Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

B Creative Repolitables: Montes cature February Comment C	A	For	the 2005 calend	dar year, o	or tax year beginning	, 2005, and	ending 🗥		,	
Activate charge Interest Activate Acti	В				C Name of organization			D Employe	er Identific	cation Number
Second complete return Second complete sec		\mathbf{x}	IX Address change IRS label ADVOCATES INTERNATIONAL, INC.				54-1	6466	69	
BOOT BRANDPOCK ROAD 300		Π,	Name change or type. Number and street (or P.O. box if mail is not delivered to street addr) Room/suite E Telep				E Telepho	ne numbe	er .	
Side Continue Co			-		8001 BRADDOCK ROAD		300	(703	3) 89	4-1Ó84 <u> </u>
Anneted when		-		instruc-		State ZIF	code + 4	F Account	ling	Cash X Accrual
Application parting Secretion \$51(x)(2) organisations and 49A7(x)(1) nonexempt Content of the parting of		-			SPRINGFIELD	. VA 2	2151-2110	Ott	ner (specif	y) ►
Charitable trusts must attach a completed Schedule A (Form 900 or 990-EZ). G Web site: ► N/A J Organization type (check orly only Check here ►		H				4947(a)(1) nonexempt	H and I are not applica	ble to section	n 527 org	anizations.
G Web site N N N		ш.	.pp.,-ease, perg	charit	able trusts must attach a comp	leted Schedule A				
Organization type				(Form	1990 or 990-EZ).		1 ' '			
Dorect public support	G	Web	site: ► N/A			·	H (c) Are all affiliate	s included?		Yes No
K. Check here	J	Orga	anization type			\Box				
\$25,000. The organization need not file a return, we sure to file a complete return. 1. Group Exemption Number > M Check If it the organization chooses to file a return, be sure to file a complete return. 1. Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 > 817, 153. Contributions, gifts, grants, and similar amounts received: Contributions, gifts, grants and similar amounts received: Contributions, gifts, grants, and similar amounts received: Contributions gifts, grants, gifts, gran							H (d) Is this a separa	ate return file	ed by an	
Complete return, be sure to file a complete return. Some states require a complete return. M Check If the organization is not required complete return. M Check If the organization is not required to attack Schedule 8 (Ferm 90, 990-EZ, or 990-FF).	K						organization co	overed by a	group rulir	ng? Yes X No
Contributions, gifts, grants, and similar amounts received: A contributions gifts,		thoc	oses to file a ref	lization ne turn, be si	red not file a return with the irsource to file a complete return. So	me states require a	I Group Exer	nption Nu	ımber .	,, ▶
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)		com	plete return.		•					
Tontributions, gifts, grants, and similar amounts received: a Direct public support	L	Gros	s receipts: Add	lines 6b,	8b, 9b, and 10b to line 12 ► 8	17,153.	to attach Sche	dule B (Fori	m 990, 99	0-EZ, or 990-PF).
B Direct public support 1a 817,153.							ices (See Instruct	ions)		
b Indirect public support		1	Contributions,	gifts, gra	nts, and similar amounts receiv	ed:				
b Indirect public support		a					817,	153.		•
Total (code) Section		Ł	Indirect public	support.						
Tarial County Seconds			: Government c	ontribution	ns (grants)					
### A Program service revenue including government fees and contracts (from Part VII, line 93)		C	Total (add lines la through 1c) (ca	ash \$	817,153. noncash \$	0.).				817,153.
A Interest on savings and temporary cash investments 5		2	Program servi	ice revenu	e including government fees ar	nd contracts (from Part VII, I	ne 93)	<u>_</u>		
5 Dividends and interest from securities 6 a Gross rents b Less: rental expenses c Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (describe) 7 8a Gross amount from sales of assets other than invenlory b Less: cost or other basis and sales expenses c Gain or (loss) (combine line 8c, columns (A) and (B)) 9 Special events and activities (attach schedule). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1a) b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events (subtract line 9b from line 9a) 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11 Other revenue (from Part VII, line 103) 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 13 Program services (from line 44, column (B)) 15 Fundraising (from line 44, column (C)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (C)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 20 Other changes in net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 Vet assets or fund balances at end of year (combine lines 18, 19, and 20) 21 Vet assets or fund balances at end of year (combine lines 18, 19, and 20)		3								
6a Gross rents b Less: rental expenses c Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (describe		4	Interest on say	vings and	temporary cash investments .					
b Less: rental expenses c Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (describe) 7 8a Gross amount from sales of assets other than inventory 8a b Less: cost or other basis and sales expenses 8b c Gain or (loss) (attach schedule) 8c d Net gain or (loss) (combine line 8c, columns (A) and (B)) 8d 9 Special events and activities (attach schedule). If any amount is from gaming, check here		5	Dividends and	l interest f	rom securities				5	
The property of the control of the c		6a	Gross rents			<u>6</u> a				
c Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (describe		b	Less: rental ex	xpenses .		6t			3.2	
Ba Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c clain or (loss) (cather basis and sales expenses d Net gain or (loss) (combine line 8c, columns (A) and (B)) 9 Special events and activities (attach schedule). If any amount is from gaming, check here a Gross revenue (not including \$		C	: Net rental inco	ome or (lo	ss) (subtract line 6b from line 6	a)				
C Gain or (loss) (attach schedule) 8 c d Net gain or (loss) (combine line 8c, columns (A) and (B)) 9 Special events and activities (attach schedule). If any amount is from gaming, check here □ 1	R	7	Other investme	ent incom	e (describe ▶		·)	7	
C Gain or (loss) (attach schedule) 8 c d Net gain or (loss) (combine line 8c, columns (A) and (B)) 9 Special events and activities (attach schedule). If any amount is from gaming, check here □ 1	Σ	8a	Gross amount	from sale	s of assets other		(B) Other			
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a Gross revenue (not including \$	1	d							80	
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c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10 a	Gross sales of	inventory	, less returns and allowances .	10a				
11 Other revenue (from Part VII, line 103) 11 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 817, 153. 13 Program services (from line 44, column (B)) 13 602, 485. 14 Management and general (from line 44, column (C)) 14 124, 064. 15 Fundraising (from line 44, column (D)) 15 44, 058. 16 Payments to affiliates (attach schedule) 16 17 Total expenses (add lines 16 and 44, column (A)) 17 770, 607. 18 Excess or (deficit) for the year (subtract line 17 from line 12) 18 46, 546. 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 176, 868. 20 Other changes in net assets or fund balances (attach explanation) 20 -17, 047. 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 206, 367.		b	Less: cost of g	oods sold		<u>100</u>)]			
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S 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	Ą		Excess or (def	icit) for th	e year (subtract line 17 from lir	ling 73 column (AN		10	9	
S 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	NS		net assets or t	iuna balar	acts or fund belances (attack a	une 75, column (A)) valenation)		2	0	
21 Net assets of fulfild balances at this of year (combine lines to 175) and 25)	TĘ		Other changes	in net as	sets of fund balances (attach e	xpidild(())				
	3									Form 990 (2005

