Form 990

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 2022 Open to Public Inspection

А	For	r the 2022 calendar year, or tax year beginning		TOTTILICITI.		mapeou	UII
В	7	2 72220	ADVOCATE OF THE		D Emplo	yer identification number	
L	_ Addre	ess change UNITED	STATES				
Г	Name	change Doing business as		******	52-	1112449	
	7	Number and street (or P.O. box if mail is not de	lelivered to street address)	Room/suite		one number	
L	_	return				-845-1808	
	1	return/ City or town, state or province, country, and ZII	IP or foreign postal code				
-	J⊣termin ¬	lated				4 252	~~
	Amend	ded return F Name and address of principal officer:		7	G Gross re	eceipts	, 8I.
Г	Applica	ration pending EUGENE DELGAUDIO		H/a) le this a	aroun rotura foi	r subordinates? Yes	X
] - (-(EUGENE HET GAUDIO		ווען וא וווא מי	group return to	subordinates [] Tes	NO
				H(b) Are all s	ubordinates in	cluded? Yes	.No
-				If "N	o," attach a lis	t. See instructions	
1	Tax-e	xempt status; 501(c)(3) X 501(c) (4)) (insert no.) 4947(a)(1) or 527	1			
J	Webs		sa org				
K	Form	of organization: X Corporation Trust Associatio		H(c) Group e		T	
1	Part I		on Other L Yes	ar of formation:	19/8	M State of legal domicile	: DC
	7				-		
	1	Briefly describe the organization's mission or mo	ost significant activities:				
& Governance			L INSTITUTIONS AND PROCESSES :	THROUGH	PUBLIC	;	.,,,,,,
٦		EDUCATION					
eri							
8	2	Check this box if the organization discontinu	uued its operations or disposed of more than 25% o				
0	3	Number of voting members of the severing to	ded its operations of disposed of more than 25% (or its net asse	1		
S	1 .	training bod	dy (Part VI, line 1a)		3	4	
Activities	4	Number of independent voting members of the g	governing body (Part VI, line 1b)		4	3	
Ξ	5	lotal number of individuals employed in calenda	ar year 2022 (Part V, line 2a)		5	7	
AC	6	Total number of volunteers (estimate if necessar	ıry)			0	
	7a	a Total unrelated business revenue from Part VIII,	polymen (C) line 40				0
	b	Net unrelated business taxable income from For	rm 990-T, Part I, line 11		76		0
			The door, it dit i, line it	Prior Ye		Current Year	
n,	8	Contributions and grants (Part VIII, line 1h)		and the second s	2,973	1,203,3	330
ğ		Program service revenue (Part VIII, line 2g)		4,72	2,313	1,203,3	223
Revenue							0
Re		Investment income (Part VIII, column (A), lines 3		ma timen makin ng atawa pinga atawa tankay barang atawa say paga			<u>-0</u>
_		Other revenue (Part VIII, column (A), lines 5, 6d,		11	9,099	149,4	172
	12	Total revenue - add lines 8 through 11 (must equ	ual Part VIII, column (A), line 12)	1,54	2,072	1,352,8	NO DESCRIPTION OF THE PERSON
	13	Grants and similar amounts paid (Part IX, column	n (A) lines 1-3)		5,075	The state of the s	350
		Benefits paid to or for members (Part IX, column			0,010		700
				4 A	0 046	9 8 6 7	-0
Ses	46-	Salaries, other compensation, employee benefits	(Part IX, column (A), lines 5–10)	14	8,246	146,7	_
sesuedx		Professional fundraising fees (Part IX, column (A)	i), line 11e)	**************************************			0
		Total fundraising expenses (Part IX, column (D), I					
ш		Other expenses (Part IX, column (A), lines 11a-1		1,384	4,855	1,163,8	36
	18	Total expenses. Add lines 13-17 (must equal Par	rt IX, column (A), line 25)	1,538	3,176	1,311,4	
		Revenue less expenses. Subtract line 18 from line			3,896	41,3	
or es	***************************************			eginning of Cur	- Carlotte Company of the Company of	End of Year	- Ca
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		periodicinal and relative to the second seco	0,008	171,4	00
Bal	21	Total liabilities (Part X, line 26)		4~1	0,000	4/4/2	00
L'nd	22 1	Net assets or fund balances. Subtract line 21 from	m line 20	130	800,0	171 /	00
-	art II	Signature Block			7,000	171,4	00
-							
un	der per	naities of perjury, I declare that I have examined this ret	turn, including accompanying schedules and statements	, and to the be	est of my kno	owledge and belief, it is	
tru	e, cone	T T Complete. Declaration of preparer (other than of	officer) is based on all information of which preparer has	any knowledge	e. -		
ig	n	Signature of officer			Date		
ler	е	EUGENE DELGAUDIO	PRESIDENT				
		Type or print name and title	क के दिवस किए तक वहाँ के विच के प क				
		Print/Type preparer's name	Preparer's signature	Date		TEP : DTIN	
aid				Date	Check	X if PTIN	
		Nelson L Castner			self-emp		
-	arer	Firm's name NELSON L. CAS!	TNER CPA	Fir	m's EIN	54-067525	5
se	Only				***************************************		
		Firm's address		Ph	one no.	703-256-39	20
ay	the IR	S discuss this return with the preparer shown abo	ove? See instructions				No
_		vork Reduction Act Notice, see the separate instruct			<u> </u>	Form 990 (2	-

