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.

► Information about Form 990 and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

<u>A</u>	For the 2015 of	alendar year, or tax year beginning , and ending					
В	Check if applicable	C Name of organization PUBLIC ADVOCATE OF THE				D Employer	identification number
	Address change	UNITED STATES					
\Box	Name change	Doing business as			Deemleute	52-1	112449
$\overline{\Box}$	Initial return	Number and street (or P O box if mail is not delivered to street address) 5613 LEESBURG PIKE RM/STE 17			Room/suite		845-1808
-	Final return/	City or town, state or province, country, and ZIP or foreign postal code					
\sqcup	terminated	FALLS CHURCH VA 22041-2912				G Gross rece	epts\$ 1,505,434
	Amended return	F Name and address of principal officer			T		
	Application pending	EUGENE DELGAUDIO			H(a) Is this a gri	oup return for su	ibordinates? Yes X No
		5613 LEESBURG PIKE STE 17			H(b) Are all sut	ordinates inclu	uded? Yes No
		FALLS CHURCH VA 22041-29	12		if "No,	" attach a list (see instructions)
$\overline{}$	Tax-exempt status	501(c)(3) X 501(c) (4) 4 (insert no) 4947(a)(1) or		527			
		www.publicadvocateusa.org			H(c) Group exe	emption number	· -
ĸ	Form of organization			L	Year of formation 1	978	M State of legal domicile DC
77777		ummary					
		escribe the organization's mission or most significant activities					
ą.	1	ROVEMENT OF GOVERNMENTAL INSTITUTIONS AND P	ROC	CESSES	THROUGH	PUBLIC	
anc	EDUC	CATION					
Ĕ							
Š	2 Check th	is box > if the organization discontinued its operations or disposed o	f mo	re than 2	5% of its net as	sets	
ن 8	3 Number	of voting members of the governing body (Part VI, line 1a)				3	4
es	4 Number	of independent voting members of the governing body (Part VI, line 1b)				4	3
Activities & Governance	5 Total nu	mber of individuals employed in calendar year 2015 (Part V, line 2a)		RF	CEIVED	5	9
Cti	6 Total nui	mber of volunteers (estimate if necessary)	1	, en /		_ 6	0
`	7a Total un	related business revenue from Part VIII, column (C), line 12	3	NOV	0 T 0010	Ø 7a	0
	b Net unre	lated business taxable income from Form 990-T, line 34	884	NOA	40.0	7 _b	0
			l l		Prior Ye		Current Year
ne	1	tions and grants (Part VIII, line 1h)		OGI	DEN' 197	3,7693	1,415,936
Revenue	1	service revenue (Part VIII, line 2g)			2 L48 30 0 0		0
Ř	1	ent income (Part VIII, column (A), lines 3, 4, and 7d)			0	8,805	89,498
		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				2,498	1,505,434
_	T	renue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			1,10	484	8,549
		and similar amounts paid (Part IX, column (A), lines 1–3)				- 303	0,545
	45 Colorino	paid to or for members (Part IX, column (A), line 4)			12	3,776	142,912
xpenses	15 Salaries	, other compensation, employee benefits (Part IX, column (A), lines 5–10)	,			3,,,,	0
en	h Total fur	onal fundraising fees (Part IX, column (A), line 11e) idraising expenses (Part IX, column (D), line 25) ▶ 172 , 8	3 ስ ይ	2			
ă	17 Other ov	epenses (Part IX, column (A), lines 11a–11d, 11f–24e)	, , ,	•	1 60	3,383	1,474,842
		penses Add lines 13–17 (must equal Part IX, column (A), line 25)		7,643	1,626,303		
	1	e less expenses Subtract line 18 from line 12		5,145	-120,869		
56		S 1000 CAPCINGES GUDINACI IIIIC 10 IIIOIII IIIIC 12	·····		Beginning of Cu		End of Year
ets	20 Total as	sets (Part X, line 16)				0,465	59,596
Net Assets or	21 Total lial	bilities (Part X, line 26)				0	0
Ę.	22 Net asse	ets or fund balances Subtract line 21 from line 20			18	0,465	59,596
		ignature Block					
		perjury, I declare that I have examined this return, including accompanying schedulers					owledge and belief, it is
		. It but the first the contract of the state		h	had any length ad		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

