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Form 99

Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

2011
Open to Public Inspection

Α	For the 2011 calendar year, or tax year beginning , and ending			
В	heck if applicable C Name of organization PUBLIC ADVOCATE OF THE		D Employe	er identification number
	ddress change UNITED STATES			
	lame change Doing Business As	<b>.</b>		1112449
	Number and street (or P O box if mail is not delivered to street address)	Room/suite		ne number
⊣"	5613 LEESBURG PIKE	17	703	-845-1808
ī	City or town, state or country, and ZIP + 4			
	mended return FALLS CHURCH VA 22041-2912		G Gross receip	ots \$ 1,144,593
	Application pending	H(a) Isthisagi	mun mtum for af	filiates? Yes X No
	EUGENE DELGAUDIO	ri(a) is tills a gi	loup return for an	
	5613 LEESBURG PIKE STE 17	H(b) Are all af		
	FALLS CHURCH VA 22041-2912	If "No	o," attach a list	(see instructions)
1	Tax-exempt status         501(c)(3)         X         501(c) ( 4 ) ◀ (insert no )         4947(a)(1) or         527	_		
J	Website: ▶ www.publicadvocateusa.org	H(c) Group ex		
******		Year of formation 1	978	M State of legal domicile DC
<u> P</u>	art I Summary			
	Briefly describe the organization's mission or most significant activities			
ခွ	IMPROVEMENT OF GOVERNMENTAL INSTITUTIONS AND PROCESSES	THROUGH PU	JBLIC	
ğ	EDUCATION			
e.	, and			
امْ	2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25°	% of its net assets	3 , ,	_
	3 Number of voting members of the governing body (Part VI) line 1a)		3	4
iek.	4 Number of independent voting members of the governing body (Part VI, Inhe b) LD		4	3
<b>5</b> ₹	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	5
Ac.	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total unrelated business revenue from Part VIII, column (C), line 12	6	0	
UCT 2 9 2012 Activities & Governance		7a	0	
	b Net unrelated business taxable income from Form 990-T line 34)	T	7b	0
ָבַ	L OGDEN, UI	Prior Yes		Current Year
불림	8 Contributions and grants (Part VIII, line 1h)	1,00	0,165	1,103,452 0
SCANNED Revenue	9 Program service revenue (Part VIII, line 2g)		141	
₹é l	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7	1,317	41,141
ゟ゙ヿ	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			1,144,511
_	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<del></del>	1,623	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<del> </del>	1,103	284
	14 Benefits paid to or for members (Part IX, column (A), line 4)			34,836
Ses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4	8,024	34,836
enses	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0	
Exp	b Total fundraising expenses (Part IX, column (D), line 25) > 201,387	1 01	9,719	1 002 056
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		8,846	1,083,056 1,118,176
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		2,777	
- S	19 Revenue less expenses Subtract line 18 from line 12	Beginning of Cur		26,335 End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		2,618	88,953
Asse Bals	21 Total liabilities (Part X, line 26)		0	00,555
Net.	22 Net assets or fund balances Subtract line 21 from line 20	6	2,618	88,953
	art II Signature Block		<u> </u>	
	der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement	e and to the heat o	if my knowled	ge and helief it is
	e, correct, and complete Declaration of preparer (other than officer) is based on all information of the statement	s, and to the best t	a my knowied	ac and belief, if is

Sign Signature of officer **EUGENE** DELGAUDIO Here Type or print name and title Preparer's signature Print/Type preparer's name Paid NELSON L. CASTNER Preparer CASTNER CPA NELSON L. Firm's name **Use Only** 7263 MAPLE PL STE 100 22003-30d ANNANDALE, VA 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.

