Form 990

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.

2016 Open to Public inspection

0MB No. 1545-0007

Department of the Treasury Internal Revenue Service Information about Form 880 and its instructions is at www.irs.gov/form990. and ending For the 2016 calendar year, or tax year beginning D Employer identification number PUBLIC ADVOCATE OF THE C Name of organization Check if applicable: UNITED STATES Address charge 52-1112449 Doing business as Name change Roomvaul Number and street (or P.O. box if mail is not delivered to street address) 703-845-1808 5613 LEESBURG PIKE Initial return City or lown, state or province, country, and ZIP or foreign postal code Final retorn? 1,561,374 VA 22041-2912 G Gross receipts \$ lerminated. FALLS CHURCH Amended return Name and address of principal officer. H(a) is this a group return for subordinates? Application sending EUGENE DELGAUDIO Yes H(b) Are all subordinates included? 5613 LEESBURG PIKE STE 17 if "No," attach a list (see instructions) VA 22041-2912 FALLS CHURCH 501(c)(3) X 501(d) (4) ◀ (insert no) www.publicadvocateusa.org H(6) Group exemption number. Year of formation: 1978 M. State of legal domicile: Form of organization: X Corporation Trust Aveociation Summary 1 Briefly describe the organization's mission of most significant activities: IMPROVEMENT OF GOVERNMENTAL INSTITUTIONS AND PROCESSES THROUGH PUBLIC Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1z) 3 2 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 5 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 0 6 6 Total number of volunteers (estimate if necessary) 0 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 75 b Net unrelated business taxable income from Form 990-T, line 34 Current Year Prior Year 1,478,348 936 1,415 8 Contributions and grants (Part VIII, line 1h) 0 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 83,026 89,498 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,561,374 1,505,434 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,050 8,549 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 128,335 142,912 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 163,555 b Total fundralsing expenses (Part IX, column (D), line 25) ▶ ,408,820 ,474,842 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24s) ,541,205 1,626,303 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 20,169 -120,869 19 Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year 79,765 88 59,596 20 Total assets (Part X, line 16) 0 21 Total liabilities (Part X, line 26) 79,765 59,596 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block 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 is

true, corroct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign ₽ EUGENE DELGAUDIO Here Type or print name and Illie Print/Type preparer's name Paid NELSON L. CASTNER CASTNER CPA Preparer 7263 MAPLE PL STE 100 Use Only ANNANDALE, VA 22003-3004

Firm's address May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2018)

4e Total program service expenses >

Form 990 (2016) PUBLIC ADVOCATE OF THE

P	art IV Checklist of Required Schedules			
Succession	None of the Control o	_	Yes	No
1	is the organization described in section 601(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 (see Instructions)?	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, 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(d)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C,			
	Part III	5		X
6.	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part /	6		X
7	Did the organization receive or hold a conservation essement, including essements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Die the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account Rability, serve as a			
	custodian for amounts not listed in Part X, or provide cradit counseling, debt management, cradit repair, or			Division 1
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted:			W200
	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,			Marie .
	VII, VIII, IX, or X as applicable.			400
a		10000		
	complete Schedule D. Part VI	11a	A	-
D		200		x
	of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VII	11b	-	21
9	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	110		X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
1		11d		x
	reported in Part X, line 167 If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X	110		X
5	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1774		
1	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		X
227	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12a		128	X	
	Schedule D, Perts XI and XII Was the organization included in consolidated, Independent audited financial statements for the tax year? If			
D	"Yes," and if the organization answered "No" to line 12s, then completing Schedule D, Parts XI and XII is optional	12b		X
47	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a	When a profession and profession at the Charles Charles C.	14a		X
5	to an analysis of more than \$10,000 from countries into			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			566
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	140		X
15	Did the organization report on Part (X, column (A), line 3, more than \$5,000 of grants or other assistance to or			1000
	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			0.00
	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	527		**
	Part DI, 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	18		x
100	Part VIII, lines 1c and 8a7 If "Yes," complete Schedule G, Part II	1.0		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			

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If "Yes," complete Schedule G, Part III

18	Did the organization complete Schedule C and provide explanations in Schedule C for Part VI, lines 11b and 197 Note, All Form 990 filers are required to complete Schedule C.	38	х	
	Part VI	37		X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R.			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	-	
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		
6.8	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Pert V, line 2	35h	_	_
b	If "Yes" to line 35s, did the organization receive any payment from or engage in any transaction with a			
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ACT!	or IV, and Part V, line 1	34		х
54	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Parts II, III,	- 55		
33	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R. Part I	33		X
33	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
12	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	-		85
6.1.1	Part I	31		X
11	Did the organization liquidate, terminate, or dissoive and cease operations? If "Yes," complete Schedule N.	30	-	^
0.	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			x
3	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
80	was an officer, director, trustee; or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	-
(Q.	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	-		
	Schedule L. Part IV	28b		x
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		-0
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	200	iago:	x
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filling thresholds, conditions, and exceptions):			
	entity or family member of any of these persons? If "Yes," complete Schedule L. Part III	27		X
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1,000		537
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	disqualified persons? If "Yes," complete Schedule L. Part II	26		X
	current or former officers, directors, trustees, key employees, highest compensated employees, or		7.0	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b	-	X
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I			
13	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I	25a		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
ď	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c	-	\vdash
	to defease any tax-exempt bonds?			