ஓ Sign Here	"	ature of off	NE DEL	Sele	pu	کلا	
€_ enere	_	_	ame and title	SAUDIO			
د	Print/Type pr	eparer's na	ame			Prepare	r's signature
L Paid	NELSON I	. CAS	INER				1
Preparer	Firm's name		NELS	ON L. (CASI	'NER	CPA
Use Only				MAPLE			100
0.1	Firm's addre	ss >	ANNA	NDALE,	<u>VA</u>	220	003 <u>–3</u> 0
May the IR	S discuss t	his retui	rn with the p	reparer shov	vn abov	/e? (see	instructio
For Paperw	ork Reduct	ion Act I	Notice, see tl	ne separate ii	nstructi	ons.	-

) (Revenue \$

Form 990 (2015)

including grants of \$

1,260,336

(Expenses \$

4e Total program service expenses ▶

Form 990 (2015) PUBLIC ADVOCATE OF THE Part IV Checklist of Required Schedules

Pa	int IV Checklist of Required Schedules	- 	. 1	
			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	.		v
	complete Schedule A	1	\dashv	$\frac{\mathbf{x}}{\mathbf{x}}$
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	\dashv	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	ا ہ	- 1	v
	candidates for public office? If "Yes," complete Schedule C, Part I	- 3	-	<u>X</u> _
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			77
	Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		İ	
	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		<u>x</u> _
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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u>x</u> _
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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or 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,"		ĺ	
	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 167 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		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
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		<u>X</u>
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			
	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		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			1
	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?		1	
	If "Yes," complete Schedule G, Part III	19		<u> </u>

Form 990 (2015) PUBLIC ADVOCATE OF THE Part IV Checklist of Required Schedules (continued)

	onceknist of required contenties (continues)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	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	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			7.7
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		ł	v
24-	employees? If "Yes," complete Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24-		x
ь.	through 24d and complete Schedule K. If "No," go to line 25a	24a	\dashv	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-+	
·	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	$\neg \dashv$	
		240		
LJa	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	23a		
	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, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	İ		
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	}	ŀ	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	i	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	[X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? 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		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	- {		
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			••
	complete Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			77
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			v
25-	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	
b	, , , , , , , , , , , , , , , , , , , ,	25h		
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
-	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	50		
- •	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 in Schedule O for Part VI, lines 11b and			
	192 Note All Form 990 filers are required to complete Schedule O	30	x	

DAA

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			T.
	Check if Schedule O contains a response or note to any line in this Part V	1	· · · · · ·	X
	1.120		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a. 20			
b	Effect the flushber of forms vv 20 metadada in into ta 2 metadaga in into approache			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1c	x	
22	reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		<u> </u>
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		<u>X</u>
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	.	x	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6ь		х
7	gifts were not tax deductible? SEE STATEMENT O Organizations that may receive deductible contributions under section 170(c).	05		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		-	
-	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	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		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
a b	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 10a 10b			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	-		
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	00	0.65
DAA		For	m ブブ	0 (2015)