For	orm 990 (2022) PUBLIC ADVOCATE OF THE 52-1112449		age
	Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		X
	1 Briefly describe the organization's mission: IMPROVEMENT OF GOVERNMENTAL INSTITUTIONS AND PROCESSES EDUCATION		
	*		
2	2 Did the organization undertake any significant program services during the year which were not listed on the)	
	prior Form 990 or 990-EZ?	T 57	No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	Yes X	No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services	, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo the total expenses, and revenue, if any, for each program service reported.	ocations to others,	
4a	la (Code:) (Expenses \$ 966,303 including grants of \$ 850) (Payanua ¢	
	See Schedule O		
	***************************************	The state of the s	

	*		,
4b N	b (Code:) (Expenses \$ including grants of \$ N/A) (Revenue \$)
	N/A		
	······································		
		•••••	
		• • • • • • • • • • • • • • • • • • • •	
	•••••••••••••••••••••••••••••••••••••••	•••••	
	*		
	· · · · · · · · · · · · · · · · · · ·		

			-
	(Code:) (Expenses \$ including grants of \$) (Revenue \$,)
TA Y	VA		

	·		
d (Other program services (Describe on Schedule O.)		
	· · · · · · · · · · · · · · · · · · ·)	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 966, 303		

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,"	4		
2	complete Schedule A	1	-	X
3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	. 2		X
·	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			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	. 3	-	X
•		١.		
5	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,	1_		92
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	. 5	┼	X
Ŭ	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	ale control		
	"Yes," complete Schedule D, Part I			v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	. 6	+	X
	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		1	
	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.	323		NA N
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
h	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			37
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	11b	-	X
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		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	11c		
u	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	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		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	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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			37
15	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	14b	-+	X
	for any foreign experimentary of the all annual to Calculate T. Darte H and D.	15	1	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1.0	$\neg \neg$	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
8	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	- 1	X
9	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			X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-+	
	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
	demostic government on a last in, details (rs), title 1: if 165, complete constalle i, raits i and if			-

Part IV Checklist of Required Schedules (continued)

*******	- Continued	,			-		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individual	luale d	n.			Ye	s No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	iuais ()ii		2	,	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				-	-	- 23
	organization's current and former officers, directors, trustees, key employees, and highest compens	sated					
	employees? If "Yes," complete Schedule J				23	1	X
248	***************************************	an		***************************************	-	+	1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer		24b				
	through 24d and complete Schedule K. If "No," go to line 25a				24	4	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception	?			24		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during t	ne yea	ır				
	to defease any tax-exempt bonds?				240	:	
d or-	the year and the delivery of the second of the second of the second of the year				240	1	
25a	to (to) of the contract of the contraction engage in an exc	ess be	enefit				
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				258	-	X
~	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or						
	If "Yes," complete Schedule L, Part I	990-L			25k		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to a	ov curi	rent		201	+	128
	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, trus	tee, k	еу	-		-	
	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 the	ese					
20	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 the Sch Part IV, instructions for applicable filing thresholds, conditions, and exceptions):	edule	L,				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contribu	tor2 f		ľ	THE STATE	200	
	"Yes," complete Schedule L, Part IV			- 1	28a	1	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV				28b	T	X
C	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	1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Scheduler				29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualif	ied					
	conservation contributions? If "Yes," complete Schedule M				30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete School		Part I	· · · · · · · · · · · · · · · · · · ·	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II				22		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Reg				32		A
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	uiatioi	15		33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Par	t II. III.					
	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)?				35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with	a					
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line		,		35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitate	ile					
37	related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization.				36		
٧.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, I				37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines				***************************************		
ar quia reli proprienza	19? Note: All Form 990 filers are required to complete Schedule O.	to Associate the control			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				بنننن		凵
			4 ==		455,A+2	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	17 0			1000	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	<u> </u>		100		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				1c	ZEART.	or the section