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.

-	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising		
22	Grants and allocations (att sch) (cash \$)							
	If this amount includes foreign grants, check here ▶ □							
23		23						
24 25	Benefits paid to or for members (att sch) Compensation of officers, directors, etc	24	110,000.	110,000.	0.	0.		
26	Other salaries and wages	26	107,046.	53,198.	36,532.	17,316.		
27	Pension plan contributions	27	28,331.	20,087.	5,440.	2,804.		
28	Other employee benefits	28	32,149.	24,122.	5,135.	2,892.		
29	Payroll taxes	29	16,139.	11,630.	3,275.	1,234.		
30	Professional fundraising fees	30						
31	Accounting fees	31	,	•				
32	Legal fees	32						
33	Supplies	33						
34	Telephone	34	10,553.	6,504.	3,461.	588.		
35	Postage and shipping	35	24,299.	10,588.	3,645.	10,066.		
36	Occupancy	36	43,035.	32,528.	6,441.	4,066.		
37	Equipment rental and maintenance	37						
38	Printing and publications	38	9,756.	1,949.	5,347.	2,460.		
39	Travel	39	38,154.	36,867.	1,287.	0.		
40	Conferences, conventions, and meetings	40	9,667.	1,042.	8,625.	0.		
41	Interest	41	4,400.	0.	4,400.	0.		
42	Depreciation, depletion, etc (attach schedule)	42	5,719.	5,248.	348.	123.		
43	Other expenses not covered above (itemize):							
а	Advertising & Public Relations	43a	1,095.	0.	0.	1,095.		
b	Amortization	43b	53,919.	53,919.	0.	0.		
C	Bank Charges	43 c	4,507.	0.	4,507.	0.		
d	Donations	43 d	1,225.	1,225.	0.	0.		
е	Dues & Fees	43e	2,202.	1,472.	730.	0.		
f	International support	43 f	205,164.	205,164.	0.	0.		
g	See Other Expenses Stmt	43 g	63,247.	26,942.	34,891.	1,414.		
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	770,607.	602,485.	124,064.	44,058.		
	oint Costs. Check . If you are following SOP 98-2,							
Are a	Are any joint costs from a combined educational campaign and fundraising solicitation reported in(B) Program services? Yes X No 'Yes,' enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services							
\$			to Management and ger			amount allocated		
	ndraising \$.		-					

BAA

Form 990 (2005)

Page 3

Form 990 (2005) ADVOCATES INTERNATIONAL, INC.

