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, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other

OMB No 1545-1150

2007

Department of the Treasury Internal Revenue Service

organizations with gross receipts less than \$100,000 and total assets less than \$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

Open to Public Inspection

Α	F	or th	ne 2007 ca	lendar	year, or ta	x year begir	nning		, 20	07, and e	nding	9			,	
В	_ c	heck ı	f applicable		С					-			D Em	ployer	identification	number
	ַ⊿	ddress	s change	Please use IRS	ADVOCA	TE FOUNI	DATION INC.						l 2	0-52	45262	
	חַ	ame c	hange	label or print or			/E. # 820								number	
] Ir	ntial re	eturn	type.	DALLAS	, TX 752	214							•		2
	_ ד	ermina	ation	See Specific		,								14-3	60-421	
	ַ^	mende	ed return	Instruc- tions.									F Gr	oup E	xemption	
T	Α	pplica	tion pending										Nu	ımber		<u> </u>
		•	Section 5	01(c)(3) organiza	tions and 49	147(a)(1) nonexem dule A (Form 990	pt char	ritable trus	its	G	Accounting	metho	d: X	Cash	Accrual
_			m	ust atta	ich a com	oleted Sched	dule A (Form 990	or 990-L	EZ).			Other (spec				
_												Check ►			ganization	
ŀ			site: - <u>N</u>			1471						required to 990-EZ, or	attach	Sche	dule B (Fo	orm 990,
<u>J</u>	_	· · ·	zation type	<u>. </u>	, , , , , ,		3) ◄ (insert no.		947(a)(1) or					<u> </u>		
K		heck	K ► Lif	the orga	anization i	s not a secti	on 509(a)(3) supp rganization choose	orting o	organizatio	n and its	gros	s receipts a	are nor	mally	not more	than
_													e retur	n.		<u></u>
L	P II	iaa ii istea	ines 50, 60 ad of Form	o, and / 1990-F2	/b, to line	9 to determi	ne gross receipts,	17 \$100	,uuu or m	ore, file r	orm	990		►ŝ		15,754.
P	ar		_			and Cha	nges in Net A	ssets	or Fund	Balanc	es (See the i	nstru		5)	10,701.
•	Ť						amounts received		•••••	Daidille		000 1110 1	1,50,00	1	3.7	
							ernment fees and		·te				•	2		
	- 1		•		s and asse		ciriiriciit iccs una	continue						3		
		4	Investmen	•		23311101113	•			•	•	•		4		
		-				accate other	r than inventory			5a						
						nd sales exp	•		•	5b						
1	,						ntory. Subtract In 5b fro	om In 5a /	(attach cohd)					5 c		
ļ	5						hedule). If any am				rk he	re ▶□		- 30		
			•			`.	•	of contri	•	inig, chec	JK HC	اد <u>ا</u>				
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	-	L	•		•	r than funder	aising expenses			6b			626.			
				•			• .	from line	60		C+-	tement		6c		6,128.
					-		vities. Subtract line 6b	mom mie	0a	7a	Ste	rcement	1	80		0,120.
			Less: cos		-	ess returns a	nd allowances	• •		7 b						
				_		sales of inve	intory Subtract lin	oo 7h fra	om line 7a	L				7c		
	1		•	•	•	sales of life	intory Subtract iii	ie /b ii ()III IIII C / a				,	8		
			Other revenu	•		0.2.4.5	C- 7 1 (1)						_, `			C 120
_	+						6c, 7c, and 8)			DEC	T	VED	—	9		6,128.
	- 1					s paid (attac	h schedule)		-	REC	<u>/[]</u>	VED.	\sim	10		
	E		•		or for men				- 1			- 18	<u>က</u>	11		
i	5		-		•	•	loyee benefits		° 063	VOV	1 2	2008	Ģ∤	12		
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_	_					10 through 1								17		1,010.
)				•	-		t line 17 from line							18		5,118.
j Ē	Š	19	Net assets	s or fun	nd balance	s at beginnir	ng of year (from lii	ne 27, c	column (A)) (must a	agree	with end-or	f-year			2 402
i E	S					ar's return)								19		3,483.
•	SI			-			lances (attach exp		-					20		
, , ,	_						ear Combine line							21		8,601 <u>.</u>
٤	ar	: II	Ralan	ce Sh	eets - If		on line 25, colum	ın (B) a	re \$250,00	00 or more						
` ב		ο-				(See Instru	ictions)				<u>(A</u>	() Beginning			(R) Fuc	d of year
`	22		_		nvestment	S .	•		•		-		879	\rightarrow		4,747.
ш.	23		d and buil	-		~ C+~+	.ant 3		•		<u> </u>		025	23		2 052
_	24			(describ	pe ► <u>5e</u>	e Statem	ent 3)	• •		<u> </u>		<u>, 935</u>			3,853.
	25 26		al assets			00 Chaka	mant 1			•	<u> </u>		,814			8,600.
3 '	26					ee State)	line O1	•			,331			0.
'n	<u>27 </u>	net	assets or	rund b	aiances (l	ine 27 of col	umn (B) must agr	ree with	iine 21)			3	,483	. [27]		8,601 <u>.</u>