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

If "Yes," complete Form 6069

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

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

Form 990 (2022) PUBLIC ADVOCATE OF THE 52-1112449 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 Section 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 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 b 3 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? \mathbf{X} 2 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? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? 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? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X 8a Each committee with authority to act on behalf of the governing body? X 8b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a b 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? X 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 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 rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? X The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, FL, IL, KS, KY, MD, MS, NC, NJ, NY 17 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) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website W Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records

703-845-1808

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EUGENE DELGAUDIO

Form 990 (2022) PUBLIC ADVOCATE OF THE	-orm	990 (2022)	PUBLIC	ADVOCATE	OF	THE
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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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 <u>See</u> the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	bo	x, unl	Pos check ess pe	erson	than.o is both	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	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	0.00	X		X				0	0	0
VICE PRES/DIRECTOR	1.00	х		x				0	0	0
(5)		7	-				-			
(6)			-							
(7)		-								
(8)										
(9)										
(10)										
(11)							-			
										Form 990 (2022)

Part VII Section A. Officer	s, Directors, Tru	uste	es, M	(ey E	mp	loye	es, a	and Highest Compensate	d Employees (continued)	Page
(A) Name and title	(B) Average hours per week	(c) bc	io not ox, uni	Po check ess pe	(C) sition more erson	than is both	one h an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
,	(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
						-				
1b Subtotal		William Control of the Control of th								
c Total from continuation shee	ts to Part VII, S	ectio	on A				[
d Total (add lines 1b and 1c)		<u></u>		• • • • • • • • • • • • • • • • • • • •		شششنا)	P400 000 of	
2 Total number of individuals (increportable compensation from the compensation from			to to to	nose	liste	ed al	oove) wno received more than	\$100,000 01	
 Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line 	complete Sched	ule J	for :	such	indi	vidua	al .			yes No
organization and related organi individual 5 Did any person listed on line 1a	zations greater t	han ue co	\$150 ompe	0,000 ensa	? <i>If</i> tion	"Yes from	any	omplete Schedule J for suc unrelated organization or	h 	4 X
for services rendered to the org Section B. Independent Contractor 1 Complete this table for your five compensation from the organiz	s e highest compe	nsate	ed in	depe	ende	nt co	ontra	actors that received more th	nan \$100,000 of	
	(A) pusiness address								(B) on of services	(C) Compensation
EUGENE DELGAUDIO & A	SSOCIATES	INC	C				M	ANAGEMENT		180,078
SABER COMMUNICATIONS FALMOUTH	VA	22	40			1	SHI	INGTON ST CORDINATION		137,202
	ALONG CONTROL OF THE STREET				produces different					
2 Total number of independent or received more than \$100,000 o	ontractors (included from the compensation of	from	the	orga	nited	to t	nose	s listed above) who	2	Form 990 (2022)