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular
programization. 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.

picaso make sale the retain is	o complete and accurate and ra-	ny docorisoc, iii ar iii, iii organizati pros		
What is the organization's prir All organizations must describ clients served, publications is	mary exempt purpose? See their exempt purpose achieve such, etc. Discuss tracts pure talks	nee Supporting Statement ments in a clear and concise manner. State the sthat are not measurable. (Section 501(c)(3) and center the amount of grants and allocations to o	number of (4) organ-	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a Promote Religion through an Inte	ous Liberty, Justice ernational Network	e and Reconciliation of Skilled Advocates		
		nthly newsletter.		
) If this amount includes foreign grants, check h		602,485.
) If this amount includes foreign grants, check h	nere ►TT	
c				
) If this amount includes foreign grants, check h		
				at experience of
) If this amount includes foreign grants, check h	ere 🏲 📗	'
, ,) If this amount includes foreign grants, check h	ere ► □	
(Grants and allocations		4, column (B), Program services)		602,485.
i iotai oi riogiani Service	Expenses (Should equal line 4	T, COIGHIN (D), I TOGIGHT SCIVICOS)		

Part IV Balance Sheets (See Instructions)

Note	:: V	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
		5 Cash – non-interest-bearing	3,972.	45	53,839.
İ	4			46	
	4	7a Accounts receivable			
İ		b Less: allowance for doubtful accounts 47 b		47 c	
- 1					
	48	3a Pledges receivable 5,000.			
		b Less: allowance for doubtful accounts 48b 0.	12,552.	48 c	5,000.
	49		15,000.	49	15,000.
Ą	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
S	51	a Other notes & loans receivable (attach sch)			
ASSETS	•	b Less: allowance for doubtful accounts		51 c	
_	52	Inventories for sale or use	24,637.	52	20,000.
	53		2,824.	53	5,936.
	54			54	
	55	ia Investments – land, buildings, & equipment; basis . 55a			
		b Less: accumulated depreciation (attach schedule)		55 c	
	56	Investments — other (attach schedule)		56	
Í		a Land, buildings, and equipment: basis			
ļ					
1		b Less: accumulated depreciation (attach schedule)	29,354.	57 c	36 , 554.
	58		148,536.	58	97,554.
ı	59		236,875.	59	233,883.
	60	Accounts payable and accrued expenses	4,604.	60	4,237.
Ļ	61	Grants payable		61	
Á	62	Deferred revenue		62	
7	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	,
LIABILITIES		a Tax-exempt bond liabilities (attach schedule)		64 a	
<u>i</u>		b Mortgages and other notes payable (attach schedule)		64 b	00.000
ទី		Other liabilities (describe ► <u>See Line 65 Stmt</u>)	55,403.	65	23,279.
_ _		Total liabilities. Add lines 60 through 65	60,007.	66	27,516.
N C)rga	nizations that follow SFAS 117, check here ► X and complete lines 67			
Ĕ		through 69 and lines 73 and 74.	172 000	9,100	166 401
	67		173,868.	67	166,481. 39,886.
ASSET'S	68		2 000	68	39,880.
Š		Permanently restricted	3,000.	69	
R C)rga	nizations that do not follow SFAS 117, check here and complete lines			
		70 through 74.	İ	70	
F 320	70	Capital stock, trust principal, or current funds		70 71	
	71	Paid-in or capital surplus, or land, building, and equipment fund			
<u>רְ</u>	72			72	
BALAZCES	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	176,868.	73	206,367.
۱	74		236,875.	74	233,883.

