Department of the Treasury

PUBAMEND 10/21/2010 9 37 AM

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 **2009** Open to Public

Form **990** (2009)

Inter	mal Revenu	ue Service	The organization may have to use a copy of this return to satisfy state	reporting requi	rements	Inspection
<u>A</u>	For the 20	009 calendar ye	ar, or tax year beginning , and ending			
В	Check if appli		C Name of organization PUBLIC ADVOCATE OF THE		D Employ	er identification number
\Box	Address chan	nge use IRS	UNITED STATES			
$\overline{\Box}$	Name change	label or print or	Doing Business As		52-3	L112449
	Marrie Change	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho	
	Initial return	See	5613 LEESBURG PIKE	17		-845-1808
\bigcap	Termination	Specific	City or town, state or country, and ZIP + 4			4 222 444
		Instruc-	•		G Gross receip	155 1,376,199
\square	Amended retu	1	FALLS CHURCH VA 22041-2912			
	Application pe	chang i	and address of principal officer		H(a) Isthisa	
			GENE DELGAUDIO		affiliates H(b) Are all a	? Yes X No
		<u> </u>	13 LEESBURG PIKE STE 17		included	? Yes No
			LLS CHURCH VA 22041-2912		lf "No," a	ittach a list. (see instructions)
1	Tax-exemp	pt status X	501(c) (4) ◄ (insert no) 4947(a)(1) or 527			
J	Website.	www.p	ublicadvocateusa.org		H(c) Group e	xemption number > N/A
ĸ	Type of organ	nization X Corp		ear of formation 1		State of legal domicile DC
	art I	Summar			<u></u>	- Could bring a commond C
			ne organization's mission or most significant activities		 -	
		•	INT OF GOVERNMENTAL INSTITUTIONS AND PROCESSES			
9						
a	2	THROUGH E	UBLIC EDUCATION			
- P						
Ő.	2 Ch	eck this box 🕨	if the organization discontinued its operations or disposed of more than 25	% of its net ass	ets	
∞ ಶ	3 Nui	mber of voting	members of the governing body (Part VI, line 1a)		3	4
es	4 Nui	mber of indepe	endent voting members of the governing body (Part VI, line 1b)		4	3
Viti	5 Tot	tal number of e	mployees (Part V, line 2a)		5	4
Activities & Governance	6 Tot	tal number of v	olunteers (estimate if necessary)		6	
٩			ated business revenue from Part VIII, column (C), line 12		7a	
		=	siness taxable income from Form 990-T, line 34		7b	0
	D NC.	t diliciated bus	inicas taxable income from 1 om 1990-1, line 34	Prior Yea		Current Year
_	8 Cor	ntributions and	grants (Part VIII, line 1h)		,969	1,276,232
Revenue			revenue (Part VIII, line 2g)		7,5,00	
Ver		-	·· <u>-</u> -	19	65	
Re			e (Part VIII, column (A), lines 3, 4, and 7d)		9,440	101,902
			art VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
_	12 1ot	tal revenue – a	dd lines 8 through 11 (must equal Part VIII, column (A), line 12)		0,428	1,378,199
	13 Gra	ants and simila	r amounts paid (Part IX, column AE ines 13/ED		2,075	1,050
			r for members (Part IX, dolu mn (A), line-4)			
S			mpensation, employee begærits (Part IX, column (A), linés 5–10)	59	9,034	82,711
nses	16a Pro	ofessional fund	raising fees (Part IX, colu ff (A)N(0a/11 <u>e</u>) 5 2010			
Expe	b Tot	al fundraising	expenses (Part IX, column (D), line 25)			
û	17 Oth	ner expenses (l	Part IX, column (A), lines 11a-13a, 335-241)	1,342	2,483	1,372,750
	18 Tot	al expenses A	Part IX, column (A), lines 11a-11d, 21 241). Idd lines 13-17 (must equal Part 12 column (A), the 25)	1.40	3,592	1,456,511
	10 Pa		enses Subtract line 18 from line 12		3,164	-78,312
Net Assets or Fund Balances	70 1.0		SHOULD CHARLEST THE TELEVISION OF THE TELEVISION	Beginning of Cur		End of Year
anc	20 Tot	al assets (Part	X. line 16)	138	3,153	59,841
Ass	21 Tot	al liabilities (Pa	· · · · · · · · · · · · · · · · · · ·		7	
E S	22 Net	•	d balances Subtract line 21 from line 20	139	3,153	59,841
	art II	Signatur			,, 155	33,041
	uit ii	1				
			es of perjury, I declare that I have examined this return, including accompanying schedules a surve, correct, and complete. Declaration of preparer (other than officer) is based on all infor			
<u> </u>		1 . 6.	1\4\4.4		NOL	•
Sig		<u> </u>	inger betyping		Pot	
Her	re		e of officer O		Date	
		EUG	SENE DELGAUDIO PRESID	DENT		
		Type or p	ornt name and title			
		Preparer's	Date Date	Check	ıf	Preparer's identifying number
Pai		signature	10-21-	self-	. 👽	(see instructions)
Pre	parer's			employ		
Use	Only	Firm's name (Of yours	 	EIN D	
	•	if self-employe			Phone	800 056 00C
		address, and	121112121121 VII 22003 3004		no 🕨	<u>703-256-3920</u>
May	the IRS o	discuss this ret	urn with the preparer shown above? (see instructions)			Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. DAA