Page 2 2 2 2 2 2 2 2 2 2 2 2 2	Pa	art V			of Revenue nedule O cont	ains a	a response or not	e to any line in th	is Part VIII		
Mambenship dues c Fundraising events d Related organizations 11 d Governmer greats (continues) 11 d Related organizations 11 d Related organizations 11 d Governmer greats (continues) 15 d Related organizations 11 d Governmer greats (continues) 16 d Related organizations 11 d Governmer greats (continues) 16 d Related organizations 11 d Governmer greats (continues) 16 d Related organizations 17 d Governmer greats (continues) 18 d Related organizations 18 d Related organizations 18 d Related organizations 18 d Related organizations 19 d Related organizations 19 d Related organizations 10 d Related organizations	Paris Laboratoria de la constanta de la consta					nagang dan mengang dan pengang			(B) Related or exempt function revenue	Unrelated	Revenue excluded from tax under
Description of the control of the co	ts ts	1a	Federated camp	nainns	•	1a					
Description of the control of the co	ran	b		_				1			
Description of the control of the co	O. E	c								10.2	
Description of the control of the co	T A	d				-		1			
Description of the control of the co	a,s Bis	e						1	e e		
Description of the control of the co	S S S S	f	All other contributions,	gifts, gr	ants,		1 000 000				
Description of the control of the co	the Et	.00				1f	1,203,339	4			
Description of the control of the co	g G	9				1g	\$				
20 b b c c c c c c c c c c c c c c c c c	ಕ್ಷ ಬ	h	Total. Add lines	1a-1	f		 	1,203,339			
De group de la contraction del							Business Code		(4-1) PK 1.313		
f All other programs service revenue g Total. Add lines 22–27 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents b Less reveal agentses (b) Gc (c) Real (iii) Personal 6a Gross rents (iii) Gos (iii) Gos (iii) Gos (iii) Gos (iii) Gos (iii) Gc (iii) Gos (iii) Gos (iii) Gc	ogram Service Revenue	2a b c d	***************************************								
g Total. Add lines 2a-2f	à	f									
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of fax-exempt bond proceeds 5 Royalites 6a Gross rents 6a Gross rents 6b Less: rental expenses 6b C d Net rental income or (foss) 7a Gross amount from adars or assets other fam inventory 10 Less: cost or other basis and assets exps. 7b Less cost or other basis and assets exps. 7c C d Net gain or (foss) 7d C Geni income or (foss) 7d C Geni income or (foss) 7c C d Net gain or (foss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 10, See Part IV, line 18 8 Ba b Less: direct expenses 8b C Net income or (loss) from fundraising events 9a Gross income from garning activities. See Part IV, line 18 b Less: direct expenses 10a Gross sales of inventory, less returns and allowances 10a C Income or (loss) from garning activities. 10a C Income or (loss) from garning activities. 10b C Net income or (loss) from sales of inventory 8a Gross sales of inventory, less returns and allowances 10a C Net income or (loss) from sales of inventory 8b Less: cost of goods sold 10b C Net income or (loss) from sales of inventory 8b Less: cost of goods sold 10b C Net income or (loss) from sales of inventory 8b Less: cost of goods sold 10b C Net income or (loss) from sales of inventory 8b Less: cost of goods sold 10b C Net income or (loss) from sales of inventory 8b Less: cost of goods sold 10b C Net income or (loss) from sales of inventory 8c Less cost of goods sold 10b C Net income or (loss) from sales of inventory 8c Less cost of goods sold 10b C Net income or (loss) from sales of inventory 8c Less cost of goods sold 10b C Net income or (loss) from sales of inventory 8c Less cost of goods sold 10c Less cost of											Solving Advisory of the second
6a Gross rents 6 Gross rents 7 a Gross rents 7 a Gross rents 7 a Gross rents 7 a Gross rents 8 B B C Ret rents 6 Gross rents 7 a Gross rents 7 a Gross rents 8 B B C Ret rents 7 a Gross r		4	Investment incor other similar am Income from inv	me (ir ounts estme	ncluding dividend) ent of tax-exempt	s, inter	rest, and proceeds	149.472			149,472
Business Code Ga Gross rents B Less: rental expenses C Rental In corne or (loss) Ta Gross amount from sales of assets under them invented to their than invented to the than invented to their than invented to the invented to their than invented to the invented		J	Royaldes			T					Acres 1
B Less: rental expenses 6b 6c 6c Rental in cor eless) 6c 6c 6c 8 Rental in cor eless) 6c 6c 8 Rental in core eless) 6c 6c 8 Rental in core eless) 6c 6c 8 Rental in core eless) 6c 8c		62	Gross rents	62	(// 1.12						
The second of th											
d Net rental income or (loss) 7a Gross amount from sales of assets 7b (i) Securities (ii) Other 2							<u> </u>				
Taggrees amount from a dee of assets other than inventory best order than inventory best order than inventory best onter than inventory best onter than inventory control to the best of a set to the					loss)						
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e Total Add lines 11a-11d 1,352,811 0 0 149,472	Sele Nei		*								
e Total, Add lines 11a-11d 1,352,811 0 0 149,472	R	d	All other revenue	 B .						The state of the s	Wester For Carry Bens (March Strong
42 Total revenue See instructions 1,352,811 0 1143,472	2									The second secon	140 450
								1,352,811	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon-	se or note to any line in thi	is Part IX	e filosopo e se consecuencia e e en esta e e e e e e e e e e e e e e e e e e e	T
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations				
and domestic governments, See Part IV, line 21	850	850		A STATE OF THE STA
Grants and other assistance to domestic				
individuals. See Part IV, line 22				
3 Grants and other assistance to foreign				
organizations, foreign governments, and			V	
foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				Alberta de la Salago de Care
5 Compensation of current officers, directors,				
trustees, and key employees				
6 Compensation not included above to disqualified		-		
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	136,962	81,988	29,698	25,276
8 Pension plan accruals and contributions (include	200,702	02/300	20,000	20/2/0
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	9,771	5,769	2,271	1,731
11 Fees for services (nonemployees):				
-a -Management	180,078	60,026	60,026	60,026
b Legal	31,550	12,000	11,000	8,550
c Accounting	64,000		64,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	***			
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column	19 EA7	11 000	558	
(A) amount, list line 11g expenses on Schedule O.)	12,547	11,989	336	
12 Advertising and promotion	12,495	4,165	4,165	4,165
13 Office expenses	12,493	4,100	3,105	4,103
14 Information technology				
15 Royalties	16,580		16,580	
16 Occupancy	2,735	2,462	273	
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				and the state of t
22 Depreciation, depletion, and amortization				
23 Insurance	2,753	1,377	1,376	
24 Other expenses. Itemize expenses not covered				
above (List miscellaneous expenses on line 24e. If				1 2 4 2 4 2 3 4 2 4 2 3 4 2 3 4 2 3 4 2 3 4 2 3 4 2 3 4 2 3 4 2 3 3 4 2 4 2
line 24e amount exceeds 10% of line 25, column				
(A) amount, list line 24e expenses on Schedule O.) a PRINTING AND MAILING	326,886	312,349		14,537
b POSTAGE	224,226	211,671	2,704	9,851
c CREATIVE AND COORDINATING	123,710	118,208		5,502
d INTERNET EXPENSE	75,328	71,978		3,350
e All other expenses	90,948	71,471	9,188	10,289
25 Total functional expenses. Add lines 1 through 24e	1,311,419	966,303	201,839	143,277
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
fundraising solicitation. Check here if	919 672	783,221		36,451
following SOP 98-2 (ASC 958-720)	819,672	100,441		Form 990 (2022)

