Form **990-EZ**

Short Form 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements. Department of the Treasury
Internal Revenue Service

■ The organization may

A For the 2009 calendar year, or tax year beginning

OMB No. 1545-1150

2009

Open to Public Inspection

AI	or th	or the 2009 calendar year, or tax year beginning , 2009, and ending					, 20				
B Check if applicable:			Please C Name of organization			D Employer	identi	fication number			
	Addres	ss change	use IRS label or	The Advocacy Foundation, Inc.			20-4	597651			
	Name	change	print or	Number and street (or P.O. box, if mail is not delivered to street address) Roo	m/suite	E Telephon	e numb	per			
_	Initial r Termin		type. See	124 S Main St, Ste. 1-E	- 1		770 477-0121				
H		900 best 1	Specific	City or town, state or country, and ZIP + 4		F Group F	oup Exemption				
=		ded return ation pending	Instruc- tions.	Jonesboro, GA 30236		Number		don			
			organi	rations and 4947(a)(1) nonexempt charitable trusts must attach	G Accour			Cash Accrual			
	- 36	<i>(C)</i> (3)		npleted Schedule A (Form 990 or 990-EZ).	Other (specify) >					
				12 5.00				nization is not			
				ocacyfoundation.org				dule B (Form 990,			
JI	ах-е			nly one) — ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527		Z, or 990-P					
	Check Form			zation is not a section 509(a)(3) supporting organization and its gross recturn is not required, but if the organization chooses to file a return, be s							
				9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of			\$				
THE OWNER, WHEN	art l	Revenu	e, Exp	enses, and Changes in Net Assets or Fund Balances (See the	instructio	ns fo	or Part I.)			
	1			ts, grants, and similar amounts received				115,906.67			
	2			revenue including government fees and contracts		. 2	-	0			
	3			and assessments	20.000	3	_	0			
	4					4	-1	0			
	1 -			m sale of assets other than inventory 5a			+				
	5			· ·		0					
				The same and same superiors	ia)			0			
Φ	-			n sale of assets other than inventory (Subtract line 5b from line 5			+	0			
Revenue	6			tivities (complete applicable parts of Schedule G). If any amount is from gaming,	Heck here						
š				ot including \$ of contributions							
æ) 6a		0					
				nses other than fundraising expenses 6b		0					
		c Net incom	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)					0			
	7	a Gross sale	Gross sales of inventory, less returns and allowances								
		b Less: cost	of goo	ds sold		0					
		c Gross prof	it or (lo	ss) from sales of inventory (Subtract line 7b from line 7a)		70	>	0			
	8	Other reve	Other revenue (describe ► n/a)8		0			
	9	Total reve	nue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		. ▶ 9		115,906.67			
	10	Grants and	Grants and similar amounts paid (attach schedule)								
	11		Benefits paid to or for members				1	0			
S	12	Salaries, o	ther co	mpensation, and employee benefits		12	2	49,662.80			
Expenses	13		Professional fees and other payments to independent contractors					13 32,117.00			
bei	14		Occupancy, rent, utilities, and maintenance				14 20,716.52				
ŭ	15		• •	ons, postage, and shipping		18	15 1,700.0				
	16			describe ► Supplies/ Travel/ Meetings/ Conferences) 10	-	11,916.24			
	17			Add lines 10 through 16		. > 1	7	116,112.56			
-	18						-	(205.89)			
Net Assets	19		Excess or (deficit) for the year (Subtract line 17 from line 9)								
	1.0		end-of-year figure reported on prior year's return)					0			
	000			net assets or fund balances (attach explanation)		-	-	0			
	20					. > 2		(205.89)			
	21										
J.	art					inning of yea					
		0 1 .			(A) Deg	maning or yea	0 22				
2			Cash, savings, and investments								
2			and buildings		-		0 23				
2			ther assets (describe >)				0 24				
2							0 25				
2	6	Total liabilitie	s (des	pribe >)			0 26				
2	7	Net assets of	fund I	palances (line 27 of column (B) must agree with line 21)			0 27	0			