	rt III Statement of Progra	am Service Accomplishments		
I	Briefly describe the organization's m MPROVEMENT OF GOVE HROUGH PUBLIC EDUC	CRNMENTAL INSTITUTIONS AND	PROCESSES	
	the prior Form 990 or 990-EZ?	significant program services during the year which wer		X No
	If "Yes," describe these new service Did the organization cease conducti	is on Schedule O ng, or make significant changes in how it conducts, an	y program	
	services?			X No
	If "Yes," describe these changes on Describe the exempt purpose achieve	Schedule O vements for each of the organization's three largest pro	ogram services by expenses	
	Section 501(c)(3) and 501(c)(4) orga	anizations and section 4947(a)(1) trusts are required to ises, and revenue, if any, for each program service rep	report the amount of grants and	
PI SI PI SI PI UI PI MI	NFORMATION USING RUPPORTERS AND THE RINTED NEWSLETTERS URVEYS. THE ORGANIOLICY ISSUES THAT NITED STATES. PUBUBLIC FORUMS, SPEA	983,803 including grants of \$ THE UNITED STATES DISSEMIN REGULAR MESSAGES AND COMMUN GENERAL PUBLIC THROUGH BULE AND E-MAILS ON TOPICS SELEVATION PROVIDES COMMENTARI ARE AVAILABLE TO MEDIA THRULIC ADVOCATE CONDUCTS NEWS LKING ENGAGEMENTS, STREET TO EVILUALS TO APPEAR ON RADIOMS.	ICATIONS WITH LETINS AND ECTED THROUGH POLLS AND ES ON PUBLIC OUGHOUT THE CONFERENCES, HEATRE, AND)
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4c 1	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	(Code) (Expenses \$ Other program services (Describe in) (Revenue \$)
4d (n Schedule O) including grants of \$) (Revenue \$)

P	art IV Checklist of Required Schedules		<u>-</u>	uge (
		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_ 2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	_	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		L
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			Į
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			•
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
_	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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, 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,"			,,
40	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			\ . _
11	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
''	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		x	
_	VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			\vdash
•	Schedule D, Part VI			
_	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			
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
	Did the organization report an amount for other assets related 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			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	j		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			۹,
	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?			х
	If "Yes," complete Schedule G, Part III	19		

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

<u></u> :	are to a residence consults (continues)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			v
22	in the United States 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 and other assistance to individuals in the	20		v
22	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		1	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
24-	employees? If "Yes," complete Schedule J	23	X	
24a	9			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			37
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С				
	to defease any tax-exempt bonds?	24c		
d		24d		
25a	Section 501(c)(3) and 501(c)(4) 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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a		i	
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? 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 a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule 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
Ь	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 of the organization (or a			
	family member) 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		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		:	
	Part VI	_37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