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form	990-EZ (2007) ADVOCATE FOUNDA				0-524	15262		Pa	age 2
Par	t III Statement of Program Serv	vice Accomplishments	(See the instruction	ns.) N/A		Ex	pense	s	
Desc	is the organization's primary exempt purpose? Tribe what was achieved in carrying out the ribe the services provided, the number of train title.	e organization's exempt purp persons benefited, or other r	oses. In a clear and co elevant information for	ncise manner, each	and 4947	uired fo (4) orga (a)(1) t thers)	anızatı	ons a	and
28					1				
					1				
					╣				
	(Grants \$) If th	is amount includes foreign gr	ants, check here	P [28 a				
29					4				
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	(Grants \$) If th	 is amount includes foreign gr	ants check hare		1 29 a				
30	(Grants V	is amount includes loreign gr	arits, check here	<u> </u>	1 230				
30					1				
					1				
	(Grants \$) If th	is amount includes foreign gr	rants check here		 	i			
31	Other program services (attach schedule			<u>L</u>	1				
•	` `	is amount includes foreign gr	ants, check here	▶ [∏ 31 a				
32	Total program service expenses Add III				32				
Par			loyees (List each one	e even if not com	pensal	ted Se	e Instr	uctio	ns)
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)		ns to lans and	(E) E:	xpense ther a	e acc	ount
						}			
	· · · · · · · · · · · · · · · · · · ·								
_				<u> </u>		<u> </u>		Т	
Par	t V Other Information (Note the	statement requirement in the	instructions.)	See St	atem	ent :)	Yes	No
33	Did the organization make a change in it statement of each change	ts activities or methods of co	nducting activities? If 'Y	'es,' attach a det	tailed		33		Х
34	Were any changes made to the organizing or govern	ning documents but not reported to th	ne IRS? If 'Yes,' attach a confo	ormed copy of the cha	anges	j	34		Х
35	If the organization had income from business activit	hes, such as those reported on lines 2	, 6, and 7 (among others), but	tnot reported on Forn	n 990-T, a	attach			
	a statement explaining your reason for not reporting	the income on Form 990-T.				-			
ā	Did the organization have unrelated busi	iness gross income of \$1,000	or more or 6033(e) no	tice, reporting, a	nd	j	25.		х
	proxy tax requirements?	OOO T for this year?	•	•		-	35 a 35 b	N	
	olf 'Yes,' has it filed a tax return on Form		• •			}	330	-111	Α
	Was there a liquidation, dissolution, tern If 'Yes,' attach a statement						36		Х
	Enter amount of political expenditures, direct or inc		, ·	37a		0.			v
t	Did the organization file Form 1120-POL	for this year?				-	37 b	-	X
38 a	Did the organization borrow from, or ma any such loans made in a prior year and	ke any loans to, any officer, of still unpaid at the start of th	director, trustee, or key e period covered by this	employee or we s return? .	ere	-	38 a		Х
t	If 'Yes,' attach the schedule specified in and enter the amount involved	the line 38 instructions		38 b		N/A			
	501(c)(7) organizations. Enter.								
;	alnitiation fees and capital contributions i	ncluded on line 9		39 a		N/A			ļ
t	Gross receipts, included on line 9, for pu	ublic use of club facilities		39 b		N/A			