OIIII	330-LZ (2003)						rage Z
Par	t III Statement of Prog	ram Service Accom	plishments (See the inst	ructions for Part II	1.)		Expenses
Nha	t is the organization's primar	y exempt purpose?	Youth Services; Indigent Adult Services				ired for section (3) and 501(c)(4)
				ion's exempt purposes. In a clear and concise			
nan	ner, describe the services pr	rovided, the number of	of persons benefited, and	other relevant info	rmation for		izations and section a)(1) trusts; optional
each	program title.					for oth	
28	Building Resilient Youth - A M	Multidisciplinary Approa	ach; Atlanta Capacity Buildi	ng Project; AVP; GA	H; ROYAL		
	(Grants \$ 115,9	906.67) If this amount	includes foreign grants, cl	neck here	. ▶ 🗆	28a	116,112.56
29							
	(Grants \$) If this amount	includes foreign grants, cl	neck here	. ▶ 🗆	29a	
30							
			includes foreign grants, ch	neck here	. ▶ 🗆	30a	
31	Other program services (atta	7 CONTROL OF THE OWNER OWNER OWNER OF THE OWNER					
	(Grants \$		includes foreign grants, cl			31a	
	Total program service exp					32	116,112.56
Par	t IV List of Officers, Direct	tors, Trustees, and Key	Employees. List each one				
	(a) Name and add	ress	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contribution employee benefit deferred compe	t plans &	(e) Expense account and other allowances
John	n C Johnson III						
115	Fieldstone Way, Fayetteville, G	jA	Executive Director	49,662.80		0	0
Jay	Gordon		D 1 (D)				
601	Washington Dr, Jonesboro, GA	/	Board of Directors	0		0	0
Pat I	Wilton	CA	D 14				
6315	Garden Walk Blvd, Riverdale,	GA	Program Manager	15,250.00		0	. 0
32953							
		municipal de la company de					

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Form 990-EZ (2009)

description of each activity 4 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 5 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? b If "Yes," has it filed a tax return on Form 990-T for this year? 5 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 7a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 5 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 5 If "Yes," complete Schedule L, Part II and enter the total amount involved 5 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 5 Section 501(c)(3) organizations. Enter amount of tax imposed on organization with a disqualified person in a prior year, and that the transactions and been reported on any of the organization's prior Forms 99 of 990-E27 If "Yes," complete Schedule L, Part II C Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualifi	Part	Other Information (Note the statement requirements in the instructions for Part V.)			
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36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 37b Did the organization brown from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 38a 38a 38a 38a 38a 38b 38a 38b 38a 38b 38b	а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
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a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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-EZ7 If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 11 List the states with which a copy of this return is filed. ▶ GA 12 The organization's books are in care of ▶ John C Johnson III Telephone no. ▶ 770 477-0121 Coated at ▶ 124 S Main St, Jonesboro, GA 13 Any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country: ▶ 1/4 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
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transaction? If "Yes," complete Form 8886-T. List the states with which a copy of this return is filed. ▶ GA The organization's books are in care of ▶ John C Johnson III Telephone no. ▶ 770 477-0121 Located at ▶ 124 S Main St, Jonesboro, GA ZIP + 4 ▶ 30236- b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ n/a See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
The organization's books are in care of ▶ John C Johnson III Located at ▶ 124 S Main St, Jonesboro, GA At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ n/a See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	е		40e		1
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ n/a See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	41	List the states with which a copy of this return is filed. ▶ GA			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ n/a See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	42a	The organization's books are in care of ▶ John C Johnson III Telephone no. ▶	770 47	7-012	1
over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Located at ► 124 S Main St, Jonesboro, GA ZIP + 4 ►	302	36-	
over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
If "Yes," enter the name of the foreign country: ▶				Yes	No
If "Yes," enter the name of the foreign country: ▶		account)?	42b		1
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.?					
If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year					
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	С		42c		1
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	43			. 1	
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		40			
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ				Yes	No
Form 990-EZ	44	Did the organization maintain any donor advised funds? If "Yes." Form 990 must be completed instead of		. 55	
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			44		1
	45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		1

Page 3

Form **990-EZ** (2009)

Part VI

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	ection 4947(a)(1) none 7(a)(1) nonexempt char d 51.	exempt charitab ritable trusts mus	ole trusts only. A st answer question	ll sect	tion i–49b		
	Did the organization engage in direct or indirect				1	Yes	No	
	candidates for public office? If "Yes," complete S				46 47		1	
	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II							
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E							
	Did the organization make any transfers to an ex	그 그는 이 후에 있는 경험을 받는데 그렇게 된 것이 되었다. 얼마나 하는 이 사람이 되었다.			49a	-	V	
	If "Yes," was the related organization a section 5. Complete this table for the organization's five high				49b	e and	kov	
	employees) who each received more than \$100,0						KCy	
-	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position (c) Compensation (d) Contribution employee benefit deferred compensation			(e) Expense account and			
None		,						
	Complete this table for the organization's five h \$100,000 of compensation from the organization (a) Name and address of each independent contractors	n. If there is none, enter "N	None."	ors who each rece		more i		
None								
d	Total number of other independent contractors e	ach receiving over \$100,0	00 ►	1				
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	d this return, including accompa- of preparer (other than officer) is	nying schedules and sta based on all information	tements, and to the bes	t of my i	knowled wledge.	dge	
Sign Here	Signature of officer John C Johnson III						5	
Paid Prepare	Type or print name and title Preparer's signature	Date	Check if self-employed ▶	Preparer's identifying num	iber (See	instruction	ons)	
Use Onl	Firm Shame (or		EII	V •				
	address, and ZIP + 4		Ph	one no. ►				
May the	e IRS discuss this return with the preparer shown	above? See instructions			Yes	N	0	