	Otatements Regarding Other INO 1 miles and 1 ax Compliance				_	
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		ı		Yes	No
	U.S. Information Returns Enter -0- if not applicable	1a	23		ŀ	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re					
•	gaming (gambling) winnings to prize winners?	portabl	•	1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			10		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	$\overline{}$		2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by				
	this return?			3a	j	Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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	authori	ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial				
	account)?			4a		X
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank				
	and Financial Accounts					
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.			_5b_	ļ	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Reg	arding				
C -	Prohibited Tax Shelter Transaction?			5c	ļ	ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e			7.	
b	organization solicit any contributions that were not tax deductible?			6a	X	
U	If "Yes," did the organization include with every solicitation an express statement that such contribution gifts were not tax deductible?	ons or		6.	x	l
7	Organizations that may receive deductible contributions under section 170(c).			6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	ahone				
_	and services provided to the payor?	30003		7a		ŀ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs		1.2		
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	ı			
	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7 <u>g</u>		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as				
_	required?			7h	ļ	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
۵	organization, have excess business holdings at any time during the year?			8	-	-
9	Sponsoring organizations maintaining donor advised funds.					
a b	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?			9a		⊢-
0	Section 501(c)(7) organizations. Enter			9b		<u> </u>
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		 		
1	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a		1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against		 -			
	amounts due or received from them)	11ь				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
			·			

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body 1b Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 X 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 organizational documents since the prior Form 990 was filed? 4 X 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 X 11 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 13 14 Does 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? The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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, AZ, AR, CA, CT, FL, IL, KS, KY, ME, MA, MD, MS 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > EUGENE DELGAUDIO 5613 LEESBURG PIKE STE 17

VA 22041-2912 703-845-1808

FALLS CHURCH

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

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. Use Schedule J-2 if additional space is needed.
- 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. 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

Name and Title Average hours per week Average hours	Check this box if the organizatio		ensate T	e an			offic	er, d		I	
EUGENE DELGAUDIO PRES/DIRECTO 30.00 X X 0 0 0 PAUL SERRANO SECY/DIRECTO 1.00 X X 0 0 0 STEPHEN MIROY TREAS/DIRECT 1.00 X X 0 0 0 0 MARK CLAYTON	(A) Name and Title		Pos		(chec	k ali	that a	pply)	(D) Reportable		
EUGENE DELGAUDIO PRES/DIRECTO 30.00 X X 0 0 0 PAUL SERRANO SECY/DIRECTO 1.00 X X 0 0 0 STEPHEN MIROY TREAS/DIRECT 1.00 X X 0 0 0 0 MARK CLAYTON			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization	from related organizations	other compensation from the organization and related
PAUL SERRANO 1.00 X X 0						Ì					
SECY/DIRECTO		30.00	X		X	_		L	0	0	0
STEPHEN MIROY TREAS/DIRECT 1.00 X X 0 0 0			l						_		
TREAS/DIRECT 1.00 X X 0 0 0		1.00	X	_	X	_	_	<u> </u>	0	0	0
MARK CLAYTON		4 00			l						
		1.00	X	<u> </u>	X	<u> </u>	_	<u> </u>	0	0	0
DIRECTOR 1.00 X U U U U		1 00				ĺ					
	DIRECTOR	1.00	<u> </u>	_	<u> </u>	-	⊢	 	<u> </u>		0
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Form **990** (2009)

Form 990 (2009) PUBLIC ADVOCATE OF THE 52-1112449 Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (C) (D) (F) (E) Name and Title Position (check all that apply) Reportable Average Reportable Estimated hours per compensation compensation amount of Officer Institutional trustee Key employee week ndividual trustee or director Highest compensated employee from from related other organizations the compensation (W-2/1099-MISC) organization from the (W-2/1099-MISC) organization and related organizations 0 0 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization > 0 Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated 3 X employee on line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such X 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address (B) Description of services (C) Compensation CONSOLIDATED MAILING SERVICES 504 SHAW RD STE 206 STERLING VA 20166-9437 PRINTING & MAIL 280,268 EUGENE DELGAUDIO & ASSOCIATES, INC. 5613 LEESBURG PIKE STE 17 FALLS CHURCH VA 22041-2912 MANAGEMENT 171,606 SABER COMMUNICATIONS INC 101 WASHINGTON ST **FALMOUTH** VA 22405-2369 MAILING COORD 123,027

Total number of independent contractors (including but not limited to those listed above) who received