-orm 990-E	-Z (2007) AD	OCATE FOUNDAL	ION INC.			20	-3243262	<u> </u>	_	age 3
Part V	Other Info	mation (Note the	statement re-	quirement in t	he instructions.	(Continued)			
40 a 501(c	:)(3) organizati	ons. Enter amount of t	ax imposed on t	the organization of	luring the year unde	er:				
section	on 4911 ►	0., se	ection 4912 ►		0., section 4955	-	0.			
b 501(c	:)(3) and (4) or	ganizations. Did the oi	rganization enga	ige in any section	4958 excess bene	fit transaction d	uring the		Yes	No
year d	or did it becom	e aware of an excess					[
attach	h an explanatio	on .						40 b		<u>X</u>
c Enter	amount of tax	imposed on organizal 4912, 4955, and 4958	ion managers o	r disqualified pers	sons during the	•	0.			
		on line 40c reimburse			•	•	0.			
	ganizations A er transaction?	any time during the t	ax year, was the	organization a p	arty to a prohibited	tax		40 e		X
41 List the	e states with which	a copy of this return is filed	⊳ None				•			
Located	d at - <u>6301</u>	► RICK WAMRE GASTON AVE. #	820 DALLA	AS TX	un or a signature of	Telephone no. ZIP + 4	► 75214	0-4	212 Yes	 No
financ	cial account in	he calendar year, did a foreign country (suc	h as a bank acc	ount, securities a	ccount, or other fin	ancial account)	over a	42b		X
		ne of the foreign country			·	•				
c At an	y time during t	for exceptions and fil he calendar year, did ne of the foreign country	the organization			3 ?		42c		x
	enter the amou	nonexempt charitable nt of tax-exempt intere f pequry, I declare that I have complete Maclagation of prep	est received or a	ccrued during the	tax year	•	43 of my knowledge	· and be	ب	N/A N/A
Please Sign Here	Signature of	Millan	arer (other than office	Meni dus	mation of which preparer	bate	1/08			<u> </u>
Paid Pre-	Preparer's signature	\prec	``	200	Date 11/10/08	Check if self-employed	Preparer's General Ir N/A	SSN onstruction	r PTIN (on X)	See
parer's Use	Firm's name (or yours if self-	Jack F. Lewis		A, PC						
	employed), address, and	6301 Gaston A		2 #800		EIN	► N/A			
Onlv	710 . 4	Dallac TY 75	521 <i>1</i>			Bhono no ▶	(214) 8	21 - 6	ባደጋዓ	,

TEEA0812L 12/27/07

Form **990-EZ** (2007)

BAA

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.)

2007

OMB No 1545-0047

Name of the organization			Employer identification	number		
ADVOCATE FOUNDATION INC.						
Compensation of the Five Hig (See instructions. List each on			, Directors, and	Trustees		
(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 over \$50,000	C	4		,		
Part II — A Compensation of the Five Hig (See instructions. List each on	hest Paid Independent Co e (whether individuals or f	ontractors for Pr firms). If there a	ofessional Serve none, enter '	vices None.')		
(a) Name and address of each independent contra	actor paid more than \$50,000	(b) Type	of service	(c) Compensation		
None		-				
Total number of others receiving over \$50,000 for professional services	(
Part II – B Compensation of the Five Hig (List each contractor who performs. If there are none, enter	ormed services other than	ontractors for O professional sei	ther Services vices, whether	ındividuals or		
(a) Name and address of each independent contra	actor paid more than \$50,000	(b) Type	of service	(c) Compensation		
None						
		-				
Total number of other contractors receiving over \$50,000 for other services	(·			

Sche	dule A (Form 990 or 990-EZ) 2007 ADVOCATE FOUNDATION INC. 20-	5245262		Page 2
Par	Statements About Activities (See instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any a to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities . \$\Bigsir* \\$ N/A (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	ttempt 1		x
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	ne		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or vertaxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or peneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)	with any		
а	Sale, exchange, or leasing of property?	2	a	x
b	Lending of money or other extension of credit?	2	b	X
c	Furnishing of goods, services, or facilities?	2	c	<u>x</u>
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2	d	X
е	Transfer of any part of its income or assets?	2	е	X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3	a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3	b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3	с	x
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3	d	X
4a	Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g	lines 4	a	X
b	Did the organization make any taxable distributions under section 4966?	. 4	b N	/A
C	Did the organization make a distribution to a donor, donor advisor, or related person?	4	c N	A
d	Enter the total number of donor advised funds owned at the end of the tax year	-		N/A
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	-		N/A
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	i ▶		0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	-		0.

14 An organization organized and operated to test for public safety. Section 509(a)(4) (See instructions)

Total

BAA Schedule A (Form 990 or 990-EZ) 2007

•

0.