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orm 990 (2011)	PUBLIC ADVOCATE	OF THE	52-111244	19	Page <b>2</b>
	<b>Ratement of Program Ser</b> Check if Schedule O contain	-			
1 Briefly descr	nbe the organization's mission MENT OF GOVERNME		<del></del>	S THROUGH PUBI	ic
pnor Form 9 If "Yes," des	nnization undertake any significant 990 or 990-EZ? scribe these new services on Sche	dule O		· · · · · · · · · · · · · · · · · · ·	Yes X No
services?	inization cease conducting, or ma scribe these changes on Schedule		t conducts, any program		Yes X No
4 Describe the expenses S	e organization's program service a Section 501(c)(3) and 501(c)(4) organizations to others, the total expe	ccomplishments for each of its anizations and section 4947(a	a)(1) trusts are required to report	<del>-</del>	
MESSAGE BULLETI POLLS A ISSUES ADVOCAT STREET TELEVIS	ADVOCATE OF THE S S AND COMMUNICAT NS AND PRINTED N	ONS WITH SUPPO WSLETTERS AND ORGANIZATION F LE TO MEDIA THE CONFERENCES, PU ES AVAILABLE IN THE WEBSITE AT	DISSEMINATES INF DRTERS AND THE G E-MAILS ON TOPI PROVIDES COMMENT ROUGHOUT THE UNI DBLIC FORUMS, SP	ENERAL PUBLIC CS SELECTED TH ARIES ON PUBLI TED STATES. I EAKING ENGAGEN PEAR ON RADIO	THROUGH IROUGH C POLICY PUBLIC IENTS, AND
4b (Code	) (Expenses \$	ıncludıng grai	nts of \$	) (Revenue \$	)
4c (Code	) (Expenses \$	ıncluding grai	nts of \$	) (Revenue \$	)
	am services (Describe in Schedul	•			
(Expenses 4e Total progr	\$ in ram service expenses▶	cluding grants of \$ 788,004	) (Revenue	\$	)

# Form 990 (2011) PUBLIC ADVOCATE OF THE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	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	ļ		
	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(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			7.5
_	Part III	5		<u> </u>
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	_		v
_	"Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			X
_	complete Schedule D, Part III	8		
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,"	9		x
10	complete Schedule D, Part IV  Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		
	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,	10		
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
I2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X_
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		ŀ	
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
I4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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, 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 assistance			
17	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	-	<u> </u>
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	$\vdash$	X
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		<u> </u>
	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<del>                                     </del>	<b></b>
		~	1	

#### Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to any government or organization 21 X in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States X 22 on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 X employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X through 24d and complete Schedule K If "No," go to line 25 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X If "Yes," complete Schedule L, Part I 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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) X a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L. Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 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 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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 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, X Part VI 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

38

19? Note. All Form 990 filers are required to complete Schedule O

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r at	Check if Schodule O contains a response to any question in this Part V	1				
	Check if Schedule O contains a response to any question in this Part V	<u>'</u>		T	Yes	No
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	17		163	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c	X	Ī
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	5			
	If at least one is reported on line 2a, did the organization file all required federal employment tax reti		· · .	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•		3a		X
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	er authority		į į		
	over, a financial account in a foreign country (such as a bank account, securities account, or other foreign country)	financial				
	account)?			4a		X
b	If "Yes," enter the name of the foreign country					Ī
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financia					<b> </b>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	ı		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	ļ	<del> </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the		_	7.	
	organization solicit any contributions that were not tax deductible?			_6a_	X	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	itions or		C.	x	
_	gifts were not tax deductible?			6b	^	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).	r acodo				1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	or goods		7a	1	ŧ
<b>b</b>	and services provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		<del> </del>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was		'		
·	required to file Form 8282?	******		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		•	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cor			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file f		s required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organi			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) suppor	ting				I
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsorii	ng				1
	organization, have excess business holdings at any time during the year?			8	ļ	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.					1
а	Did the organization make any taxable distributions under section 4966?			9a	<u> </u>	<del> </del>
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	ļ	ļ
10	Section 501(c)(7) organizations. Enter	1	i			1
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	<del> </del>			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>			•
11	Section 501(c)(12) organizations.Enter	ا مع	1			
a	Gross income from members or shareholders	11a			1	1
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	116				I
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fi		<u> </u>	12a	İ	Ť
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1	120	$\vdash$	╁
ь 13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	J			1
a	Is the organization licensed to issue qualified health plans in more than one state?			13a	1	†
a	Note. See the instructions for additional information the organization must report on Schedule O			1.54	1	1
b	Enter the amount of reserves the organization is required to maintain by the states in which					
-	the organization is licensed to issue qualified health plans	13b	1			1
С	Enter the amount of reserves on hand	13c				1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	<del></del>		14a		X
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Sched	lule O		14b		