more than \$100,000 in compensation from the organization >

<u>Pa</u>	irt V	<u>III Stater</u>	nent of Reve	nue					<u>-</u>	
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
SS	12	Federated car	mnaione	1a				TOVORIGO		312, 310, 31 314
ant	'a	Membership of	· -	1b			ł			
P.E	٥	Fundraising e		1c			1			
ifts	4	=		1d			1			
s, g	a	Related organ								
sir	e		•	1e			-			
her	ľ	All other contribution	ns, gitts, grants, s not included above		-	276 222				
d ii				_1f_		276,232	-			
and	9		ns included in lines 1a-	11	\$		1 076 020			
`	n	Total. Add line	es 1a-1f		_	<u> </u>	1,276,232			· · · · · -
Ď	_					Busn Code				
Seve	2a									
Se F	b					_				
Ž	C						<u> </u>			
Sc	d					<u> </u>				
Iran	е									
Program Service Revenue Contributions, gifts, grants	f	_	ram service reve	nue		L				
-	-3	Total. Add line								
	3		come (including	aivider	ias, intere	est, and	65			65
		other similar a			-4 4		65			65
	4		nvestment of tax	-exem	pt bond p	oroceeds >	101 000			101 000
	5	Royalties	() Dool		(\ F		101,902			101,902
		O Dt-	(ı) Real	-	(11) F	Personal				
	6a	Gross Rents								
	b	Less rental exps			_	-				
		Rental inc or (loss)								
	d 7a	Net rental inco			1 (11)	Other				
		sales of assets	(i) Securities	•	("/	Other				•
		other than inventory								
	b	Less cost or other								
	_	basis & sales exps								
		Gain or (loss)			L					
	d	Net gain or (lo		[•				
e	8a		om fundraising eve	IIIS						
Other Revenue		(not including \$	reported on line 1c)							
& B		See Part IV, line								
þer	h	Less direct ex		a						
ಕ			(loss) from fund	b [raising	evente					
			om gaming activitie		GVEIILO					
ļ	Ju	See Part IV, line		a						
Ì	h	Less direct ex		ь				,		
			(loss) from gam	,	tivities	•				
			f inventory, less	g 20	uvides					
	.04	returns and all		а						
	h	Less cost of g		ь						
I		_	(loss) from sale	- (/entory					
Ì			ellaneous Revenue		y	Busn. Code			-	
ŀ	11a									
	b									
ļ	C									
	d	All other reven	iue							
	-	Total. Add line				—				·
_	12		e. See instruction	ns		•	1,378,199	0	0	101,967
								·	·	· · · · · · · · · · · · · · · · · · ·

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and		u.psiloss	general expenses	САРСПОСО					
	organizations in the U.S. See Part IV, line 21	1,050	1,050							
2	Grants and other assistance to individuals in									
_	the U.S. See Part IV, line 22									
3	Grants and other assistance to governments,				*					
	organizations, and individuals outside the									
	U S See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
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	76,814	30,102	16,610	30,102					
8	Pension plan contributions (include section 401(k)				00/202					
	and section 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes	5,897	2,309	1,279	2,309					
11	Fees for services (non-employees)									
а	Management	163,944	54,648	54,648	54.648					
b		18,619	54,648 3,717	7,633	54,648 7,269					
С		40,500		40,500	.,,200					
d										
е										
f	Investment management fees									
g		57,776	48,699	2,644	6,433					
12	Advertising and promotion	1,000			1,000					
13	Office expenses	24,512	10,955	13,557						
14	Information technology	•								
15	Royalties									
16	Occupancy	10,607		10,607						
17	Travel	10,681	9,613	1,068						
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	4,848	4,848							
20	Interest	8		8						
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	1,191		1,191						
23	Insurance									
			į							
24	, , , , , , , , , , , , , , , , , , , ,									
	covered above (Expenses grouped together	ļ	1							
	and labeled miscellaneous may not exceed									
	5% of total expenses shown on line 25 below)	200 001								
а	PRINTING AND MAILING	392,961	312,286		80,675					
b	POSTAGE	390,855	310,612		80,243					
C	CREATIVE AND COORDINATING	129,658	103,039		26,619					
d	COMPUTER AND LIST MAINTEN	65,875	52,351		13,524					
e	CAGING AND ESCROW SERVICE	45,794	36,392		9,402					
	· · · · • • · · · · · · · · · · · · · ·	13,921	3,182	5,189	5,550					
	Total functional expenses. Add lines 1 through 24f	1,456,511	983,803	154,934	317,774					
26	Joint costs. Check here ► if following SOP 98-2 Complete this line only if the	İ		' [
	organization reported in column (B) joint costs									
	from a combined educational campaign and	1 000 054	0.60 0.50		A4 A A4 -					
DAA	fundraising solicitation	1,080,274	863,379		216,895					
-, 57					Form 990 (2009)					