Form 990 (2018)

Part	Statements Regarding Other IRS Fillings and Tax Complian Check if Schedule O contains a response or note to any line in	this Part V				П
ta En	ter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1	177		Yes	No
	ter the number of Forms W-2G included in line 1a. Enter -Q- if not applicable	1a	17	- 30		
	the organization comply with backup withholding rules for reportable payments to ve		U	-		
	contable gaming (gambling) winnings to prize winners?	ndors and			v	
	ter the number of employees reported on Form W-3, Transmittal of Wage and Tax	ii 51 20	Transmitted in the latest	10	X	
	stements, filed for the calendar year ending with or within the year covered by this ratu	un 2a	9			
	it least one is reported on line 2s, did the organization file all required federal amployn		3	-	77	0
	ites the sum of lines 1s and 2s is greater than 250, you may be required to e-file (se		V Laborate Ta	26	X	-
	the organization have unrelated business gross income of \$1,000 or more during the			190	8.71	11
	Yes," has it filed a Form 990-T for this year? If "No" to fine 3b, provide an explanation			3a	-	X
	any time during the calendar year, did the organization have an interest in, or a signat		ar the Waterman	3b		
	any time during the celebrar year, did the organization have an interest in, or a signat or, a financial account in a foreign country (auch as a bank account, securities accoun					
	count)?	t, or other financial		488		х
	Yes," enter the name of the foreign country:	11.0		48	ETHAN	- 0
	e instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank an	of Charles Assess				lis
	BAR).	ig Filtencial Accou	N.S.			
	as the organization a party to a prohibited tax shelter transaction at any time during the	a for war?		5a	ORNOR THE	х
	any taxable party notify the organization that it was or is a party to a prohibited tax sh		b. 100	5b		X
	Yes" to line 5e or 5b, did the organization file Form 8888-T7	tottat transactions		5c		
	es the organization have annual gross receipts that are normally greater than \$100,00	00, and did the		94		
	sanization solicit any contributions that were not tax deductible as charitable contribute			6a	х	
	Yes," did the organization include with every solicitation an express statement that suc					
gift	a were not tax deductible?			5b	X	
7 Org	ganizations that may receive deductible contributions under section 170(c).					Tig:
a Did	the organization receive a payment in excess of \$75 made partly as a contribution ar	nd partly for goods		10.5	100	
	d services provided to the payor?		Titterities and title	7a		
	Yes," did the organization notify the donor of the value of the goods or services provide			7b		
	the organization sell, exchange, or otherwise dispose of tangible personal property for	or which it was				
	ruired to file Form 82827	f = 1,889	1. Name	7.0		
	Yes," indicate the number of Forms 828Z filed during the year	7d		- 890	The state of	13%
	the organization receive any funds, directly or indirectly, to pay premiums on a perso		17	7.e	-	-
101 321	the organization, during the year, pay premiums, directly or indirectly, on a personal			7f		_
-	he organization received a contribution of qualified intellectual property, did the organization			70		-
	he organization received a contribution of cars, boats, simplanes, or other vehicles, did onsoring organizations maintaining donor advised funds. Did a donor advised fur			7h		S.m
	onsoring organizations maintaining donor advised runds, the aloner advised run onsoring organization have excess business holdings at any time during the year?	по півнішлео ру п	rie .	8		
	onsoring organization have excess obseress rollings at any time during the year? onsoring organizations maintaining donor advised funds.			9		7 12
	the spensoring organization make any taxable distributions under section 49867			9a	100	Cont.
	the sponsoring organization make any taxable distribution to a donor, donor advisor, or related	narsnn?		9b		
	ction 501(c)(7) organizations. Enter:	person		30		
	lation fees and capital contributions included on Part VIII, line 12	100				
	ass receipts, included on Form 999, Part VIII, line 12, for public use of club facilities	10b				
	ction 501(c)(12) organizations, Enter.					
	oss income from members or shareholders	118				
	oss income from other sources (Do not net amounts due or paid to other sources					
aga	ainst amounts due or received from them.)	11b				
	ction 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in	lieu of Form 1041	?	12a		
b #"	Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
Sec	ction 501(c)(29) qualified nonprofit health insurance issuers.					J.
a ist	he organization licensed to issue qualified health plans in more than one state?		THE LEADER THE REST	13a		
	te. See the instructions for additional information the organization must report on Scho					1
b Ent	ter the amount of reserves the organization is required to maintain by the states in whi		(
	organization is licensed to issue qualified health plans	13b				
	er the amount of reserves on hand	13c		1125		x
	the organization receive any payments for indoor tanning services during the tax year Yes, "has it filed a Form 720 to report these payments? If "No," provide an explanation			14a		-
b 11"	real riggs in mind at Point rive to report mease payments rish two. The print an extremental	THE GENERALISE OF			. 990	