	Int VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for o		age o
1 6	, , , , , , , , , , , , , , , , , , , ,			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. School, if School also O contains a response or note to any line in this Red VII.	e instr	uction	
500	Check if Schedule O contains a response or note to any line in this Part VI			_X_
360	tion A. Governing Body and Management			
4.	Fig. 1. 1. 4		Yes	No
та	Enter the number of voting members of the governing body at the end of the tax year 1a 4	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 in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3	1		
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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or 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		<u> </u>
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?	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,			
	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 by the following			
а	The governing body?	8a	x	
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 in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co			
	tion by the member of the members of the members of the members of the members of	Jac.,	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	IVA		
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		х	
		11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13	40.		v
		12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40.		
13	describe in Schedule O how this was done	12c		
13 14	Did the organization have a written whistleblower policy?	13		X
	Did the organization have a written document retention and destruction policy?	14		X
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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	72
D	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
тба	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, FL, IL, KS, KY, MD, MS, NO	, NJ , I	YY.	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 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 X Upon request Other (explain in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
E	JGENE DELGAUDIO 5613 LEESBURG PIKE STE 17			
F	ALLS CHURCH VA 22041-2912 703	<u>8-84</u>	<u>5-</u> 1	<u>808</u>
AA		For	_n 990	(2015)

DAA

form 990 (2015) PUBLIC ADVOCATE OF THE
--

52-1112449

Page 7

Form 990 (2015)

01111 000 (2010	,, 	 	
		Trustees, Key Employees, Highest Compensated Employees,	and
•	Independent Contractors		

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

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

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (F) Œ (A) (B) (C) (D) Name and Title Average Position Reportable Reportable Estimated amount of hours per (do not check more than one compensation compensation from box, unless person is both an from related other week officer and a director/trustee) the organizations compensation (list any (W-2/1099-MISC) organization from the hours for ndividual trustee Highest (W-2/1099-MISC) related nstitutional trustee organization and related employee organizations organizations below dotted t compensated (1) EUGENE DELGAUDIO 30.00 0 0 PRESIDENT 0.00 X X (2) PAUL SERRANO 1.00 0 0.00 X X 0 0 SECRETARY/DIRECTOR (3) STEPHEN MIROY 1.00 0 0.00 X X 0 TREASURER/DIRECTOR (4) MARK CLAYTON 1.00 X 0 0 0 0.00 X VICE PRES/DIRECTOR (5) (6) (7) (8) (9) (10)(11)

Form **990** (2015)

Par	VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpi	oyee	s, a	nd Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for	Average Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		and	anızat İ relat nızatı	ied	
													<u>-</u> .	
							ļ							
								i						
45	Sub Assal													
С	Sub-total Total from continuation she Total (add lines 1b and 1c) Total number of individuals (in	ncluding but not l	ımıte	ed to		se lis	sted a	▶	re) who received more than	\$100,000 of				
3	Did the organization list any foremployee on line 1a? If "Yes,"	ormer officer, dir	ecto	r, or	trus	tee,	key e	emp	loyee, or highest compens	ated		3	Yes	No X
4 5	For any individual listed on lin organization and related orga individual Did any person listed on line	nizations greater	tha	n \$1	50,00	00?	lf "Y∈	es," (complete Schedule J for su	uch		4		х
Secti	for services rendered to the o on B. Independent Contractor Complete this table for your fi	rganization? If "\ ors	es,'	' con	nplet	e So	hedu	ıle J	for such person			5		X
1	compensation from the organ	ization Report c	omp	ensa	ation	for	he c	alen	dar year ending with or wit	hin the organization's tax y (B) ption of services	ear		(C)	
	Name and Nam			01	66	<u>-9</u>	<u>43</u>	1 1	W RD STE 206 PRINTING & MA			_Cor		on ,002
	BER COMMUNICATION: ALMOUTH		. 2	24					HINGTON ST COORDINATION				234	, 551
EU	GENE DELGAUDIO & ALLS CHURCH	ASSOCIATES	I	NC		56	13	ĻEI	ESBURG PIKE STE MANAGEMENT	17				,182
														