Form 990 (2011) PUBLIC ADVOCATE OF THE 52-1112449 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 3 Enter the number of voting members included in line 1a, above, who are independent 1b 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 3 Did the organization delegate control over management duties customanly performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? X 8a X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X 9 the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 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 with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ AL, AZ, AR, CA, CT, FL, IL, KS, KY, ME, MA, MD, MS 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 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. State the name, physical address, and telephone number of the person who possesses the books and records of the

organization >

FALLS CHURCH

EUGENE DELGAUDIO

VA 22041-2912 703-845-1808

5613 LEESBURG PIKE STE 17

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

Check if Schedule O contains a response to any question in this Part VII

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

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

Check this box if neither the organ (A)	nization nor any (B)	relate	ed or		zatio C)	ns co	ompe	ensated any current officer, (D)	(E)	(F)
Name and Title	Average hours per week (describe hours for	bo	x, unle ficer a	Pos check ess pe nd a c	ition more erson lirecto	than o s both r/trust	an ee)	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(VPZ 1833-MINOS)	organization and related organizations
(1) EUGENE DELGAUDIO										.,
PRES/DIRECTOR	30.00	X	_	X				0	0	0
(2) PAUL SERRANO										
SECRETARY/DIRECTOR	1.00	X	<u> </u>	X	_			0	0	0
(3) STEPHEN MIROY		l		l			ĺ			
TREASURER/DIRECTOR	1.00	X		X				0	0	0
(4) MARK CLAYTON	1 00						ļ		_	
VICE PRES/DIRECTOR	1.00	X		X	_			0	0	0
(5)										
(6)										
(7)				-				.,		<u> </u>
(8)							-			
(9)						-				
(10)							_			
(11)										
(12)		<del> </del>		-						
(13)		$\vdash$				_				
(14)					-	-				

PUBLIC 2 09/28/2012 11 37 AM Form 990 (2011) PUBLIC ADVOCATE OF THE 52-1112449 Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employeecontinued) (C) (F) (D) Name and title Average Position Reportable Reportable Estimated hours per (do not check more than one compensation compensation from amount of week box, unless person is both an from related other (describe officer and a director/trustee) the organizations compensation (W-2/1099-MISC) hours for organization from the related Officer (ey employee (W-2/1099-MISC) organization nstitutional trustee ighest compensated director and related organizations organizations in Schedule trustee 0) (15)(16)(17)(18)(19)(20)(21)(22)(23)(24)(25)Û n 1b Sub-total Total from continuation sheets to Part VII, Section A ▶ c n Û Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated 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 individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual 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. Report compensation for the calendar year ending with or within the organization's tax year (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 176,950 SABER COMMUNICATIONS INC 101 WASHINGTON ST FALMOUTH VA 22405-2361 COORDINATION 137,501 EUGENE DELGAUDIO & ASSOCIATES INC 5613 LEESBURG PIKE STE 17 FALLS CHURCH VA 22041-2912 MANAGEMENT 133,187 2 Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization ▶