	art)	<u> </u>					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			129,983	1	42,089
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		Γ		4	
	5	Receivables from current and former officers, directors,	trustees, key	Γ			
		employees, and highest compensated employees Com					
		Schedule L		1,407	5	2,408	
	6	Receivables from other disqualified persons (as defined	Γ				
		4958(f)(1)) and persons described in section 4958(c)(3)	(B) Complete				
		Part II of Schedule L		4,003	6	11,713	
Assets	7	Notes and loans receivable, net	Ī		7		
SS	8	Inventories for sale or use		Ī		8	
⋖	9	Prepaid expenses and deferred charges		ľ		9	
	10a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D	10a	7,501		- 1	
1	b	Less accumulated depreciation	10b	5,610	2,020	10c	1,891
ı	11	Investments—publicly traded securities			= 1	11	
	12	Investments—other securities See Part IV, line 11	<u> </u>		12		
	13	Investments—program-related See Part IV, line 11			13	·	
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11	F	740	15	1,740	
- {	16	Total assets. Add lines 1 through 15 (must equal line 3	4)	<u> </u>	138,153	16	59,841
寸	17	Accounts payable and accrued expenses	-		17		
	18	Grants payable	 		18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		<u> </u>		20	
ဖွ	21	Escrow or custodial account liability Complete Part IV of	of Schedule D	F		21	
ij	22	Payables to current and former officers, directors, truste		-			
Ē		employees, highest compensated employees, and disqu	•			Ì	
Liabilities		persons Complete Part II of Schedule L	adilica			22	
-	23	Secured mortgages and notes payable to unrelated third	d narties	F		23	
ļ	24	Unsecured notes and loans payable to unrelated third p	•	 		24	
1	25	Other liabilities Complete Part X of Schedule D	artics	<u> </u>		25	
l	26	Total liabilities. Add lines 17 through 25		-		26	
s		Organizations that follow SFAS 117, check here ▶ 🔀	ond 7			-20	
၌		complete lines 27 through 29, and lines 33 and 34.	- una				
<u>a</u>	27	Unrestricted net assets			138,153	27	59,841
Ba	28	Temporarily restricted net assets		-	130,133	28	
ᅙ	29	Permanently restricted net assets				29	
5		Organizations that do not follow SFAS 117, check he	ra 🕨 🗍	<u> </u>		25	
빈		and complete lines 30 through 34.					
0	30	Capital stock or trust principal, or current funds			30		
ĕ	31	Paid-in or capital surplus, or land, building, or equipmen	-		31		
SSI	32	· · · · · · · · · · · · · · · · · · ·	Retained earnings, endowment, accumulated income, or other funds				
ا۲	33	Total net assets or fund balances	-	138,153	32	50 Q/1	
≝ ।	34	Total liabilities and net assets/fund balances		-	138,153		<u>59,841</u> 59,841
	J +	rotal naphities and tiet assets/fully palances			130,133	34	<u> </u>

Form **990** (2009)

orm	990 (2009) PUBLIC ADVOCATE OF THE	52-1112449		Pa	ge 12
Pa	rt XI Financial Statements and Reporting				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash	Accrual Other		"	
	If the organization changed its method of accounting from a prior year of	or checked "Other," explain in			
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by a	in independent accountant?	2a		X_
b	Were the organization's financial statements audited by an independent	t accountant?	2b	X	<u></u>
С	If "Yes" to line 2a or 2b, does the organization have a committee that as	ssumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection	on of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection pro	cess during the tax year, explain in			
	Schedule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the final	ncial statements for the year were			
	issued on a consolidated basis, separate basis, or both				
	X Separate basis Consolidated basis Both consolidated	and separate basis			
3а	As a result of a federal award, was the organization required to undergo	o 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	e organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any st	eps taken to undergo such audits	3b		<u> </u>