2	Total number of independent received more than \$100,000								ose listed above) who	3		*******		

Pa	rt VI	II Statem	nent of Reve	nue	tains a i	resnonse o	r note to any line i	in this Part VIII		П
	`	CHECK	ii ochedule (5 0011	tains a i	Гезропас о	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Giffs, Grants and Other Similar Amounts	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, grifts, grants,								
gr.	a	and similar amounts	not included above ns included in lines 1a-	1f 9	<u>1,</u>	415,936				
and	_	Total. Add line				•	1,415,936			
Program Service Revenue	2a b c d		am service reve	nue		Busn Code				
ے	g	Total. Add line				>			T	
	3	and other simi	come (including lar amounts) nvestment of tax			• [20.400
	5	Royalties	(ı) Real		(n) F	Personal	89,498			89,498
	6a b c d	Gross rents Less rental exps Rental inc or (loss) Net rental inco	ome or (loss)			•				
	7a	Gross amount from sales of assets other than inventory Less cost or other	(i) Securities	3	(u)) Other				
	С	basis & sales exps Gain or (loss)		_						
		Net gain or (lo	ss)							
Other Revenue		Gross income fro (not including \$	om fundraising ever reported on line 1							
the	b	Less direct ex	kpenses	b						
0			(loss) from fun		events	>				
	9a	Gross income from See Part IV, line	om gaming activiti 19	es a						
		Less direct ex		b						
			(loss) from gar	_	tivities	•	······································			
	10a	Gross sales o returns and al	f inventory, less							
	h	Less cost of		a b						
			(loss) from sale		ventory					
	Ť		cellaneous Revenue			Busn Code	······································			
	11a								<u> </u>	
	b					<u> </u>			<u> </u>	
	С						···-		·	
	d	All other rever								
	12	Total. Add line	es 11a–11d e. See instruc <u>tic</u>	ons			1,505,434	C	0	89,498

Part IX Statement of Functional Expenses

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	0.540	0 540		
_	and domestic governments See Part IV, line 21	8,549	8,549		
2	Grants and other assistance to domestic	!			
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign	}			
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		Ì		
	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	132,555	89,222	35,661	7,67
8	Pension plan accruals and contributions (include				.,,,,,
	section 401(k) and 403(b) employer contributions)		j		
9	Other employee benefits		-		
10	Payroll taxes	10,357	6,914	2,848	59!
11	Fees for services (non-employees)	10,337	0,314	2,040	59:
		157 102	E2 204	E2 204	E0 20.
a	}	157,182	52,394	52,394	52,39
b	<u> </u>	35,450	14,000	12,268	9,182
C		59,901		59,901	
q					
e					
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	13,754	10,821	1,260	1,673
12	Advertising and promotion				
13	Office expenses	11,109	5,555	5,554	
14	Information technology				
15	Royalties				
16	Occupancy	13,274		13,274	
17	Travel	6,402	5,762	640	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	893	893		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	939		939	
23	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If	1			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)			j	
а	200	403,649	369,300	2,481	21 060
a b	PRINTING AND MAILING	295,048	271,609	~,401	31,868
_	INTERNET EXPENSE	247,099	227,470		23,439
C	 	117,244			19,629
ď	CREATIVE AND COORDINATING		107,930	F 030	9,314
	All other expenses	112,898	89,917	5,939	17,042
25 26		1,626,303	1,260,336	193,159	172,808
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and	Í			
	fundraising solicitation Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)	1,155,881	1,064,058		91,823 Form 990 (201

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 174,575 Cash--non-interest bearing 54,645 1 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 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 10a 12,001 8,790 4,150 b Less accumulated depreciation 3,211 10b 11 Investments—publicly traded securities 11 12 Investments-other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 1,740 1,740 15 Other assets See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 180,465 16 16 59,596 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 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 25 26 Total liabilities. Add lines 17 through 25 O 0 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 180,465 59,596 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 180,465 59,596 Total net assets or fund balances 33 180,465 59,596 Total liabilities and net assets/fund balances

Form **990** (2015)