Form 990 (2016) PUBLIC ADVOCATE OF THE

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Ses	for a	"Ala"	
Sec	Check if Schedule O contains a response or note to any line in this Part VI			X
			Von	No
10	Enter the number of voting members of the governing body at the end of the tax year tal 4		Yes	NO
	If there are material differences in voting rights among members of the governing body, or			h
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O	3		
b	Enter the number of voting members included in line 1s, abovs, who are independent 1b 3			E
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	200		1000
	any other officer, director, trustee, or key employee?	2	CO. HOUSE	X
3	Did the organization delegate control over management duties sustamarily 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 eignificant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
7	one or more members of the governing body?	7a		X
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,			523
- 11	stockholders, or persons other than the governing body?	7b	-	X
B B	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?	100	77	Water
5	Each committee with authority to act on behalf of the governing body?	58	X	X
9	is there any officer, director, trustee, or key employes listed in Part VII, Section A, who cannot be reached at	8b		-
	the organization's mailing address? If "Yes." provide the names and addresses in Schedule O	0		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Coo			
			Yes	No
10a	Did the organization have local chapters, branches, or atfiliates?	10a	-	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters.			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	106		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	1200		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicte?	12b		-
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	423		
25.7	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	-	X
14	Did the organization have a written document retention and destruction policy?	14	- 100	Α
15	Did the process for determining compensation of the following persons include a review and approval by			777
9	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	х	
a	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).	120	3	
165	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
700	with a taxable entity during the year?	16a		х
ъ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		1 2	100
~	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	NO.5		
	organization's exempt status with respect to such arrangements?	155		
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, NC,	NJ,	AX.	
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)			
19	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: >			
	SGENE DELGAUDIO 5613 LEESBURG PIKE STE 17 VA 22041-2912 703	-84	5-1	808
- 40	181 PEVIL COTE 100	- 10	_	

990 (2018)	PUBLIC	ADVOCATE	OF	THE
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52-1112449

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

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

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, frustee, 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.

(A) Nama and Title	(III) Average hours per lower (Ital erly bours for	erage Position Jrs.per (do not check more than one was too, unless person is both an if any utilizer and a skillportification)		(D) Reportable consensation non the	(E) Reportable companisation from related organisations	(F) Estimated empurit of other compensation			
	related prostitutions below delited lives	augustus lintana	material prespaces	Officer	steen mythosene	Бултын Ніднаяў сперынаябей поцьковая	17/24/1099-MISC)	(W-2H09-MBC)	from the organization and related organizations
(1) EUGENE DELGAUDIO PRESIDENT	30.00	x		x		R.	0	0	0
(2) PAUL SERRANO SECRETARY/DIRECTOR	1.00	x		x					
(3) STEPHEN MIROY	1.00						0	0	0
TREASURER/DIRECTOR (4) MARK CLAYTON	1.00	X	-	X			0	.0	0
VICE PRES/DIRECTOR (6)	0.00	x		X			0	0	0
(6)	r i								
(7)	i dal								
(8)	Annell Company								
{9}	anaerimus								
10)	1444(]			1					
11)			1	1	7				

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fam: 990 (2016)

Form 990 (2016) PUBLIC ADVOCATE OF THE Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (35) (C) (0) (F) Name and little Average Position Neportable **Авропація** Patimated TROUTE GOF (do not check more than one compensation companission from emoont of WEEK lox, untere person le bem an Propi. PRINCE other efficial and a streeternustral Direct rations (Post OTHER SHAPE nompensation No or the Orden retron W-2/1099-MISE: from the estated W-0/1099-MrSC1 organization Manager Manager organizations Salvaga. and related fusious dotted prognizations SHIPTAL. line Total from continuation sheets to Part VII, Section A Þ Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 0 Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated X employee on line 1s? 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 Individual. ٨ Did any person listed on line 1s receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person х ķ Section B, Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 or compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address (6) (¢) CONSOLIDATED MAILING SERVICES 504 SHAW RD STE 206 STERLING VA 20166-9437 PRINTING & MAIL 214,064 SABER COMMUNICATIONS INC 101 WASHINGTON ST FALMOUTH VA 22405-2361 COORDINATION 209.590 THE PRINTING EXPRESS 21 WAREHOUSE RD HARRISONBURG VA 22801-9704 PRINTING & MAIL 189,513 EUGENE DELGAUDIO & ASSOCIATES INC 5613 LEESBURG PIKE STE 17 FALLS CHURCH VA 22041-2912 MANAGEMENT 164,026 MAIL AMERICA COMMUNICATIONS, INC. 1174 BLKTON FARM RD FOREST VA 24551 PRINTING & MAIL 131,913 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization >

Form 990 (2015) PUBLIC ADVOCATE OF THE 52-1112449 Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (0) (0) Rever Unrelated exemps function excluded from tax under sections 512-814 Dutiness геуесца Contributions, Gifts, Grants and Other Similar Amounts ta Federated campaigns b Membership dues 15 Fundralsing events 10 d Related organizations 10 # Government grants (contributions) 10 f Alterial contributions, giffs, grants and purify amounts not included above 1,478,348 15 g Normath contributions impliged in lines 1a-16 h Total. Add lices 1s-1! 1,478,348 Program Service Revenue Buail, Code 29 b • f. All other program service revenue g Total. Add lines 2s-2f -3 Investment income (including dividends, interest. and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties 83,026 83,026 (i) Reat (ii) Personal 8a Gross rents to Less rental expo. C. Flantatinc, or (loss) Net rental income or (ioss) (i) Securities (x) Other sales of sasefa Silber than invenery b Less cost or other basit & sales expo. c Gain or (loss) d Net gain or (losa) 8a Gross income from fundraising events Other Revenue (not including: 5 of contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses Net income or (loss) from fundraising avanta r 9a Gross income from gaming activities See Pari IV, line 15 b Less: direct expenses c Net income or (loss) from gaming activities ٠ 10a Gross sales of inventory, less returns and allowances h Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 11a

1,561,374

0

0

b

All other revenue e Total. Add lines 11a-11d Total revenue. See instructions

Part IX Statement of Functional Expenses

	not include amounts reported on lines 6b,	(A) Total axpenses	(fi) Fragram service	(C) Menegement and	(D) Fundralaine
10,	8b, 9b, and 10b of Part VIII.		ехрепана	general expenses	espenses
1	Grants and other assistance to domestic organizations	4 050			1 1 3 3
	and domestic governments. See Part IV, She 21	4,050	4,050		11.00
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			2000	
4					
6					
	trustees, and key employees				
. 0	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	118,160	78,040	28,270	11,850
8	Pension plan accruals and contributions (include	110,100	75,040	20,210	11,650
	section 401(k) and 403(b) employer contributions)				
9	Other amployee benefits				
10	Payrolf taxes	10,175	6,637	2,530	1,008
11	Fees for services (non-employees):	20.000			The second second
ē	Management	164,026	54,675	54,676	54,675
2	Legal	31,604	15,654	8,346	7,604
c	Accounting	61,500		61,500	
	Professional fundraising services. See Part IV, line 17				
1	Investment management fees				
5		15 226	12 000	1 000	14143
220	(A) amount, hat ting 11g expanses on Schedule (2)	15,376	13,892	1,338	146
12		13,115	6,558	6,557	
12	Office expenses	13,113	0,550	6,557	
14	Information technology				
15	Royalties Occupancy	12,702		12,702	
17	Travel	8,518	7,667	851	
18	Payments of travel or entertainment expenses	0,010	7,007	051	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,034	3,034		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	938		938	
23	Insurance	2,740	1,370	1,370	
24	Other expenses, Itemize expenses not covered				
	above (List miscollaneous expenses in line 24e. If	7.14			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				*
a	PRINTING AND MAILING	352,063	326,126		25,937
b		320,048	294,242	2,405	23,401
c	INTERNET EXPENSE	166,785	154,498		12,287
d		133,119	123,312	2 102	9,807
	All other expenses	123,252	102,985	3,427	16,840
25	Total functional expenses. Add likes 1 limpigh 24e	1,541,205	1,192,740	184,910	163,555
26	Joint costs, Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundralsing solicitation. Check here ► 1/1 following SOP 98-2 (ASC 958-720)	1,081,814	1,002,116		79,698
NA.	AND		-1		Form 990 (2014

Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest bearing 54,645 75,752 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, not 3 4 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. 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 aconsoring 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 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 8 9 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 12,001 10a b Less: accumulated depreciation 9,728 185 3,211 100 2,273 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 15 Other assets See Part IV, line 11 ,740 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 59,596 16 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 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 retated third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities, Add lines 17 through 25 0 26 Organizations that follow SFAS 117 (ASC 958), check here > Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34, Ulirestricted net assets 59,596 27 79,765 25 Temporarity restricted net essets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here > complete lines 30 through 34. 30 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 Total net assets or fund balances 33 59,596 33

> 79,765 Form 990 (2816)