F	Part IV-A Reconciliation of Reven instructions.)	ue per Audited Financia	al Statements with	Revenue per Retu	rn (See
_	Total revenue, gains, and other support	nor audited financial statema	nto	· · · · · · · · · · · · · · · · · · ·	2,064,093
a			1115		270017030
b	Amounts included on line a but not on F 1 Net unrealized gains on investments	· · · · · · · · · · · · · · · · · · ·	61		
	2Donated services and use of facilities .			1,130,689.	
				1,130,000.	
	3Recoveries of prior year grants ,	•			
			1	116,251.	
_	Add lines b1 through b4				817,153
C C					0177100
d	Amounts included on Part I, line 12, but		أديا		
	1 Investment expenses not included on Pa				
			ו הו		
				d	
	Add lines d1 and d2				
e	Total revenue (Part I, line 12). Add line art IV-B. Reconciliation of Expense	s c and d	al Ctatamanta with	Evnences nor Det	1 017,133,
1.80	artiv-Bij Reconciliation of Expens	ses per Audited Financi	ai Statements with	Expenses per nec	l l
				a	2,017,547.
a ·	Total expenses and losses per audited f			.,,,,,,,,,,,,,,,,,,,,,,,,,,,, <u>a</u>	2,017,547
b	Amounts included on line a but not on F		ان ا	1 120 600	
	1Donated services and use of facilities .		<u>bij</u>	1,130,689.	
	2Prior year adjustments reported on Part				
	3Losses reported on Part I, line 20				
	4Other (specify):			116 051	
	Gifts in Kind Expensed		b4	116,251.	1 046 040
	Add lines b1 through b4				=/
С	Subtract line b from line a				770,607.
d	Amounts included on Part I, line 17, but				
	1 Investment expenses not included on Pa	art I, line 6b	d1		
	2Other (specify):				
			d2		
	Add lines d1 and d2				
e	Total expenses (Part I, line 17). Add line	es c and d			770,607.
Pa	Current Officers, Directo or key employee at any time du	rs, Trustees, and Key E	mployees (List each	n person who was an off	icer, director, trustee,
	or key employee at any time du				
		(B) Title and average hours	(C) Compensation (if not paid,	(D) Contributions to employee benefit	(E) Expense account and other
	(A) Name and address	per week devoted to position	enter -0-)	plans and deferred	allowances
				compensation plans	
Jo	hn E. Langlois, Esq				
Le	s Emrais De Bas Castel				
Gu	ernsey, CI UK GY5&7YF	Member 0	0.	0.	0.
Sa	muel E. Ericsson, Esq				
	01 Braddock Rd, Suite 300				
	ringfield, VA 22151-2110	President/CEO 40	110,000.	0.	0.
	mothy C. Klenk				
	1 No. Clark Street Suite 4800				
	icago, IL 60601	Treasurer 0	0.	0.	0.
	han Candelin	TICABATCI 0	<u> </u>		
_		•			
	tariinantori 1	Member 0	0.	0.	0.
	100 Kokkola, Finland	Lieumer 0	0.		
	of. Lynn Buzzard				
	3 Main St or PO Box 891	G1 4	_	0.	0.
	ies, NC 27506-0891	Chairman 0	0.	· · · · · · · · · · · · · · · · · · ·	
See	List of Officers, Etc. Statement				

Form 990 (2005) ADVOCATES INTERNATION	NAL, INC.		54-1646	669	<u> </u>	age c		
Part V-A Current Officers, Directors, Tru	ustees, and Key Ei	nployees (continued)			Yes	No		
75 a Enter the total number of officers, directors, and trustees p								
b Are any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest comper A. Part II-A or II-B, related to each other throu	ployees listed in Form sated professional and gh family or business re	990, Part V-A, or highes other independent cont elationships? If 'Yes,' att	t compensated employed	es 75 b)	X		
identifies the individuals and explains the relationship(s) c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?								
Note. Related organizations include section 50						1,500		
If 'Yes,' attach a statement that identifies the in other organization(s), and describes the comperelated organization	ndividuals, explains the ensation arrangements,	relationship between th including amounts paid	is organization and the to each individual by ea	i				
d Does the organization have a written conflict or	f interest policy?				I X			
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, director during the year, list that person below a the instructions.)	or, trustee, or key emplornd enter the amount of	oyee received compensation or other	ation or other benefits (debenefits in the appropria	escribed be te column.	er elow) See xpense			
(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	account				
					. "			
					TT			
Part VI Other Information (See the instruction	ions.)				Yes	No		
76 Did the organization engage in any activity not attach a detailed description of each activity	previously reported to t	he IRS? If 'Yes,'				(6) (1) <u>.</u>		
attach a detailed description of each activity				76		<u>X</u>		
77 Were any changes made in the organizing or go	overning documents bu	t not reported to the IRS	?	77	5052 Ocea -	X		
If 'Yes,' attach a conformed copy of the change								
78a Did the organization have unrelated business gr						<u>X</u>		
b If 'Yes,' has it filed a tax return on Form 990-T	for this year?			78b	-20508 (6555 C) W	r No State 2		
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	, or substantial contrac	tion during the		79		X		
80 a Is the organization related (other than by assoc membership, governing bodies, trustees, officer b If 'Yes,' enter the name of the organization ►	s, etc, to any other exe	empt or nonexempt orga	on) through common nization?	80 а				
Dir 165, einer the hame of the organization	and ch	eck whether it is \sqrt{x} ex	cempt or nonexem	ipt.				
81 a Enter direct and indirect political expenditures.				o.				
b Did the organization file Form 1120-POL for this					(a) (a) (b) (a) (b) (b) (b) (b) (b) (b) (b) (b) (b) (b	X		
B Did the organization file Form 1120-POL for this	yearr				990 (2			
3 D D					\-	/		