Form	990 (2015) PUBLIC ADVOCATE OF THE 52-11	12449			Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					بلل
1	Total revenue (must equal Part VIII, column (A), line 12)		1	1,50		
2	Total expenses (must equal Part IX, column (A), line 25)		2	1,6		
3	Revenue less expenses Subtract line 2 from line 1		3			<u>869</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4	1	80,	465
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7	Investment expenses		7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain in Schedule O)		9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))		10		<u>59,</u>	<u> 596</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					$oldsymbol{\perp}$
	_				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Othe	r				
	If the organization changed its method of accounting from a prior year or checked "Other," explain	n in				
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountar	it?		2a_		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compil	ed or				
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on a				
	separate basis, consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversight		1		ľ
	of the audit, review, or compilation of its financial statements and selection of an independent ar	ccountant?		2c	ļ	X
	If the organization changed either its oversight process or selection process during the tax year,	explain in				
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit 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 did not und	lergo the			1	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo suc	ch audits	_	3b		

Form **990** (2015)

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

on about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public

	at Nevertue Service	Information about Schedule D (Form 9)	307 and its matractions is at www.iis.s	Employer id	entification number
	of the organization UBLIC ADVOCA	TE OF THE		Employer id	enuncation number
	NITED STATES			52-11	.12449
		ions Maintaining Donor Advised Fur	nds or Other Similar Funds or A		
1 4	Complete	of the organization answered "Yes" on F	Form 990, Part IV, line 6.		•
			(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of	vear			
2		tributions to (during year)			
3	Aggregate value of gra				
4	Aggregate value at end				
5		orm all donors and donor advisors in writing that	the assets held in donor advised		
		ion's property, subject to the organization's excli			Yes No
6		orm all grantees, donors, and donor advisors in			
-	_	oses and not for the benefit of the donor or dono			
	conferring impermissib				Yes No
Pa		tion Easements.			
- •		if the organization answered "Yes" on F	Form 990, Part IV, line 7		
1	Purpose(s) of conserva	ition easements held by the organization (check	all that apply)		<u> </u>
	C	d for public use (e.g., recreation or education)	Preservation of a historically imp	ortant land	area
	Protection of natura		Preservation of a certified historic	c structure	
	Preservation of ope	en space			
2	Complete lines 2a thro	ugh 2d if the organization held a qualified conse	rvation contribution in the form of a conse	ervation	
	easement on the last d			1	leld at the End of the Tax Year
а	Total number of conse	vation easements		2a	
b	Total acreage restricted	d by conservation easements		2b	
С	Number of conservatio	n easements on a certified historic structure incl	uded ın (a)	2c	
d	Number of conservatio	n easements included in (c) acquired after 8/17/	06, and not on a		
	historic structure listed	in the National Register		2d	
3	Number of conservatio	n easements modified, transferred, released, ex	tinguished, or terminated by the organiza	tion during	the
	tax year ▶				
4	Number of states wher	e property subject to conservation easement is I	ocated ▶		
5	Does the organization	have a written policy regarding the periodic mon	itoring, inspection, handling of		
	violations, and enforce	ment of the conservation easements it holds?			Yes No
6	Staff and volunteer hou	irs devoted to monitoring, inspecting, handling o	f violations, and enforcing conservation e	asements	during the year
	>				
7	Amount of expenses in	curred in monitoring, inspecting, handling of viol	ations, and enforcing conservation easer	nents durin	g the year
	▶ \$				
8	Does each conservation	in easement reported on line 2(d) above satisfy t	the requirements of section 170(h)(4)(B)(1)	
	and section 170(h)(4)(l	3)(11)?			☐ Yes ☐ No
9		ow the organization reports conservation easem			
		lude, if applicable, the text of the footnote to the	organization's financial statements that of	lescribes th	e
		ing for conservation easements		0::	\
Pa		tions Maintaining Collections of Art,		Similar A	Assets.
	· · · · · · · · · · · · · · · · · · ·	if the organization answered "Yes" on I			
1a		ted, as permitted under SFAS 116 (ASC 958), n			eet
		treasures, or other similar assets held for public			
		in Part XIII, the text of the footnote to its financial			
b		ted, as permitted under SFAS 116 (ASC 958), to			
	•	treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of	
		the following amounts relating to these items			¢
	• •	on Form 990, Part VIII, line 1		P	\$
_	(ii) Assets included in		other amiles exects for financial and	ovedo 45 =	\$
2	•	erved or held works of art, historical treasures, or	-	ovide the	
_	•	uired to be reported under SFAS 116 (ASC 958)	relating to these items		c
		Form 990, Part VIII, line 1		P	\$
a	Assets included in For	m 990, Pan A		<u>_</u>	Ψ