59,596

79,765

Total liabilities and net assets/fund balances

	m 990 (2018) PUBLIC ADVOCATE OF THE	52-1112449			- 1	
RE	art XI Reconciliation of Net Assets				- 1	age 12
-	Check if Schedule O contains a response or note to any life	ne in this Part XI				77
2	otel revenue (must equal Part VIII, column (A), line 12)		11	1 5	561	374
3	Trines view reduct t art to, continu (V), line 25		2			205
	Revenue less expenses. Subtract line 2 from line 1		3	-1.		169
4	Net assets or fund balances at beginning of year (must equal Part X, line 33	column (A))	4			596
3	Net univerzed gains (losses) on investments		5		33	330
8	Donated services and use of facilities	AND THE PERSON NAMED IN	5			_
7	Investment expenses	CONTRACTOR OF THE PARTY	7		-	-
8	Prior period adjustments		8			_
9	Other changes in net assets or fund balances (explain in Schedule O)	The second secon	9		_	_
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must	equal Part X. line	- 0			
-	33, column (5))		10		70	765
Há	art XII Financial Statements and Reporting		1.19	_	13,	100
_	Check if Schedule C contains a response or note to any lin	e in this Part XII				-
					Ves	No
*	Accounting method used to prepare the Form 990 X Cash Acc	rual Other		1000	143	140
	If the organization changed its method of accounting from a prior year or che.	cked 'Other," explain in				
2a	() () () () () () () () () ()				0.00	
	Were the organization's financial statements compiled or reviewed by an inde if "Yes," check a box below to indicate whether the financial statements for the	ependent accountant?	may az az	2a		X
	reviewed on a separate basis, consolidated basis, or both	e year were compiled or				
	5eperate basis Consolidated basis Both consolidated ar	WILL WAR ST		3 - 20		100
b	Were the organization's financial statements audited by an independent account	10 separate pasis		1	100	Dall
	If "Yes," check a box below to indicate whether the financial statements for the	onant?		2b	X	
	separate basis, consolidated basis, or both;	e Tost Male drining du F		Pilling		
	X Separate basis Consolidated basis Both consolidated an	uf separate back		1000	T 1.	177
C	If "Yes" to line 2s or 2b, does the organization have a committee that assume	a reamhnellallity for muserials		P 23-49	290	1200
	of the audit, review, or compliation of its financial statements and selection of	24 independent accounts 22				
	If the organization changed either its oversight process or selection process d	UTIOO The tay year explain in	Garage 117	2c		X
	Schedule U.				190	
3a	As a result of a federal award, was the organization required to undergo an au	dit or audits as set forth in		100,000	90.193	
	the Single Audit Act and OMB Circular A-1337			921		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organ	ization did not undergo the		3a	-	Α
	required audit or audits, explain why in Schedule O and describe any steps tal	en to undergo such audits		38		

Form 990 (2018)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

PUBLIC ADVOCATE OF THE

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Information about Schedule B (Form 990, 998-EZ, or 998-PF) and its Instructions is at www.irs.gov/form590.

OMB No 1645-(047

Employer Identification number

2016

UNITED STAT	ES	52-1112449
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(4) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treeted as a private foundation	
	501(c)(3) texable private foundation	
	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	cial Rule, See
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to y or property) from any one contributor. Complete Parts I and II. See instructions for d	
contributor's total		WARRING B
Special Rules		
regulations under	on described in section 501(a)(3) filing Form 990 or 990-EZ that met the 33½ % supp sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-E and that received from any one contributor, during the year, total contributions of the g	EZ), Part II, line
	of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete	
contributor, during	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received to the year, total contributions of more than \$1,000 exclusively for religious, charitable, const purposes, or for the prevention of cruelty to children or animals. Complete Parts	scientific,
contributor, during contributions total during the year for	on described in section 601(c)(7), (8), or (10) filing Form 990 or 990-EZ that received in the year, contributions ***aclusively for religious, charitable, etc., purposes, but no such and more than \$1,000. If this box is checked, anter here the total contributions that we an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unlies to this organization because it received nonexclusively religious, charitable, etc.,	ch re received nlæss the
totaling \$5,000 or	more during the year	▶3
990-EZ, or 990-PF), but it	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its It to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 890-	Form 990-EZ or on its

SCHEDULE D (Form 990)

Department of the Treasury itternal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990

DMR No. 1545-000 Open to Public

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer Identification number PUBLIC ADVOCATE OF THE UNITED STATES 52-1112449 Part Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (A) Danor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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 exclusive legal control? 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 banefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic atructure Preservation of open space Complete lines 2s through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation assements 2a Total acreage restricted by conservation easements 2b Number of conservation essements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) sequired after 8/17/98, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax veer 🕨 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation essement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. ta. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet. works of art, historical treasures, or other similar assets held for public exhibition, aducation, or research in furtherance of public service, provide, in Part XIII, the lext of the footnote to its financial statements that describes these items. b. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of srt, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (I) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical tressures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 115 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets Included in Form 990, Part X