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BAA

	rm 990 (2005) ADVOCATES INTERNATIONAL, INC. 54-164666	9	F	age 7
F	Part VII Other Information (continued)		Yes	No
8	2 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82 a	х	-340°84*
8:	b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	83 a	x	
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b	X	
84	4a Did the organization solicit any contributions or gifts that were not tax deductible?	84 a		X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b		
85	5 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/	
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b	N/#	<u>A</u> Maraka
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
	c Dues, assessments, and similar amounts from members			
	d Section 162(e) lobbying and political expenditures			
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 g	N/A	
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	oo y	N/4	
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	N/A	<u>.</u>
86	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
	line 12			
87	b Gross receipts, included on line 12, for public use of club facilities	000		
		2000		
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	,		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88		X
89	a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ►	ă.		
i	b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89 b		<u>x</u> _
(c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
	List the states with which a copy of this return is filed Virginia			
	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90 b		4
91 a	The books are in care of Advocates International, Inc. Telephone number (703) 894-3 Located at 8001 Braddock Road, Suite 300, Springfield, VA ZIP+4 22151		.0	
k	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a			No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91 b	entrales o	X
	If 'Yes,' enter the name of the foreign country	i i		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Statements	04	1994 S	hyddyd
C	At any time during the calendar year, did the organization maintain an office outside of the United States?	91 C	X	
00	If 'Yes,' enter the name of the foreign country Bulgaria	*		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here	• • • • • •		Ш
BAA	and enter the amount of tax-exempt interest received or accrued during the tax year	Form	990 (2	0051
			(4	

Part	VII Analysis of Incom	e-Produci		ies <i>(See the Instructio</i> d business income		ection 512, 513, or 514	(F)
Note:	Enter gross amounts unless vise indicated.	-	(A) Business code	(B)	(C) Exclusion code	(D) Amount	Related or exempt function income
	Program service revenue:	-	Business code	Amount	EXCIDSION CODE	Amount	Talloudi, Modella
a	_	}					
b							
C					<u> </u>		
d					 		
e	Medicare/Medicaid payment				 		
	Fees & contracts from government						
	Membership dues and asses						
95	Interest on savings & temporary ca	sh invmnts . 🗌					
96	Dividends & interest from se	curities	Duan eteologicka establish strongen	ALESS SESSES ANTENDER AND ANTENDES	a vera energia de la la de la de	en gorde of a school Sylvid 2007	
	Net rental income or (loss) from re-						
	debt-financed property				-		
	not debt-financed property. Net rental income or (loss) from pe						
	Other investment income						
	Gain or (loss) from sales of	assets					
101	other than inventory						
	Net income or (loss) from special e Gross profit or (loss) from sales of in	_					
	Other revenue: a						
b							·
C					ļ		
d							
104	Subtotal (add columns (B), (D), and	(E))					
105	Total (add line 104, columns	(B). (D). an	d (E))				
lote: L	ine 105 plus line 1d, Part I, s	should equal	the amount	on line 12, Part I.			
Part \	VIII Relationship of Ac						
Line N	Explain how each activi of the organization's exc	ty for which i	income is rep	oorted in column (E) of	Part VII contrib	uted importantly to the	accomplishment
		empt purpose	es (otner tha	n by providing tunds to	r such purposes)·	
	N/A						
			·			· · · · · · · · · · · · · · · · · · ·	
Part	IX Information Regard	ding Taxa	ble Subsic	diaries and Disreg	arded Entitie	S (See the instructions	.) N/A
	(A)		(B)	- (0		(D)	(E)
Nai	me, address, and EIN of corp	oration,	Percentage		activities	. Total	End-of-year
	partnership, or disregarded of	entity	ownership int	erest		income	assets
				- 8			
				용 용			
				8			
Part	X Information Regar	ding Trans	sfers Asso	ociated with Perso	onal Benefit (Contracts (See the in	nstructions.)
a Die	d the organization, during the year, r	eceive any fund	ls, directly or inc	directly, to pay premiums on	a personal benefit o	ontract?	Yes X No
b Di	d the organization, during the	e year, pay p	oremiums, di	rectly or indirectly, on	a personal bene	fit contract?	Yes X No
	e: If 'Yes' to (b), file Form 88	70 and Form	1 4720 (see ii	nstructions).			
	Under penalties of perjury, I dec true, correct, and complete. Dec	lare that I have	examined this re arer (other than o	eturn, including accompanying officer) is based on all inform	schedules and states ation of which prepare	ments, and to the best of my ker has any knowledge.	nowledge and belief, it is
Please						1	
ign	Signature of officer					Date	
lere	▶						
	Type or print name and title	9.					
1 - ! -!	Bronaratio N. N. /	4.		^	Date	Check if	reparer's SSN or PTIN (See Beneral Instruction W)
aid	Preparer's	VI 4	e l	A	15/23/6	self- employed	
	signature	1) was	\sim	_/			
re-	S Firm's name (or MOLAN	& COMPA					
Pre- parer's Jse	Firm's name (or yours if self-employed), 9324		ANY, PC	ITE 201		ein ►	
Pre- parer's Jse Only	Firm's name (or MORAN yours if self-	& COMPA WEST STF	ANY, PC)110	EIN ► Phone no. ► (70 TEEA0108 10/18/	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Supplementary Information — (See separate instructions.)