Form **990** (2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

	e of the organization		Employer identification number
_	UBLIC ADVOCATE OF THE		
	NITED STATES		52-1112449
Pa	organizations Maintaining Donor Advised Function the organization answered "Yes" to Form 990, i	nds or Other Similar Funds or A Part IV, line 6.	ccounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised	
	funds are the organization's property, subject to the organization's excli	usive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be	
	used only for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other	
	purpose conferring impermissible private benefit?	-	Yes No
Pa	art II Conservation Easements. Complete if the orga	anization answered "Yes" to Forn	n 990, Part IV, line 7
1	Purpose(s) of conservation easements held by the organization (check	all that apply)	
	Preservation of land for public use (e g , recreation or pleasure)	Preservation of an historically imp	ortant land area
	Protection of natural habitat	Preservation of certified historic s	tructure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conser	vation contribution in the form of a consei	rvation
	easement on the last day of the tax year		
			Held at the End of the Tax Year
a	Total number of conservation easements		2a
b			2b
C	Number of conservation easements on a certified historic structure inclination of conservation easements on a certified historic structure inclination.	` '	2c
d	Number of conservation easements included in (c) acquired after 8/17/0		
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organizat	ion during
	the taxable year	agested N	
4 5	Number of states where property subject to conservation easement is leading to property and a written policy regarding the periodic monitoring the per		
J	Does the organization have a written policy regarding the periodic moni violations, and enforcement of the conservation easements it holds?	toring, inspection, handling of	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	ing conservation easements during the ve	
Ü	b	ing conservation easements during the ye	cai
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	conservation easements during the year	
-	▶ \$		
8	Does each conservation easement reported on line 2(d) above satisfy t	he requirements of section	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	·	Yes No
9	In Part XIV, describe how the organization reports conservation easeme	ents in its revenue and expense statemen	
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that de	escribes
	the organization's accounting for conservation easements		
Pa	organizations Maintaining Collections of Art,		Similar Assets.
_	Complete if the organization answered "Yes" to		at warden of
та	If the organization elected, as permitted under SFAS 116, not to report art, historical treasures, or other similar assets held for public exhibition		
	provide, in Part XIV, the text of the footnote to its financial statements ti		public service,
h	If the organization elected, as permitted under SFAS 116, to report in it		vorte of art
U	historical treasures, or other similar assets held for public exhibition, ed		
	provide the following amounts relating to these items	ucation, or research in furtherance of pub	iic service,
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial dain, pro-	
-	following amounts required to be reported under SFAS 116 relating to ti		1.00 1.10
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		> \$

Schedule D (Form 990) 2009 PUBLIC AL	JVUCATE OF TH	<u>Ľ. </u>		22-11	12449		Page 2
Part III Organizations Maintaining	g Collections of Art,	Historical Trea	asures,	or Other	Similar Asse	ets (continue	
3 Using the organization's acquisition, accessi collection items (check all that apply)	ion, and other records, che	eck any of the follow	ing that a	re a signific	ant use of its		
a Public exhibition	d Loan	or exchange progra	ıms				
b Scholarly research	e Othe	r				_	
c Preservation for future generations	_						
4 Provide a description of the organization's co	ollections and explain how	they further the org	anızatıon'	s exempt p	urpose in		
5 During the year, did the organization solicit of assets to be sold to raise funds rather than t						Yes	No
Part IV Escrow and Custodial Arr	angements. Comple	ete if the organiz	zation a	nswered	"Yes" to Form	m 990, Part	
IV, line 9, or reported an a	mount on Form 990,	Part X, line 21.					
1a Is the organization an agent, trustee, custod	ian or other intermediary f	or contributions or o	ther asse	ts not			
included on Form 990, Part X?						Yes	No
b If "Yes," explain the arrangement in Part XIV	and complete the following	ig table					
						Amount	
c Beginning balance					1c		
d Additions during the year					1d		
e Distributions during the year					1e		
f Ending balance					1f		
2a Did the organization include an amount on F	orm 990, Part X, line 21?					Yes	No
b If "Yes," explain the arrangement in Part XIV							
Part V Endowment Funds. Comp		answered "Yes"	to Forn	n 990. Pa	rt IV. line 10.		
	(a) Current year	(b) Pnor year	_	years back	(d) Three years b		ars back
1a Beginning of year balance				·		- ` · · · · · · · · · · · · · · · · · ·	
b Contributions							
c Net investment earnings, gains,	-		 				
and losses	i						
d Grants or scholarships			<u> </u>				
e Other expenditures for facilities							
and programs			Ì		Ì		
						 	
•			+ -				
g End of year balance					L	<u> </u>	
2 Provide the estimated percentage of the year							
a Board designated or quasi-endowment	%						
b Permanent endowment >							
c Term endowment ▶ %	***						
3a Are there endowment funds not in the posses	ssion of the organization t	hat are held and adi	ministered	for the		_	
organization by						Yes	s No
(i) unrelated organizations						3a(i)	
(ii) related organizations						3a(ii)	\rightarrow
b If "Yes" to 3a(ii), are the related organizations	•					3b	
4 Describe in Part XIV the intended uses of the				77.11			
Part VI Investments—Land, Build							
Description of investment	(a) Cost or other basis	(b) Cost or of			umulated	(d) Book valu	ie
	(investment)	basis (othe	er)	depr	eciation		
1a Land							
b Buildings							
c Leasehold improvements							
d Equipment			,501		5,610	1	,891
e Other							
Total. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X, co	lumn (B), line 10(c))		>	1	,891