	0 (2011) PUBLIC ADV		F THE		52-1112449		Page S
art V	Statement of Rev	enue					···
	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
្ន 1a	Federated campaigns	1a				<u> </u>	
and Other Similar Amounts	Membership dues	1b		1			
E c	Fundraising events	1c		1			
a d	Related organizations	1d					
E e	Government grants (contributions)	1e					
<u>2</u> f	All other contributions, gifts, grants,						
	and similar amounts not included above	1f	1,103,452				
	Noncash contributions included in lines 1	a-1f \$					
re h	Total. Add lines 1a-1f		<b>•</b>	1,103,452			
	· -		Busn. Code			······································	
2a					İ		
b	•					· · · · · · · · · · · · · · · · · · ·	
C							
d	l .						
e							
2a b c d	All other program service reve	enue					<u> </u>
g			<b>&gt;</b>				<del>^ ,</del>
3	Investment income (including	dividends, inte	erest,			<del></del>	
	and other similar amounts)		<b>•</b>				
4	Income from investment of ta	x-exempt bond	I proceeds ►	•	<u> </u>	····	
5	Royalties	-	<b>▶</b> [	41,141			41,141
	(ı) Real	I	(II) Personal			·····	
6a	Gross rents	1					<b>‡</b>
b	Less rental exps		·				
c	Rental inc or (loss)			1			
			<b>•</b>	Ī			
7a	Gross amount from sales of assets (i) Securiti	es	(II) Other				
	other than inventory						
b	Less cost or other			1			
	basis & sales exps		82				
C	Gain or (loss)		-82				
d	Net gain or (loss)		<b>•</b>	-82	-82		
	Gross income from fundraising evi	ents				** ****	
	(not including \$	ı					
	of contributions reported on line 10	c)		1			
	See Part IV, line 18	a		•			
ь	Less direct expenses	ь[		1			
c	Net income or (loss) from fund	draising <u>events</u>	<u> </u>				
9a	Gross income from gaming activiti	es		1			
1	See Part IV, line 19	a		1			
b	Less direct expenses	b		1			
c	Net income or (loss) from gan	ning acti <u>vities</u>	<b>•</b>				
10a	Gross sales of inventory, less						
	returns and allowances	a		1			
b	Less cost of goods sold	b		1			
_ <u>c</u>	Net income or (loss) from sale	s of inventory	<b>•</b>				
<u> </u>	Miscellaneous Revenu	9	Busn Code	1		·	
11a						<u></u>	
b							
C							
d	All other revenue						
م ا	Total. Add lines 11a-11d		<b>•</b>				
1 -		ns		1,144,511	-82	0	41,141

## PUBLIC ADVOCATE OF THE

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)

	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	284	284		
2	Grants and other assistance to individuals in		20%		
-	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				······································
	organizations, and individuals outside the			1	
	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	32,350	12,139	8,072	12,139
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	0.406	000	600	000
10	Payroll taxes	2,486	933	620	933
11	Fees for services (non-employees)	122 107	44 206	44 205	44 206
a	Management	133,187	44,396 3,708	44,395 5,824	44,396 9,168
b	Legal	45,500	3,708	45,500	9,100
d	Accounting Lobbying	43,300		43,300	<del></del>
u a	Professional fundraising services. See Part IV, line 17	<del></del>			
f	Investment management fees				
g g	Other	10,415	9,214	736	465
12	Advertising and promotion		5,7==-		
13	Office expenses	15,472	7,729	7,743	
14	Information technology		,		
15	Royalties				
16	Occupancy	10,492		10,492	
17	Travel	6,609	5,948	661	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	200	200		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	599		599	
23	Insurance				
24	Other expenses Itemize expenses not covered			1	
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column	1		1	
а	(A) amount, list line 24e expenses on Schedule O)  POSTAGE	223,678	188,426	1,530	33,722
b	PRINTING AND MAILING	218,822	185,605	1,330	33,722
C	INTERNET EXPENSE	181,375	153,843	<del></del>	27,532
d	CREATIVE AND COORDINATING	139,251	118,113		21,138
e	All other expenses	78,756	57,466	2,613	18,677
25	Total functional expenses. Add lines 1 through 24e	1,118,176	788,004	128,785	201,387
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ if				
	following SOP 98-2 (ASC 958-720)	831,201	705,025		126,176
DAA					Form <b>990</b> (2011)