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 Cash-non-interest-bearing 127,753 1 169,145 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% controlled entity or family member of any of these persons 5 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 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 12,003 10a b Less: accumulated depreciation 10b 12,003 10c Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 Intangible assets 14 2,255 2,255 15 Other assets. See Part IV, line 11 15 130,008 171,400 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 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% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 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 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 130,008 171,400 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here

171,400 171,400 Form 990 (2022)

29

30 31

32

33

130,008

130,008

31

and complete lines 29 through 33.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

For	n 990 (2022) PUBLIC ADVOCATE OF THE	52-1112449			Pa	age 12
P	art XI Reconciliation of Net Assets					
-	Check if Schedule O contains a response or note to any line i	n this Part XI				. П
1	Total revenue (must equal Part VIII, column (A), line 12)		1	1,3	52,	811
2	Total expenses (must equal Part IX, column (A), line 25)		2	1,3	11,	419
3	Revenue less expenses. Subtract line 2 from line 1		3		41,	392
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, co	lumn (A))	4	1	30,	008
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities					
7	Investment expenses		7			-
8	Prior period adjustments					
9	Other changes in not accept on fixed belowers (sometimes October 101 - O)		101			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must eq	ual Part X, line				
	32, column (B))		10	1	71,	400
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in	this Part XII		-	,	\sqcup
				1 32 34 3	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrua			-	16.	45
	If the organization changed its method of accounting from a prior year or checke Schedule O.	d "Other," explain on				
22	Were the organization's financial statements compiled or reviewed by an independent	ndent concuntent?		2a	300,000	X
24	If "Yes," check a box below to indicate whether the financial statements for the y		******		3 12 list	45
	reviewed on a separate basis, consolidated basis, or both:	ear were complied or			18	5 114
	Separate basis Consolidated basis Both consolidated and s	canarata hacie				392
b	Were the organization's financial statements audited by an independent account			2b	x	gerigge - in-right
-	If "Yes," check a box below to indicate whether the financial statements for the ye			in the second	arus Salah Y	1 - Sec. 32
	separate basis, consolidated basis, or both:				200	
	X Separate basis Consolidated basis Both consolidated and s	separate basis		4.到		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes re	esponsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an inc	dependent accountant?		2c		X
	If the organization changed either its oversight process or selection process during	ng the tax year, explain on		100		
	Schedule O.			0741-195	44.7	M.
3a	As a result of a federal award, was the organization required to undergo an audit	or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization					
	required audit or audits, explain why on Schedule O and describe any steps take	n to undergo such audits		3b		
				Forn	990	(2022)

Note: Other sections are not posted due to Google imposed size limitations but are available by US postage mail by contacting publicadvocateusa.org@gmail.com