Schedule D (Form 990) 2016 PUBLIC Part III Organizations Maintai	ning Callagtians of	A A		-1112449	Pag
Part III Organizations Maintal 3 Using the organization's acquisition, according to the organization of t	ession and other record	nit, mistorical i	reasures, or O	ther Similar Ass	ets (continued)
3 Using the organization's acquisition, according tiems (check all that apply):	and enter record	s, check any of the fo	flowing that are a s	gnificant use of its	
a Public exhibition	1				
b Scholarly research		Loan or exchange pro	ograms		
c Preservation for future generations	9	Other			
4 Provide a description of the asset (Berlins Control of the Association Control of the C				
 Provide a description of the organization XIII. 	a collections and explain	how they further the	Organization's even	ONE currence in the A	
AIII,			9.93	the bridges to LSU	
5 During the year, did the organization soll assets to be sold to raise funds rather th	cit or receive donations of	art historical traces	res stationarion		
THE PERSON NAMED IN COLUMN TO SERVICE AND THE PERSON NAMED INC.	41 IG DE III HOTELEN AS 74	of the recoulesting	res, or other similar		-
				escriber and the	Yes
Complete if the organizar	ion answered "Veo"	OR Form 200 C	-activity of the control of the cont		
Complete if the organization 990, Part X, line 21.	1. m.	on come aan't ha	nt IV, line 9, or r	eported an amour	nt on Form
is is the organization an enent trustee me	Callen Co. M. Co.				
fa is the organization an agent, trustee, cus included on Form 990, Part X7	lodian or other intermedia	ary for contributions o	r other assets not		
					П. П.
b. If "Yes," explain the arrangement in Part.	(III and complete the folio	owing table:			Yes 1
					Americal
c Beginning balance				1400	Amount
d Additions during the year				1c	
Distributions during the year				1d	
f Ending balance				18	
Did the organization include an amount or of If "Yes," explain the arrangement in Page"	Form 990, Part X, line 2	1. for exercise or exerc		11	
	III. Check here if the expi	anation has been an	Julian account hability	y?	Yes N
					-
Complete if the organizati	on answered "Yes" o	n Form 990 Par	VI line 10		
	(a) Current year	(b) Print year	and the second s		
Beginning of year balance		7477 - 160 7 600	(c) Two years hack	(d) Three years hisk	(e) Four years back
Contributions					
Net investment earnings, gains, and					
losses					
Grants or scholarships					
Other expenditures for facilities and					
programs					
The state of the s					
Administrative expenses					
End of year belance					
Provide the estimated percentage of the cu	rrent year end balance (III	ne to, column (a)) he	id as		
many penditution of Massi-audowillEUF	. %	Company of the second			
Permanent endowment ► %					
Temporarily restricted endowment. ▶	W.				
The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.				
Are there endowment funds not in the possi	sculpt of the even-	9 1			
organization by:	ession of the didanitation	that are held and ad	ministered for the		
(i) unrelated organizations					Yes: No
(ii) related organizations					3a(i)
H Wast on the 2-till and the					3a(ii)
If "Yes" on line 3s(ii), are the related organiz	ations listed as required (on Schedule R7			3b
Describe in Part XIII the Intended uses of the	organization's endowme	ent funds	The state of the s		74.1
Land, buildings, and Equ	pment				
	answered "Yes" on	Form 990, Part I	V. line 11s Sec	Form 000 Dest V	F 1500 450
Complete if the organization	(a) Cost or other trans	(b) Cost of rither	lawit no.	Tomisso, Part	
Complete if the organization Description of property		LA STANDE LINES	120000	ccumulated	(II) Book value
Complete if the organization Description of property	(Investment)	Indiana		préciation	
	(Invesionary)	(Other)			
Land	(incesionerit)	(Other)	500		
Land Buildings	(Instakourik)	(Offier)	6/		
Lend Buildings Leasehold improvements	(Invesious)				
Land	(Invesious)		,001	9,728	2,273

	Investments—Other Securities.		52-1112449	Pag
Part VII		Form One Darkilly I		
	Complete if the organization answered "Yes" on (a) Description of security or exceptly	ID1900 Value		
	(including name of security)	(N) BOW VSUE	(c) Method of véluarum	
1) Financial	derivatives		Cost or and-of-year market	Value
	eld equity interests			
3) Other	And Address of the Control of the Co			
(A)	"" The restaurance of the same of the same			
(B)				
(C)	The state of the s			
(D)				
(E)	100000000 A 100 A			
(F)				
(G)				
(1-0)	THE PROPERTY OF THE PROPERTY O			
otal, (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII	Investments—Program Related.	A SERVE ST DOORWAY		
	Complete if the organization answered "Yes" on	orm 990, Part IV, lin	ne 11c. See Form 990, Part X.	ine 13.
	(a) Description of investment	(III) Dook verue	(c) Method of varuation	7
7.4			Cost or end-pl-year market v	atus
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(B)				
Part IX	(b) must equal Form 990, Part X, col. (8) line 13.) ▶ Other Assets.			
Lair IV	Other Assets.			
	Complete if the expenianting appulated West as I	000 D 84		1-10-Fall
	Complete if the organization answered "Yes" on I	orm 990, Part IV, lin		
445	Complete if the organization answered "Yes" on I	orm 990, Part IV, lin		line 15.
		orm 990, Part IV, lin		
(2)		orm 990, Part IV, lin		
(2)		orm 990, Part IV, lin		
(2) (3) (4)		orm 990, Part IV, lin		
(2) (3) (4) (5)		orm 990, Part IV, lin		
(2) (3) (4) (5) (6)		orm 990, Part IV, lin		
(2) (3) (4) (5) (6) (7)		orm 990, Part IV, lin		
(2) (3) (4) (5) (6) (7)		orm 990, Part IV, lin		
(2) (3) (4) (5) (6) (7) (8)	(a) Devalption	orm 990, Part IV, lin		
	(a) Develoption (b) must equal Form 990, Part X, col. (B) line 15.)	orm 990, Part IV, lin		
(2) (3) (4) (5) (6) (7) (8)	(h) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.			b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Calumn	(b) must equal Form 990; Part X, col. (8) line 15.) Other Liabilities. Complete if the organization answered "Yes" on F			b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	(h) must equal Form 990, Part X, col. (8) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Filine 25.	orm 990, Part IV, lin		b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	(h) must equal Form 990, Part X, col. (8) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Filine 25.			b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	(h) must equal Form 990, Part X, col. (8) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Filine 25.	orm 990, Part IV, lin		b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	(h) must equal Form 990, Part X, col. (8) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Filine 25.	orm 990, Part IV, lin		b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Part X	(h) must equal Form 990, Part X, col. (8) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Filine 25.	orm 990, Part IV, lin		b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Calumit Part X.	(h) must equal Form 990, Part X, col. (8) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Filine 25.	orm 990, Part IV, lin		b) Book value
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(2) (3) (4) (5) (6) (7) (8) (9) otal. (Calumi Part X. 1) Federal i (2) (3) (4) (5) (6) (7)	(h) must equal Form 990, Part X, col. (8) line 15.) Other Liabilities. Complete if the organization answered "Yes" on Filine 25.	orm 990, Part IV, lin		b) Book value