Page 10

Pa	rt )	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		59,892	1	86,908
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key				
		employees, and highest compensated employees. Complete Part II of				
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section				
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing				
		employers and sponsoring organizations of section 501(c)(9) voluntary				
ध		employees' beneficiary organizations (see instructions)	ĺ		6	
Assets	7	Notes and loans receivable, net			7	
۲	8	Inventories for sale or use	· [		8	•
	9	Prepaid expenses and deferred charges			9	··· - · · · · · · · · · · · · · · · · ·
	10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D 10a	6,924			
	b	Less accumulated depreciation 10b	6,619	986	10c	305
-	11	Investments—publicly traded securities			11	
-	12	Investments—other securities See Part IV, line 11			12	
.	13	Investments—program-related See Part IV, line 11		-	13	
.	14	Intangible assets	F	<del></del>	14	
.	15	Other assets See Part IV, line 11	-	1,740		1,740
.	16	Total assets. Add lines 1 through 15 (must equal line 34)		62,618		88,953
<u> </u>	17	Accounts payable and accrued expenses			17	,
	18	Grants payable	Ī		18	
-	19	Deferred revenue		~	19	· "
:	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
ر د ا م	22	Payables to current and former officers, directors, trustees, key		• · · · · · · · · · · · · · · · · · · ·		
Liabilities		employees, highest compensated employees, and disqualified persons				
ᇐᅵ		Complete Part II of Schedule L	ĺ		22	
<u>:</u>   ت	23	Secured mortgages and notes payable to unrelated third parties	Ī	7.7-2-1	23	
		Unsecured notes and loans payable to unrelated third parties	-	*****	24	
	25	Other liabilities (including federal income tax, payables to related third				-
		parties, and other liabilities not included on lines 17-24) Complete Part X				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0	26	0
		Organizations that follow SFAS 117, check here▶ X and complete				
S		lines 27 through 29, and lines 33 and 34.				
울   2	27	Unrestricted net assets	Ī	62,618	27	88,953
] gg	28	Temporanly restricted net assets	Ī		28	
힐		Permanently restricted net assets	Ī		29	
Ē		Organizations that do not follow SFAS 117, check here▶ ☐ and				
5		complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds	ľ		30	, 
YSS 3		Paid-in or capital surplus, or land, building, or equipment fund			31	
g   g		Retained earnings, endowment, accumulated income, or other funds	F	<del>-</del>	32	
		Total net assets or fund balances	<b>†</b>	62,618		88,953
- 1	34	Total liabilities and net assets/fund balances	<u> </u>	62,618		88,953
<del></del>	<del></del>	rotar navinado aria net adoctoriana balantes		02,010	J4	00,333

Form **990** (2011)

orn	1 990 (2011) PUBLIC ADVOCATE OF THE 52-1112449			Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			••	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1.1	.44,	511
2	Total expenses (must equal Part IX, column (A), line 25)	2		18,	
3	Revenue less expenses Subtract line 2 from line 1	3			335
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			618
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6		88.	953
Pa	art XII Financial Statements and Reporting				
- 7	Check if Schedule O contains a response to any question in this Part XII				
				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 or checked "Other," explain in		—		I
	Schedule O				Ī
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	x
b			2b	<del> </del>	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		x
	If the organization changed either its oversight process or selection process during the tax year, explain in				_
	Schedule O				I
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				I
	issued on a separate basis, consolidated basis, or both				ŧ
	X Separate basis Consolidated basis Both consolidated and separate basis				•
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		ļ	Ì	
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any stars taken to undergo such audits		36		