Dort VII Invant	2009 PUBLIC ADVOCATE OF		52-1112449	Page
	ments—Other Securities. See Form			
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio	
	(including harrie of security)		Cost or end-of-year market	
Financial derivatives	-4-			
Closely-held equity intere Other	SIS			
		_		
				
				<u> </u>
 -				
Total (Column (b) must s	equal Form 990, Part X, col (B) line 12)			
	ments—Program Related. See For	m 000 Part V line 13	<u> </u>	
	a) Description of investment type	(b) Book value	(a) Mathed of columbia	
(6	ay bescription of investment type	(b) Book Value	(c) Method of valuation Cost or end-of-year market	
			Oost of end-of-year market	
		-		
				_ ·
				
		_		
	·			
Total (Column (b) must o	equal Form 990, Part X, col (B) line 13)			
	ZUVAL FURIL 330. FAILA. CUL LIDI III RE 13 I			
		<u>▶ </u> 15		
	Assets. See Form 990, Part X, line	15.		a) Book value
		15.	(1	o) Book value
	Assets. See Form 990, Part X, line	15.	(1) Book value
	Assets. See Form 990, Part X, line	15.	(1) Book value
	Assets. See Form 990, Part X, line	15.	(1	o) Book value
	Assets. See Form 990, Part X, line	15.	(1	o) Book value
	Assets. See Form 990, Part X, line	15.	(1)	o) Book value
	Assets. See Form 990, Part X, line	15.	(1	o) Book value
	Assets. See Form 990, Part X, line	15.	(1)	o) Book value
	Assets. See Form 990, Part X, line	15.	(1	o) Book value
	Assets. See Form 990, Part X, line	15.		o) Book value
Part IX Other A	Assets. See Form 990, Part X, line (a) Descriptor	15.		o) Book value
Part IX Other A	Assets. See Form 990, Part X, line (a) Descriptor	15. on		b) Book value
Fotal. (Column (b) must e	Assets. See Form 990, Part X, line (a) Descriptor	15. on		o) Book value
Fotal. (Column (b) must e	Assets. See Form 990, Part X, line (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (d) Description (e) Descrip	15. on		o) Book value
Fotal. (Column (b) must e	Assets. See Form 990, Part X, line (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (d) Description (e) Descrip	15. on		b) Book value
Fotal. (Column (b) must e	Assets. See Form 990, Part X, line (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (d) Description (e) Descrip	15. on		b) Book value
Fotal. (Column (b) must e	Assets. See Form 990, Part X, line (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (d) Description (e) Descrip	15. on		b) Book value
Fotal. (Column (b) must e	Assets. See Form 990, Part X, line (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (d) Description (e) Descrip	15. on		a) Book value
Fotal. (Column (b) must e	Assets. See Form 990, Part X, line (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (d) Description (e) Descrip	15. on		a) Book value
Fotal. (Column (b) must e	Assets. See Form 990, Part X, line (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (d) Description (e) Descrip	15. on		a) Book value
Fotal. (Column (b) must e	Assets. See Form 990, Part X, line (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (d) Description (e) Descrip	15. on		a) Book value
Total. (Column (b) must e	Assets. See Form 990, Part X, line (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (d) Description (e) Descrip	15. on		b) Book value
Fotal. (Column (b) must e	Assets. See Form 990, Part X, line (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (d) Description (e) Descrip	15. on		b) Book value
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Fotal. (Column (b) must e Part X Other L Federal income taxes	Assets. See Form 990, Part X, line (a) Description (a) Description (a) Description (a) Description (a) Description (a) Description (b) Description (c) Description (d) Description (e) Description (d) Description (e) Descrip	15. on		b) Book value

