or fund balances (explain on Schedule O)		9		and the second problems to	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (mus	t equal Part X, line				
	32, column (B))		10	1	30,	800
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any li	ne in this Part XII				
					Yes	No
1		crual Other		_		
	If the organization changed its method of accounting from a prior year or che	ecked "Other," explain on				
•	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an inc			2a		X
	If "Yes," check a box below to indicate whether the financial statements for t	ne year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:					
h	Separate basis Consolidated basis Both consolidated a			01	~	
IJ	Were the organization's financial statements audited by an independent acc If "Yes," check a box below to indicate whether the financial statements for t			. 2b	X	
	separate basis, consolidated basis, or both:	ne year were audited on a				
	Separate basis Consolidated basis Both consolidated a	and senarate hasis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assum			27.1.198.79	g 190-111	
	the audit, review, or compilation of its financial statements and selection of a			2c		X
	If the organization changed either its oversight process or selection process				gird.	
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an a	udit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization	nization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps			3b		
				Forn	990	(2021)

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