Form **990** (2011)

#### 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public

Inspection Name of the organization Employer identification number PUBLIC ADVOCATE OF THE UNITED STATES 52-1112449 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (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) 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? 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 Part II Conservation Easements. Complete if the organization answered "Yes" to 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 an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a 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 a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2¢ d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 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 Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes (i) and section 170(h)(4)(B)(ii)? In Part XIV, 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" to Form 990, Part IV, line 8. 1a 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, education, or research in furtherance of public service, provide, in Part XIV, the text 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 art, 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) 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 gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

 $\blacktriangleright$ 

(10)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

che	dule D (Form 990) 2011 PUBLIC ADVOCATE OF THE		52-111244	9	Page <b>4</b>
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ted Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 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 9		- <del></del>	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Revenue per Retu	rn	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	,	I		
а	Net unrealized gains on investments	2a	<u> </u>		
b	Donated services and use of facilities	2b		4	
С	Recoveries of prior year grants	2c	<del> </del>	4	
d	Other (Describe in Part XIV)	_2d	<u> </u>		
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	ſ	1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV )	4b	· [		
С	Add lines 4a and 4b			4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	·····		5	
	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents V	With Expenses per Re		<del>r </del>
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	<del>-</del>	-	
	Prior year adjustments	2b		-	
	Other losses	2c		-	
	Other (Describe in Part XIV )	2d		-	1
	Add lines 2a through 2d			2e	<del></del>
3	Subtract line 2e from line 1	ſ	1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	١.			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<del></del>	-	
	Other (Describe in Part XIV )	4b	· · · · · · · · · · · · · · · · · · ·	┨╻┊	1
	Add lines 4a and 4b			4c	<u> </u>
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		<del> </del>	5	<u></u>
	TXIV Supplemental Information		ad 4. Dad IV I base 46 and 06		

Complete 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 and 2b, 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 this part to provide any additional information

Schedule D (Form 990) 2011 PUBLIC ADVOCATE OF THE

52-1112449

Page 5

Part XIV Supplemental Information (continued)

#### SCHEDULE J

(Form 990)

Department of the Treasury Internal Revenue Service

## **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

PUBLIC ADVOCATE OF THE Name of the organization

UNITED STATES

Employer identification number 52-1112449

Pa	rt ! Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the	e following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any re				
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	if any of the boxes on line 1a are checked, did the organization follows:	ow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described about	ve? If "No," complete Part III to			
	explain		1b		
2	Did the organization require substantiation prior to reimbursing or a	llowing expenses incurred by all officers,			
	directors, trustees, and the CEO/Executive Director, regarding the i	tems checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization uses to	establish the compensation of the			
	organization's CEO/Executive Director Check all that apply Do not	check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executiv	ve Director Explain in Part III.			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section	n A, line 1a, with respect to the filing			
	organization or a related organization				
а	Receive a severance payment or change-of-control payment?		4a		X
b	Participate in, or receive payment from, a supplemental nonqualifie	d retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensa	tion arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the application	able amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must com	plete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the	organization pay or accrue any			
	compensation contingent on the revenues of				
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	organization pay or accrue any			
	compensation contingent on the net earnings of				
а	The organization?		6a		X
b	Any related organization?		6b	<u></u>	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	organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part	III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued				
	to the initial contract exception described in Regulations section 53	•			
	ın Part III		8		x
9	If "Yes" to line 8, did the organization also follow the rebuttable pres	sumption procedure described in			$\Box$
•	Regulations section 53 4958-6(c)?	, , , , , , , , , , , , , , , , , , , ,	ا ا		

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

Schedule J (Form 990) 2011

Part II

PUBLIC ADVOCATE OF THE

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name	(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MISC (ii) Bonus & incentive compensation	compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported as deferred in prior Form 990
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Schedule J (Form 990) 2011

Schedule J (Form 990) 2011

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part III - Other Additional Information

PUBLIC ADVOCATE OF THE UNITED STATES PAYS EUGENE DELGAUDIO & ASSOCIATES, INC. FOR MANAGEMENT SERVICES. THE PRESIDENT OF PUBLIC ADVOCATE, EUGENE DELGAUDIO, OWNS EUGENE DELGAUDIO & ASSOCIATES, INC. HE RECEIVED A SALARY OF \$52,289 DURING THE YEAR FROM EUGENE DELGAUDIO & ASSOCIATES, INC.