	dule D (Form 990) 2015 PUBLIC A rt III Organizations Maintain	ADVOCATE OF		al Treasures		112449 r Similar Assets		Page 2
	Using the organization's acquisition, acce						(continued	<u> </u>
•	collection items (check all that apply)	ooion, and other root.	20, 00 4					
а	Public exhibition	d 🗌	Loan or exchang	e programs				
b	Scholarly research	e 🗌	Other					
С	Preservation for future generations							
ļ	Provide a description of the organization's	collections and expla	in how they furthe	r the organization	s exempt p	ourpose in Part		
	XIII							
5	During the year, did the organization solic	it or receive donations	of art, historical to	reasures, or other	sımılar			_
	assets to be sold to raise funds rather tha		part of the organi	zation's collection	 _		Yes	No
ъ	rt IV Escrow and Custodial A				_			
	Complete if the organizati	on answered "Yes	s" on Form 990), Part IV, line	9, or repo	orted an amount	on Form	
	990, Part X, line 21.							
	Is the organization an agent, trustee, cust	odian or other interme	diary for contribut	ions or other asse	ts not			┌┐
	included on Form 990, Part X?						Yes	∐ No
3	If "Yes," explain the arrangement in Part >	(III and complete the f	ollowing table				Amount	
	Bassassa I. I					1	Amount	
	Beginning balance					1c		
	Additions during the year							
	Distributions during the year					1e 1f		
	Ending balance	Earm 000 Bart V In	o 21 for occrow o	r custodial accou	at liability?		Yes	No
	Did the organization include an amount or If "Yes," explain the arrangement in Part >						☐ ies	
	rt V Endowment Funds.	dir Offeck fiele ii tile e	explanation has be	sen provided on t	ait Aiii			<u> </u>
•	Complete if the organizati	on answered "Yes	" on Form 990). Part IV. line	10			
	Sompleto II tile Olganizati	(a) Current year	(b) Prior year	(c) Two ye	_	(d) Three years back	(e) Four year	rs back
а	Beginning of year balance	- <u>Lini</u>	 					
	Contributions							
	Net investment earnings, gains, and							
	losses							
ì	Grants or scholarships		Ĭ					
	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
	Provide the estimated percentage of the o	current year end balan	ce (line 1g, colum	n (a)) held as				
3	Board designated or quasi-endowment ▶	%						
b	Permanent endowment ▶	%						
С	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c s	should equal 100%						
a	Are there endowment funds not in the pos	ssession of the organiz	ation that are hel	d and administere	d for the			
	organization by						Ye	s No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
	If "Yes" on line 3a(ii), are the related orga			R?			3b	
	Describe in Part XIII the intended uses of		owment funds					
'a	rt VI Land, Buildings, and Ed		."	Dark D. / Ema	44- 0	E 000 Dt	V 1: 40	
	Complete if the organizat							
	Description of property	(a) Cost or other	I	cost or other basis		ccumulated	(d) Book value	е
_	Land	(investment	'	(other)	de de	preciation		
	Land				 			
	Buildings				 -			
	Leasehold improvements		-	12,001	 	8,790	2	,211
	Equipment Other			12,001	 -	0,130	3	<u>, </u>
_								