2005

OMB No. 1545-0047

Name of the organization			Employer identification	number
ADVOCATES INTERNATIONAL, INC. Part Compensation of the Five High	hest Paid Employees Oth	ner Than Officers	54-1646669 Directors, an	d Trustees
(See instructions, List each one. If there				
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE		·		
Total number of other employees paid	None			
Part II A Compensation of the Five High (See instructions. List each one (wheth	nest Paid Independent Co	ontractors for Pr	ofessional Ser	/ices
(a) Name and address of each independent contract		(b) Type o		(c) Compensation
NONE		•	:	
			· ·	
Total number of others receiving over \$50,000 for professional services	None			
Part II — B Compensation of the Five High (List each contractor who performed ser enter 'None.' See instructions.)	-			here are none,
(a) Name and address of each independent contrac	tor paid more than \$50,000	(b) Type o	f service	(c) Compensation
NONE				
Total number of other contractors receiving	None			

Sch	edul	e A (Form 990 or 990-EZ) 2005 ADVOCATES INTERNATIONAL, INC. 54-164666	9 1	F	Page 2
Pa		Statements About Activities (See instructions.)	`	Yes	No
1	or (M	ring the year, has the organization attempted to influence national, state, or local legislation, including any attempt influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid incurred in connection with the lobbying activities ▶ \$ust equal amounts on line 38, Part VI-A, or line I of Part VI-B.)	1	ilyiz - cuc V	X
2	Org org lob	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other panizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the obying activities. ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any ostantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any or principal			
	tax ber	istal find contributors, firstees, directors, officers, creators, key employees, of maintributors, firstees, directors, trustees, majority owner, or principal reflectors. It is affiliated as an officer, director, trustee, majority owner, or principal reflectors. (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.) le, exchange, or leasing of property?	2a	x	
		nding of money or other extension of credit?	2b		Х
		rnishing of goods, services, or facilities?	2c		<u>x</u>
		See Part V, Form 990 yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d	х	
e	Tra	Insfer of any part of its income or assets?			Х
3 <i>a</i>	Do	you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an classifier that recipients qualify to receive payments.)	3a		Х
ŀ	Do	you have a section 403(b) annuity plan for your employees?	3 b		X
	Dur	ring the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3с		<u>x</u>
	on	the use or distribution of funds?	4a 4b		X
Ŀ	Do	you provide credit counseling, debt management, credit repair, or debt negotiation services?	40		
		Reason for Non-Private Foundation Status (See instructions.)			
	orga	nization is not a private foundation because it is: (Please check only ONE applicable box.)			
5 6		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school, Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7	H	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's research organization operated in conjunction with a hospital.	iame,	city,	
10	П	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 17	70(b)(1)(A)(i	 v).
		(Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general pu			
		Section 1/0(b)(1)(A)(vi). (Also complete the Support Schedule in Part iv-A.)			
11 b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	aroce	rocoin	nte.
12	<u></u>	An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			ıs
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizescribed in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2), box that describes the type of supporting organization: Type 1 Type 2 Type 3	Chec	s k the	
		Provide the following information about the supported organizations. (See instructions.)			
		(a) Name(s) of supported organization(s)	(b) Lir fron	ne nur n abov	nber /e
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.) Schedule A (Form 990 or February 1990)	orm 99	0-EZ	2005