SCHEDULE L (Form 990 or 990-EZ)

### **Transactions With Interested Persons**

Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

See separate instructions

OMB No 1545-0047

Open To Public inspection

Internal Revenue Service Name of the organization

Department of the Treasury

PUBLIC ADVOCATE OF THE

UNITED STATES

Employer Identification number

52-1112449

Part i	Excess Benefit Transactions (s Complete if the organization answered "Y							e 40b					•	
1	(a) Name of disqualified person					(b) Description of transaction					(c)	ted?		
	(a) Maine of disqualified person				(b) besarption of transaction						Yes		No	
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	he amount of tax imposed on the organization section 4958	n managers	or also	qualified pe	rsons during t	ine year		▶ \$	;					
	he amount of tax, if any, on line 2, above, rei	mbursed by	the org	ganization				▶ \$	;					
	•	•												
Part II	Loans to and/or From Intereste	ed Persor	1S.					-						
	Complete if the organization answered "Y			Part IV, line	e 26, or Form	990-EZ, F	Part V, line 38a							
	(a) Name of interested person and purpose	(b) L	oan to	(c)	(c) Original		(d) Balance due				f) Approved		(g) Written	
			om the	principal amount						by board or committee?		agreement?		
			From					Yes	No	Yes	No	Yes	No	
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Total					<u> </u>	\$						<u> </u>		
Part III	Grants or Assistance Benefitin													
	Complete if the organization answered "Y	es" on Forr	n 990,	Part IV, line	e 27									
	(a) Name of interested person		(b) Rela		en interested pers	son and the	(c) A	Amount ar	nd type o	of assis	tance			
/4)				org	anization		1							
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Schedule L (Fo	orm 990 or 990-EZ) 2011					Pa	ige <b>2</b>		
Part IV	Business Transactions Involving In	terested Persons.							
	Complete if the organization answered "Yes" or		ı, 28b, or 28c						
•	(a) Name of interested person	(b) Relationship between interested person and the	(c) Amount of transaction	(d) Description of transaction			(e) Sharing of org revenues?		
		organization				Yes	No		
	DELGAUDIO & ASSOCIATES INC	CONTRACTOR	133,817	MANAGEMENT	SERVICES	<b>↓</b>	X		
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Part V	Supplemental Information								
	Complete this part to provide additional information	ition for responses to question	ons on Schedule L (see	nstructions)					
Schedi	ıle L, Part V - Addition	al Information	n						
				CTAMBO IN	ia anni				
EUGENI	E DELGAUDIO, PRESIDENT C	F EOGENE DELG	AUDIO & ASSC	CIATES, IN	IC. SERV	ES			
AS PRI	SIDENT OF PUBLIC ADVOCA	ידער אם יידער אידי	TED STATES.	THE ORGAN	IT ZATTON	•			
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SCHEDULE O.

(Form 990 or 990-EZ)

Department of the Treasury

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.

2011 Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service
Name of the organization

PUBLIC ADVOCATE OF THE UNITED STATES

Employer identification number 52-1112449

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 7a - Election of Members and Their Rights

THE BOARD OF DIRECTORS HAS THE POWER TO ELECT OFFICERS AND OTHER MEMBERS OF

THE BOARD OF DIRECTORS.

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
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.

Name of the organization

PUBLIC ADVOCATE OF THE

Employer Identification number 52-1112449

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

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.