Part XI Reconciliation of Revenue per Audited Fin. Complete if the organization answered "Yes" or	110	-1112449	Page
1 Total revenue, gains, and other sunned per surfless fines.	n Form 990, Part IV, line 12a.	por motorin.	
- Through Mubuse of the I but not on Form one had been the	nents.	1	1,561,374
a Net unrealized gains (losses) on investments	7.19		-/
b Donated services and use of facilities	Ža Ža		
c Recoveries of prior year grants	2b		
d Other (Describe in Part XIII.)	20		
e Add lines 2a through 2d	2d		
3 Subtract line 2e from line 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2e	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.		3	1,561,374
a Investment expenses not included on Form 990, Part VIII, line 7b	1 1	100.00	+1001/3/4
b Other (Describe in Part XIII.)	4a		
c Add lines 4s and 4b	46		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part III	The state of the s	4c	
Part XII Reconciliation of Exposure and Form 990, Part I	Ine 12.)	3	1,561,374
Part XII Reconciliation of Expenses per Audited Fina Complete if the organization answered "Yes" on	inclai Statements With Expen	ises per Return	1/201/214
Complete if the organization answered "Yes" on 1 Total expenses and losses per audited financial statements	Form 990, Part IV, line 12a.		*
Amounts included on line 1 but not on Form 990, Part IX, line 25:	W VOICE /	1	1,541,205
Donated services and use of facilities	9 10	// // = /	-104+1200
b Prior year adjustments	2a		
Other losses	25		
d Other (Describe in Part XIII.)	26		
e Add lines 2a through 2d	2d		
Subtract line 2e from line 1		20	
Amounts included on Form 990, Part IX, line 25, but not on line 1.	the prompt of	3	1,541,205
Investment expenses not included on Form 990. Part VIII. line 76	ge:		
Other (Describe in Part XIII.)	4a .	1/23	
Add lines 4a and 4b	4b	76.8	
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Pent I	Ins 181		
art XIII Supplemental Information.	Light 188 Line	5	1,541,205

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.

Part XIII Supplemental Information (continued)

Schodule D (Form 990) 2016

FUBLIC2 11/02/2017 2:20 PM

SCHEDULEL

(Form 990 or 990-EZ)

Department of the Treasury

Transactions With Interested Persons

➤ Complete If the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 25, 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.gowform990.

OMB No 1545-0047 2016

Internet Revenue Service. Name of the organization

Part

PUBLIC ADVOCATE OF THE

UNITED STATES

Employer identification number

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.										
C	(a) Name of disqualified person	(b) Switchashis behasan Alan wilded harron and		(d) Corrected?							
	<u> </u>	organisation	(A) grant dividu or sign control	Yes	Ne						
(1)											
(2)											
(3)											
(4)											
(5)											
(6)					-						

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

۲	\$			
۰	\$			

Part II	Loans to	and/or	From	Interested	Persons

Complete if the organization answered "Yes" on Form 980-EZ, Part V, line 38s or Form 950, Part IV, line 26; or if the

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of hish	british the	(6) Griginal primopal amount	(f) italanna due	tg) in detault?		by board or committee?		p) William agreement	
			To Faper			Yes	Nin	Yes	No	Yes	764
(1)											
						+					+
(2)			4			_			_		
(3)											
(4)						L					L
(5)									1		
(6)											
(7)											L
(8)											
(9)						L					
10)											
Total				▶ \$		100.10	22	1000	W 27 13		- 80

Grants or Assistance Benefiting Interested Persons. Part III

Complete If the organization answered "Yes" on Form 990, Part IV, line 27,

jaj Nama of interested person	(U) 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)				
(8)				
(3)				
10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2016

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.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

DMI (60 1545-004)

2016

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. PUBLIC ADVOCATE OF THE UNITED STATES

Employer identification number

52-1112449

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

IN 2016, THE ORGANIZATION PARTICIPATED IN THE FOLLOWING U.S. SUPREME COURT AND OTHER AMICUS CURIAE BRIEFS:

