

# Return of Organization Exempt From Income Tax

**1999**

Department of the Treasury  
Internal Revenue Service

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

This Form is Open to Public Inspection

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

**A** For the 1999 calendar year, OR tax year period beginning \_\_\_\_\_ and ending \_\_\_\_\_

<b>B</b> Check if: <input type="checkbox"/> Change of address  <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (required also for state reporting)	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>ADVOCATES INTERNATIONAL, INC.</b>		<b>D</b> Employer identification number 54-1646669
		Number and street (or P.O. box if mail is not delivered to street address)		Room/suite
		9691 D MAIN STREET		
		City or town, state or country, and ZIP+4 FAIRFAX, VA 22031		
				<b>E</b> Telephone number 703-764-0011
				<b>F</b> Check <input type="checkbox"/> if exemption application is pending

**G** Type of organization →  Exempt under 501(c) ( 3 ) ◀ (insert number) OR  section 4947(a)(1) nonexempt charitable trust

**Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990).**

**H(a)** Is this a group return filed for affiliates? .....  Yes  No

**(b)** If "Yes," enter the number of affiliates for which this return is filed: \_\_\_\_\_

**(c)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** If either box in H is checked "Yes," enter four-digit group exemption number (GEN) ▶ \_\_\_\_\_

**J** Accounting method:  Cash  Accrual  Other (specify) ▶ \_\_\_\_\_

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:			
	<b>a</b> Direct public support	<b>1a</b>	697,383.	
	<b>b</b> Indirect public support	<b>1b</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>		
	<b>d</b> Total (add lines 1a through 1c) (attach schedule of contributors) (cash \$ 697,383. noncash \$ )		STMT 1	<b>1d</b> 697,383.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		1,590.
	<b>3</b> Membership dues and assessments	<b>3</b>		
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		
	<b>5</b> Dividends and interest from securities	<b>5</b>		
	<b>6 a</b> Gross rents	<b>6a</b>		
	<b>b</b> Less: rental expenses	<b>6b</b>		
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		
<b>7</b> Other investment income (describe )	<b>7</b>			
	<b>8 a</b> Gross amount from sale of assets other than inventory	(A) Securities	(B) Other	
	<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>	<b>8b</b>	
	<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>		
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))		<b>8d</b>	
	<b>9</b> Special events and activities (attach schedule)			
	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1a)	<b>9a</b>		
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>		
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>			
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		
	<b>b</b> Less: cost of goods sold	<b>10b</b>		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		698,973.	
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		553,597.
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		49,283.
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		50,154.
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		
	<b>17</b> Total expenses (add lines 16 and 44, column (A))	<b>17</b>		653,034.
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		45,939.
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		-23,782.
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		0.
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		22,157.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc., 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc. (attach schedule), 43 Other expenses (itemize), 44 Total functional expenses.

Reporting of Joint Costs. - Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? [ ] Yes [X] No
If "Yes," enter (i) the aggregate amount of these joint costs \$ ; (ii) the amount allocated to Program services \$ ; (iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? SEE STATEMENT 3

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Table with 2 columns: Description of program service, Program Service Expenses. Row a: PROMOTE RELIGIOUS LIBERTY, JUSTICE AND RECONCILIATION THROUGH AN INTERNATIONAL NETWORK OF SKILLED ADVOCATES. (Grants and allocations \$ ) 553,597. Row e: Other program services (attach schedule) (Grants and allocations \$ ). Row f: Total of Program Service Expenses (should equal line 44, column (B), Program services) 553,597.

**Part IV Balance Sheets**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing .....	1,048.	45	11,071.
	46 Savings and temporary cash investments .....		46	
	47 a Accounts receivable .....		47a	
	b Less: allowance for doubtful accounts .....		47b	47c
	48 a Pledges receivable .....	10,000.	48a	
	b Less: allowance for doubtful accounts .....		48b	48c
	49 Grants receivable .....		49	20,000.
	50 Receivables from officers, directors, trustees, and key employees .....		50	
	51 a Other notes and loans receivable .....		51a	
	b Less: allowance for doubtful accounts .....		51b	51c
	52 Inventories for sale or use .....		52	
	53 Prepaid expenses and deferred charges .....	1,243.	53	793.
	54 Investments - securities .....		54	
	55 a Investments - land, buildings, and equipment: basis .....		55a	
	b Less: accumulated depreciation .....		55b	55c
56 Investments - other .....		56		
57 a Land, buildings, and equipment: basis .....	26,543.	57a		
b Less: accumulated depreciation STMT 4 .....	21,331.	57b	57c	
58 Other assets (describe ▶ .....	6,594.	58	5,212.	
59 Total assets (add lines 45 through 58) (must equal line 74) .....	8,885.	59	47,076.	
Liabilities	60 Accounts payable and accrued expenses .....	17,667.	60	9,919.
	61 Grants payable .....		61	
	62 Deferred revenue .....		62	
	63 Loans from officers, directors, trustees, and key employees .....		63	
	64 a Tax-exempt bond liabilities .....		64a	
	b Mortgages and other notes payable .....		64b	
65 Other liabilities (describe ▶ NOTE PAYABLE TO OFFICER ) .....	15,000.	65	15,000.	
66 Total liabilities (add lines 60 through 65) .....	32,667.	66	24,919.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted .....	-23,782.	67	2,157.
	68 Temporarily restricted .....		68	20,000.
	69 Permanently restricted .....		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds .....		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund .....		71	
	72 Retained earnings, endowment, accumulated income, or other funds .....		72	
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19 and column (B) must equal line 21) .....	-23,782.	73	22,157.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73) .....	8,885.	74	47,076.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VI Other Information

Form with multiple rows (76-92) containing questions and answers. Includes fields for expenditures, lobbying, and organizational details. Key entries include '204,900' for line 82b and 'VIRGINIA' for line 90a.

Part VII Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues, 95 Interest on savings, 96 Dividends, 97 Net rental income, 98 Net rental income from personal property, 99 Other investment income, 100 Gain or loss from sales of assets, 101 Net income from special events, 102 Gross profit from sales of inventory, 103 Other revenue, 104 Subtotal, 105 TOTAL.

Note: (Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.)

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes. Row 93: TO PROMOTE RELIGIOUS LIBERTY, JUSTICE AND RECONCILIATION THROUGH AN INTERNATIONAL NETWORK OF SKILLED ADVOCATES.

Part IX Information Regarding Taxable Subsidiaries (Complete this Part if the "Yes" box on 88 is checked.)

Table with 5 columns: Name, address, and employer identification number of corporation or partnership; Percentage of ownership interest; Nature of business activities; Total income; End-of-year assets. Row 1: N/A, %, %

Signature and name section. Includes fields for Signature of officer, Date, Type or print name and title, Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name (or yours if self-employed) and address, EIN, ZIP + 4.