DAA

Schedule D (Form 990) 2015

Part VII	Investments—Other Securities.			
· · · ·	Complete if the organization answered "Yes" or			
	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)		Cost or end-of-yea	ar market value
(1) Financial of				<u> </u>
•	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				·
(D)				
(E)		-	<u> </u>	
(F)		1		
(G)				. <u> </u>
(H)				_,
*******************	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	InvestmentsProgram Related.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, lin	<u>e 11c. See Form 990, P</u>	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of	
			Cost or end-of-yea	ar market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13)▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, lin	e 11d. See Form 990, F	Part X, line 15
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 15)		>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, lin	e 11e or 11f See Form	990, Part X,
	line 25			
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
_(6)	<u> </u>			
(7)			1	
(8)			1	
(9)			1	
	in (b) must equal Form 990, Part X, col. (B) line 25.) ▶	-	1	
	uncertain tax positions. In Part XIII, provide the text of the fo	ontnote to the organization's	financial statements that rend	orts the
	liability for uncertain tax positions under FIN 48 (ASC 740)			
organization S	hability for directallitiax positions under Fire 40 (ASC 740)	SHOOK HOLD II THE TEXT OF THE	nas seen provided if	

Sche	dule D (Form 990) 2015 PUBLIC ADVOCATE OF THE	52-11124	49	
Pa	rt XI Reconciliation of Revenue per Audited Financial Staten		eturn.	
	. Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,505,434
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a	_	
b	Donated services and use of facilities	2b]	
С	Recoveries of prior year grants	2c	_	
d	Other (Describe in Part XIII)	2d] .	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,505,434
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	_	
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	1,505,434
Рa	rt XII Reconciliation of Expenses per Audited Financial State	ments With Expenses per	Retur	'n.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	1,626,303
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a]	
þ	Prior year adjustments	2b	_	
С	Other losses	2c]	
d	Other (Describe in Part XIII)	2d	_	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,626,303
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_	
b	Other (Describe in Part XIII)	4b]	
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	1,626,303

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Schedule D (Form 990) 2015 PUBLIC ADVOCATE OF THE Part XIII Supplemental Information (continued)

52-1112449

Page 5

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

PUBLIC ADVOCATE OF THE

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Employer identification number

2015
Open to Public Inspection

UNITED STATES						5	<u>2-1112</u>	2449	
Part I General Information on Grants and	Assistance	•							
 Does the organization maintain records to substantiate the selection criteria used to award the grants or assistar Describe in Part IV the organization's procedures for more 	nce?			eligibility for the gran	ts or assistance, ar	nd		Yes	X No
Part II Grants and Other Assistance to Do	mestic Organ	izations	and Domestic Go	vernments. Con	nplete if the org	anızation answ	ered "Ye	s" on Form	
990, Part IV, line 21, for any recipient	that received n	nore than	\$5,000. Part II car	be duplicated if	additional space	e is needed			
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(1	n) Purpose of graph or assistance	
) DEFENDERS OF LIBERTY LEGAL DEFENSE									
PO BOX 4017							LEGAL	DEFENSE	FUND
LEESBURG VA 20177	47-2979569		7,500						
2)									
3)									
4)									
							ļ		
5)						, , , , , , , ,			
6)									
7)									
8)								-	
9)									
2 Enter total number of section 501(c)(3) and government		d in the line	1 table				•	-	
3 Enter total number of other organizations listed in the line	e 1 table						>	<u> </u>	

	Part III can be duplicated if addition	onal space is needed				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

PUBLIČ2 11/08/2016 10 31 AM

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Employer identification number Name of the organization PUBLIC ADVOCATE OF THE UNITED STATES 52-1112449 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

			, 5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
4	(a) Name of disqualified person	(b) Relationship between disqualified person and	(c) Description of transaction	(d) Corrected?		
		organization	(c) Description of transaction	Yes	No	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

▶	\$

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	or fro	m the principal amount				or from the principal amount		or from the principal amount		(f) Balance due	(g) ln	default?	llt? (h) Approved by board or committee?		(i) Written agreement?	
				From			Yes	No	Yes	No	Yes	No						
(1)																		
(2)																		
_(3)							<u> </u>	<u> </u>										
	-		_				<u> </u>					<u> </u>						
_(5)			-				<u> </u>											
(6)		-,-	-				ļ				 	<u> </u>						
(7)			_									<u> </u>						
(8)			-					_										
<u>(9)</u>			-					-	_			_						
(10)								<u> </u>										
Total					▶ \$						L							

Part III Grants or Assistance Benefiting Interested Persons.