Sche	dule D (Form 990) 2009 PUBLIC ADVOCATE OF THE	52-111244	19	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 t	o Audited Financial Stater	nents	3
1	Total revenue (Form 990, Part VIII, column (A), fine 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statem		turn	<u> </u>
1	Total revenue, gains, and other support per audited financial statements		1	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	1	
c	Recoveries of prior year grants	2c	1	
d	Other (Describe in Part XIV)	2d	1	
	Add lines 2a through 2d	20	1,	
3	Subtract line 2e from line 1		2e	-
4		1 1	3	
-	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	ł	
	Other (Describe in Part XIV)	4b	┨.	
_	Add lines 4a and 4b		4c	
<u>5</u>	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	and Mich Francisco	5	
	rt XIII Reconciliation of Expenses per Audited Financial Staten	nents with Expenses per	Retur	<u>'n</u>
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1		
a	Donated services and use of facilities	2a	4	
	Prior year adjustments	2b	-	
C	Other losses	2c	-	•
d	Other (Describe in Part XIV)		4	
_	Add lines 2a through 2d		_2e	
3	Subtract line 2e from line 1	1 1	3_	
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 XIV)	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	
	rt XIV Supplemental Information			
Comp	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	lines 1a and 4, Part IV, lines 1b		
nd 2	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII,	lines 2d and 4b Also complete		
his p	art to provide any additional information			
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Schedule D (F	orm 990) 200	9 PUBLI	C ADVOCATE OF mation (continued)	THE	52-1112449	Page 5
Part XIV	Supplem	ental Inforn	mation (continued)			
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SCHEDULE J (Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open To Public . Inspection

Department of the Treasury Internal Revenue Service

Part I

Name of the organization PUBLIC ADVOCATE OF THE

UNITED STATES

Employer identification number 52-1112449 **Questions Regarding Compensation**

				Yes	No_
1a	a Check the appropriate box(es) if the organization provided any of the fo 990, Part VII, Section A, line 1a Complete Part III to provide any relevant				
	H	sing allowance or residence for personal use	1		
	H H	ments for business use of personal residence			
		Ith or social club dues or initiation fees			
	Discretionary spending account Pers	conal services (e g , maid, chauffeur, chef)			
b	b If any of the boxes on line 1a is checked, did the organization follow a v	ritten policy regarding payment			
	or reimbursement or provision of all of the expenses described above?				
	explain	· · ·	1b		
2	Did the organization require substantiation prior to reimbursing or allow	ng expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding	·	2		
	, , , , , , , , , , , , , , , , , , ,				
3	Indicate which, if any, of the following the organization uses to establish	the compensation of the		- 1	
	organization's CEO/Executive Director Check all that apply			}	
		ten employment contract			
	Compensation committee X Writ Independent compensation consultant Form 990 of other organizations X Appl	pensation survey or study			
	Independent compensation consultant Form 990 of other organizations X Com Appl	roval by the board or compensation committee			
		,	i		
4	During the year, did any person listed in Form 990, Part VII, Section A,	line 1a, with respect to the filing	i		
	organization or a related organization	· · ·	İ		
а	Receive a severance payment or change-of-control payment?		4a		X
ь	Participate in, or receive payment from, a supplemental nonqualified rel	rement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation	arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable	amounts for each item in Part III			_
	Only section 501(c)(3) and 501(c)(4) organizations must complete lin	nes 5–9.	1		
5			- 1		
	compensation contingent on the revenues of		l		
а	The organization?		5a		X
b	Any related organization?		5b		X
	If "Yes" to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the orga	nization pay or accrue any			
	compensation contingent on the net earnings of				
а	The organization?		6a	}	X
b	Any related organization?		6b		X
	If "Yes" to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the orga	nization provide any non-fixed	ĺ		
	payments not described in lines 5 and 6? If "Yes," describe in Part III		7		X
8		uant to a contract that was			
	subject to the initial contract exception described in Regs section 53 49				
	in Part III		8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presump	ntion procedure described in			
	Regulations section 53 4958-6(c)?	·	9		

Schedule J (Form 990) 2009 PUBLIC ADVOCATE OF THE 52-1112449

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
EUGENE DELGAUDIO		0	0	0	0	0	0
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PUBLIC ADVOCATE OF THE

52-1112449

Schedule J (Form 990) 2009 PUBLIC AD'
Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Part III - Other Additional Information

PUBLIC ADVOCATE OF THE UNITED STATES PAYS EUGENE DELGAUDIO & ASSOCIATES,

THE PRESIDENT, EUGENE DELGAUDIO, OWNS EUGENE INC FOR MANAGEMENT SERVICES.

DELGAUDIO & ASSOCIATES, INC. HE RECEIVED A SALARY OF \$81,200 DURING 2009

FROM EUGENE DELGAUDIO & ASSOCIATES, INC.