54-1646669

Page 2

Pa	rt IV-A Support Schedule	Complete only if you	checked a box on line	e 10, 11, or 12.) <i>Use</i> d	cash method of accou	ınting.
	te: You may use the worksheet in the					
Cal	endar year (or fiscal year ginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	909,094.	729,710.	1,087,739.	891,579.	3,618,122
16	Membership fees received					
17	merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose					
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19	Net income from unrelated business activities not included in line 18					
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0.	0.	29,233.	11,778.	41,011.
23	Total of lines 15 through 22	909,094.	729,710.	1,116,972.	903,357.	3,659,133.
24	Line 23 minus line 17	909,094.	729,710.	1,116,972.	903,357.	3,659,133.
25	Enter 1% of line 23	9,091.	7,297.	11,170.	9,034.	
26	Organizations described on lines	10 or 11: a Ente	er 2% of amount in co	lumn (e), line 24	▶ 26a	73,183.
b	Prepare a list for your records to show the supported organization) whose total gifts fo return. Enter the total of all these excess a	r 2001 through 2004 exceed	led the amount shown in li	ne 26a. Do not file this list	with your	697,757.
С	Total support for section 509(a)(1)	test: Enter line 24, co	olumn (e)		▶ 26c	3,659,133.
d	Add: Amounts from column (e) for	lines: 18		19		
е	Public support (line 26c minus line	22	41,011.	26b 697,7	57 ► 26d	738,768. 2,920,365.
f	Public support percentage (line 26	Se (numerator) divide	d by line 26c (denom	inator))	▶ 26f	79.81 %
27	Organizations described on line 1. For amounts included in lines 15, name of, and total amounts receive such amounts for each year:	2: 16, and 17 that were r ed in each year from,	eceived from a 'disque each 'disqualified pe	ualified person,' prepa rson.' Do not file this	re a list for your recor list with your return. I	
	(2004) (
	For any amount included in line 17 to show the name of, and amount \$5,000. (Include in the list organiza After computing the difference between the differences (the excess amounts) f	received for each yea ations described in lin veen the amount rece or each year:	r, that was more than es 5 through 11b, as ived and the larger a	the larger of (1) the a well as individuals.) I mount described in (1	amount on line 25 for Oo not file this list witl Oor (2), enter the sum	the year or (2) n your return. of these
	(2004) (2003)	(2002)		(2001)	
C	(2004) (Add: Amounts from column (e) for 17 Add: Line 27a total	lines: 15		16	N = 1	
	17	20	111 071 1 1	21	\ 27c	
d	Add: Line 27a total	and	d line 27b total	• • • • • • • • • • • • • • • • • • • •	27d	
e	Public support (line 27c total minus Total support for section 509(a)(2)	s line 270 total)				
T	Public support for section 509(a)(2) Public support percentage (line 27)	test; Enter amount fro	om me 23, column (6	:) <u> 2/1 </u>	▶ 27~	8
	Public support percentage (line 27 Investment income percentage (lin					
28	Unucual Grants: For an organization	on described in line 1	0 11 or 12 that rece	ived any unusual gran	nts during 2001 throug	h 2004 prepare a
	list for your records to show, for ea nature of the grant. Do not file this	ch vear, the name of	the contributor, the d	ate and amount of the	e grant, and a brief de	scription of the

21002.7	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	39 JW 34	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)	view in		
32	Does the organization maintain the following:			
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
(Copies of all calalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
	With student admissions, programs, and scholarships?	32 d		
•	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
		-		
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33 a		
t	Admissions policies?	33 b		
¢	Employment of faculty or administrative staff?	33 с		
d	Scholarships or other financial assistance?	33 d	·	
е	Educational policies?	33 е		
f	Use of facilities?	33 f		
g	Athletic programs?	33 g		
h	Other extracurricular activities?	33 h	1000000	0.984839
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34 а		
b	Has the organization's right to such aid ever been revoked or suspended?	34b	3(4)4)6	
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			(180) (180)
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		
	Schedule A (Form	990 or 99	0-EZ	2005

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768) N/A if the organization belongs to an affiliated group. Check ► b if you checked 'a' and 'limited control' provisions apply. (a) Affiliated group Limits on Lobbying Expenditures To be completed for ALL electing organizations totals (The term 'expenditures' means amounts paid or incurred.) 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 36 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 37 38 38 39 Other exempt purpose expenditures 39 40 Total exempt purpose expenditures (add lines 38 and 39) Lobbying nontaxable amount. Enter the amount from the following table -If the amount on line 40 is -The lobbying nontaxable amount is -Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 41 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000\$1,000,000 42 Grassroots nontaxable amount (enter 25% of line 41) 42 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36. 43 44 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 4 - Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.) Lobbying Expenditures During 4 - Year Averaging Period Calendar year (a) (b) (c) (d) (e) (or fiscal year 2005 2003 2004 2002 Total beginning in) > Lobbying nontaxable amount Lobbying ceiling amount (150% of line 45(e)) ... Total lobbying expenditures Grassroots nontaxable amount Grassroots ceiling amount (150% of line 48(e)) ... Grassroots lobbying expenditures Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See instructions.) N/A During the year, did the organization attempt to influence national, state or local legislation, including any Yes **Amount** attempt to influence public opinion on a legislative matter or referendum, through the use of: No d Mailings to members, legislators, or the public e Publications. or published or broadcast statements f Grants to other organizations for lobbying purposes g Direct contact with legislators, their staffs, government officials, or a legislative body h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means i Total lobbying expenditures (add lines c through h.)