	Complete if the organization answered "Yes" on Form 990, Part IV, line 27								
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance				
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
_(7)			<u> </u>						
_(8)			<u> </u>	<u> </u>					
(9)	· · · · · · · · · · · · · · · · · · ·								
(10)									

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2015

Department of the Treasury Internal Revenue Service Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

PUBLIC ADVOCATE OF THE UNITED STATES

Employer identification number 52-1112449

Form 990, Part III, Line 4a - First Accomplishment

IN 2015, THE ORGANIZATION PARTICIPATED IN TWO AMICUS CURIAE BRIEFS WHICH WERE FILED WITH THE U.S. SUPREME COURT REGARDING THE FOLLOWING CASES:

- 1. OBERGEFELL V. HODGES
- 2. MATT SISSEL V. DEPARTMENT OF HEALTH AND HUMAN SERVICES, ET. AL.

IN ADDITION, THE ORGANIZATION PARTICIPATED IN AN AMICUS CURIAE BRIEF WHICH
WAS FILED WITH THE SUPREME COURT FOR THE STATE OF COLORADO IN THE
MASTERPIECE CAKESHOP, INC. V. CHARLIE CRAIG AND DAVID MULLINS CASE.

Form 990, Part VI, Line 3 - Management Delegated

EUGENE DELGAUDIO, PRESIDENT OF PUBLIC ADVOCATE OF THE UNITED STATES,

OWNS ALL OF THE STOCK OF EUGENE DELGAUDIO & ASSOCIATES, INC. (EDA), A

MANAGEMENT CONSULTANT COMPANY, WHICH PROVIDES PROGRAM, ADMINISTRATIVE,

FUND-RAISING AND EDUCATIONAL SERVICES TO THE ORGANIZATION.

Form 990, Part VI, Line 8b - Documentation by Committee Explanation
THE ORGAINZATION DOES NOT HAVE ANY COMMITTEES WITH THE AUTHORITY TO ACT ON
BEHALF OF THE BOARD OF DIRECTORS.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
THE FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS AND THE ORGANIZATION'S
ATTORNEY BEFORE FILING.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Schedule O (Form 990 or 990-EZ) (2015)

Name of the organization

PUBLIC ADVOCATE OF THE

Employer identification number

52-1112449

THE BOARD OF DIRECTORS APPROVES CHANGES IN COMPENSATION PAID TO EUGENE DELGAUDIO & ASSOCIATES, INC. AFTER REVIEWING A COMPARABILITY ANALYSIS REPORT PREPARED BY WILLIAM J. OLSON, P.C., A VIRGINIA LAW FIRM WHICH HAS MANY YEARS OF EXPERIENCE DEALING WITH NONPROFIT ORGANIZATIONS. THIS PROCESS WAS LAST UNDERTAKEN FOR EUGENE DELGAUDIO & ASSOCIATES, INC. IN DECEMBER 2008. NO CHANGES IN COMPENSATION HAVE BEEN MADE SINCE THAT TIME.

Form 990, Part VI, Line 17 - Other States Where Copy of Return is Filed Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, Tennessee, Virginia, Wisconsin, West Virginia

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation COPIES OF THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Form 990, Part V, Line 6b - Contributions not Tax Deductible

ALL OF PUBLIC ADVOCATE'S MAIL SOLICITATIONS DURING THE YEAR INCLUDED A

STATEMENT THAT CONTRIBUTIONS WERE NOT TAX DEDUCTIBLE. HOWEVER, FROM THE

SAMPLE OF E-MAIL MESSAGES WHICH WERE REVIEWED DURING THE YEAR, THERE WAS

ONE THAT DID NOT INCLUDE THIS STATEMENT.