- 1. DAVID A. ZUBIK, ET. AL. V. SYLVIA BURWELL, ET. AL.; LITTLE SISTERS OF THE POOR HOME FOR THE AGED, DENVER, COLORADO, ET. AL. V. SYLVIA BURWELL, ET. AL.
- 2. STORMANS, INC., ET. AL. V. JOHN WIESMAN, ET. AL.
- 3. G.G., BY HIS FRIEND AND MOTHER, DEIRDRE GRIMM V. GLOUCESTER COUNTY SCHOOL BOARD
- 4. STEVEN FISH, ET. AL. V. KRIS KOBACH
- 5. ROY S. MOORE V. ALABAMA JUDICIAL INQUIRY COMMISSTION

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 ORGANIZATION 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 Name of the organization

PUBLIC ADVOCATE OF THE

Employer Identification number 52-1112449

ATTORNEY BEFORE FILING.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
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 NOT ROUTINELY MADE AVAILABLE TO THE PUBLIC.

Form 4562

Department of the Tressury

marna/ Revenus Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1345-0172

Dus	UNIT mess or activity to which this term relietes Indirect Depreci	ED STATES	OF THE				Hifylng n	umber 12449
P	art Election To E)	cpense Certain Pro	perty Under Secti	on 179				
_	Note: If you ha	ve any listed proper	ty, complete Part V	hetore you	complete Da	et I		
1	Maximum entonut (see man)	(Ctions)		20.010 900	Complete Fa	14.1	17	FAA A5
2	Total cost of section 179 proj	perty placed in service (s	ee instructions)				1	500,00
3	Threshold cost of section 179	property before reducti	on in limitation (see instr	ructions)			2	2 010 00
4	Reduction in limitation. Subtri	set line 3 from line 2. If a	ero or less enter A				3	2,010,00
5	Dollar limitation for tax year. Subtr	act line 4 from line 1. If zero	or lass, enter -0. If married	filten sannersiy	sad instructions	diam'r.	4	
6	(A) One:	orgition of property		Clief (business us	14.00 (16.00 m)	c) Elected cos	5	
								200
7	Listed property. Enter the am	a cut frame the AD						
8	Total elected cost of service is	OURL HOM HISE 28			7			
9	Total elected cost of section 1 Tentative deduction. Enter the	reproperty. Add emour	its in column (c), lines 6	and 7		1454		
10	Carryover of disallowed deduc	of on from line 5 of line	2045 =					
11	Business income limitation. E	nter the emailer of susin	2010 Form 4562	en de la company	earth arrysteel ear		10	
12	Section 178 expense deduction	on Add lines 9 and 10 h	oss income (not less the	in zero) or line	5 (see instruction	ons)	11	
13	Carryover of disallowed deduc	tion to 2017. And lines 5	and th less lies 12	me 11	1.0	-	12	
Note	Don't use Part II or Part III be	low for listed property. In	stead, use Part V		13		_	9 11200
Pa	art II Special Deprec	lation Allowance a	nd Other Benrecis	stion (Don't	Include lists	d prese	1.110	
14	during the tax year (see instru	ctions)	ther than listed property) pieced in se	Vice		14	yes monacuoms.)
15	Property subject to section 160	8(f)(1) election					15	
10	Other depreciation (Including A	ACRS)					16	93
- CE	macks Deprec	iation (Don't Includ		See instruct	tions.)			
47	MACSO And all and		Section A					
17	MACRS deductions for assets	placed in service in tax	years beginning before 2	2018		11 (11)	17	
10	If you are starting to group any associa po Section R	Appete Discord in Re-	of into one or more general ass	el antoures, check	here	>		
	Southern to	-Assets Placed in Ser		fear Using the	a General Depr	eciation S	ystem	
	(a) Classification of properly	pracest in service	(C) Basis für degreitlation (business/investment use prify-see instructions)	(d) Recovery period	(v) Convention	(f) Melinos		(g) Depreciation deduction
1921	3-year property							
b	5-year property							
c	7-year property							
d	10-year property							
- U	15-year property	9 9 9 9 9 9						
1	20-year property							
	25-year property			25 y/s.		S/L		
	Residential rental			27.5 yrs.	MM	S/L		
_	property			27.5 yrs	With	S/L		
	Nonresidential real			39 yrs.	MM	S/L		
-	property				MM	9л		
	Section C-	Assets Placed in Servi	e During 2016 Tax Yea	ar Using the A	iternative Dep	reciation 8	System	1
-	Glass life	100				S/L		
	12-year			12 yrs.		S/L		
	40-year t IV Summary (See in	interior in the second		40 yrs	MM	S/L		
	Control of the last of the las							
1 1	Listed property. Enter amount fr	om line 28				Name	21	
- 3	Total. Add amounts from line 12 here and on the appropriate line	s of your return. Partner	ships and S corporations	-san instruc	1. Enter		22	938
3 7	or assets shown above and pla	sced in service during the	s current year, enter the		9-m		8	1507
	ortion of the basis attributable t	to section 263A costs			23		16	

PUBLIC ADVOCATE OF THE UNITED STATES 5613 LEESBURG PIKE FALLS CHURCH, VA 22041-2912

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Under Regulation 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election to all qualifying property placed in service during the tax year.