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

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Part VII Information Regarding	Transfers To	and Transactions	and Relationships	s With Noncharitable
Exempt Organizations	(See instructions)		·	

51 Did th	e reporting organization	directly or in	ndirectly engage in a	nny of the following	g with any other organization described ng to political organizations?	in section	501 (c	:)
or the	fers from the reporting or	noitesinen:	o a noncharitable ev	remot organization	n of:		Yes	No
a Halls	ach	gamzadon	o a Horionarradio o			51 a (i)		Х
(i) O:	ther assets					a (ii)		Х
	transactions:							
		ets with a n	oncharitable exempt	organization		b (i)		X
(i)Pi	urchases of assets from a	a noncharita	ble exempt organiza	ation		b (ii)		X
(iii) Pa	antal of facilities, equinm	ent or other	r assets		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	b (iii)		Х
(iii) Re	simbursement arrangeme	onts	400000			b (iv)		X
(IV)	simbursement arrangeme sans or loan quarantees	7110				b (v)		Х
								X
- Charles	a of facilities equipment	mailing lie	te other accete or i	naid employees		С		X
d If the a	answer to any of the abounds, other assets, or servans	ve is 'Yes,' o vices given	complete the following by the reporting organization (d) the	ng schedule. Columnization. If the or	mn (b) should always show the fair man ganization received less than fair mark ds, other assets, or services received:	rket value et value ir	of 1	
(a)	(b)		(c) noncharitable exem		(d)			re .
Line no.	Amount involved	Name of	noncharitable exem	pt organization	Description of transfers, transactions, and	Sharing arrai	igemen	
			,					
	•							
	organization directly or in ned in section 501(c) of the complete the following		liated with, or related her than section 501	d to, one or more (c)(3)) or in section	tax-exempt organizations on 527?		s X	No
	(a) Name of organization	•	(b) Type of org	anization	(c) Description of relation	ship		
				· · · · · · · · · · · · · · · · · · ·				
				·				
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	Maritan							
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

Employer identification number

Name of organization 54-1646669 ADVOCATES INTERNATIONAL, INC. Organization type (check one): Filers of: Section: 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule — see instructions.) General Rule -For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.) Special Rules -For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter her the total contributions that were received during the year for an exclusively religious, charitable, the process of the etc, purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year.) Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Supporting Statement of:

Form 990 p 1/Line 20

Description	Amount
Prior Period Adjustment	-17,047.

Total

-17,047.

Form 990, Page 2, Part II, Line 43 Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Miscellaneous	9,238.	4,000.	4,384.	854.
Office expense	29,189.	12,604.	17,422.	-837.
Professional Fees	15,722.	4,502.	10,440.	780.
Taxes & Licenses	697.	0.	697.	0.
Travel Meals	6,842.	4,589.	1,792.	461.
Utilities	1,559.	1,247.	156.	156.
Total	63,247.	26,942.	34,891.	1,414.

Form 990, Page 5, Part V-A List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Samuel B. Casey				
8001 Braddock Rd, Suite 300	Vice Chairman			
Springfield, VA 22151-2110	0	0.	0.	0.
Ann J. Buwalda		•		
9689 C Main Street	Secretary			_
Fairfax, VA 22031-3764	0	<u> </u>		0.
Roger D. Sherrard, Esq				
19717 Front St NE, PO Box 400	Member			
Poulsbo, WA 98370-0400	0	0.	0.	0.
Kenneth W. Starr, Esq 24569 Via De Casa	Member		ļ	
Malibu, CA 90265-3205	0 Member	0.	0.	0.
Stuart A. Zimmer Jr.				
1537 Avenue D, Suite 352	Member			•
Billings, MT 59102	0	0.	0.	0.
Matt Bristol				
PO Box 6767	Member		·	
Richmond, VA 23230-0767	0	0.	0.	0.

Form 990, Page 4, Part IV, Line 58 Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
Website	22,425.	22,950.
Videos	223,752.	223,752.
Accumulated Amortization	-97,641.	-151,560.
Security Deposits Receivable	0.	2,412.

Continued Form 990, Page 4, Part IV, Line 58 Other Assets Statement Beginning End of Year Line 58 - Other Assets: of Year 148,536. 97,554. Total Form 990, Page 4, Part IV, Line 65 Other Liabilities Statement Beginning End of of Year Year Line 65 - Other Liabilities: 1,114. Payroll Liabilities 0. 22,165. 6,403. Retirement Liabilities 49,000. Line of Credit 23,279. Total 55,403. Explanation Statement Line 2 Form/Line: Schedule A, Page 2, Part III Directly or Indirectly Engage in Certain Activities Explanation of: The organization leased office space from a company that the

organization's president is an owner. The lease was terminated August 31, 2005. The organization also leases office space in Bulgaria from a company that the organization's president is an owner. The lease terms are month-to-month with no long-term commitment. The president also received a salary of \$110,000 and a pension contribution in the amount of \$11,000.

During 2005, The president gave \$25,000 in donations to Advocates International. Also, in 2004 he gave \$141,200 and in 2003 he gave \$56,000 in donations to Advocates International.

ADVOCATES INTERNATIONAL, INC.

Form 990 p 3: Exempt purpose

Advocates International, , Inc EIN 54-1646669 Form 990, Page 3 Exempt Purpose 2005

The organization's primary exempt purpose is to promote religious liberty, justice and reconciliation through an international network of skilled advocates.