	: You may use the worksheet in th	e instructions for con	verting from the acc	rual to the cash	method of accounting	ig	
	ndar year (or fiscal year nning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003		(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	5,878.	·				5,878.
16	Membership fees received						0.
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose						0.
18	Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975						0.
19	Net income from unrelated business activities not included in line 18						0.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
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						0.
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets						0.
23	Total of lines 15 through 22	5,878.					5,878.
24	Line 23 minus line 17	5,878.					5,878.
25	Enter 1% of line 23	59.					
26	Organizations described on line	s 10 or 11: a Ent	er 2% of amount in	column (e), line	24	≥ 26a	118.
	Prepare a list for your records to show the supported organization) whose total gifts f return. Enter the total of all these excess	or 2003 through 2006 exceed	ributed by each person (o eded the amount shown in	ther than a governme line 26a. Do not fil e	this list with your	► 26b	
	Total support for section 509(a)(1		column (e)			≥ 26c	5,878.
	d Add: Amounts from column (e) for			19			
		22		26 b		26 d	
	Public support (line 26c minus lir	ne 26d total) .		•		26 e	5,878.
	Public support percentage (line	26e (numerator) divid	ded by line 26c (den	ominator))		26f	100.00 %
~/	a For amounts included in lines 15 name of, and total amounts rece such amounts for each year:	, 16, and 17 that were ved in each year from	e received from a 'di n, each 'disqualified	squalified person person ' Do not	n,' prepare a list for t file this list with yo	your recor ur return.	Enter the sum of
	(2006)						
	b For any amount included in line to show the name of, and amoun \$5,000. (Include in the list organi After computing the difference be differences (the excess amounts)	t received for each yozations described in etween the amount re for each year:	ear, that was more t lines 5 through 11b, ceived and the large	han the larger of as well as indivi- er amount descri	of (1) the amount on duals) Do not file to bed in (1) or (2), ent	line 25 for his list wit er the sun	the year or (2) h your return. n of these
	(2006) c Add: Amounts from column (e) for 17 d Add. Line 27a total	(2005)	(2004) _		(2003)		
	c Add: Amounts from column (e) fo	or lines: 15 _		16			
		20 _		21		27c	
	d Add. Line 2/a total .	aı				270	-
	e Public support (line 27c total min f Total support for section 509(a)(2	ius line 2/a total)	from line 22 colum	n (a) ►l 274	1	2/8	
	r Total support for section 509(a)(a g Public support percentage (line	د) test. ⊑nter amount 27e (numerator) divid	rion line 23, colum	n (e) - <u>- 2/1</u>	<u></u>	270	8
	h Investment income percentage (minator))	≥ 27h	
_	Unusual Grants: For an organiza						

	(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		
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? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)	31		1
	Does the organization maintain the following. a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
1	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		ļ
	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		
	b Admissions policies?	33 b		_
	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance?	33 d 33 e		
	f Use of facilities?	33 f		
	g Athletic programs?	33 g		
	h Other extracurricular activities?	33 h		
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement.)			
	a Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
	b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement.	34 b		
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		

	dule A (Form 990 or 990		E FOUNDATION I				20-5	245	262 Page 6
	Lobbying Ex (To be complete								N/A
Chec	ck ► a If the organic	zation belongs to an affil	iated group Check	▶ b If you	checke			contr	ol' provisions apply
		imits on Lobbying l	•	od)		Affiliate	a) d grou als	р	(b) To be completed for all electing
		· ·			20				organizations
36		ures to influence public o		,	36				
37	* * .	ures to influence a legisla	• •	ying)	37				
38	• • •	ures (add lines 36 and 33	/) · · · · · ·		39				
39 40	Other exempt purpose of	expenditures expenditures (add lines 3	 9 and 20)	•	40				
40		nount Enter the amount		lo.	40				1
41	If the amount on line 40		obbying nontaxable a			1			1
	Not over \$500,000		of the amount on line						
	Over \$500,000 but not over \$1		00 plus 15% of the excess o	I					
	Over \$1,000,000 but not over \$		00 plus 10% of the excess o		41				
	Over \$1,500,000 but not over \$		00 plus 5% of the excess ov			· · · · · · · · · · · · · · · · · · ·			
	Over \$17,000,000		00,000	٧٠,٥٥٥,٥٥٥					
42	Grassroots nontaxable				42				
43		ne 36 Enter -0- if line 42	•		43		_		
44	Subtract line 41 from lin	ne 38. Enter -0- if line 41	is more than line 38		44				
	Caution: If there is an a	amount on either line 43	or line 44, you must fi	ile Form 4720.					
	(Some organ	izations that made a sec	Averaging Period lation 501 (h) election do the instructions for life	o not have to co	mplete	(h) all of the fr	ve colu	ımns	below
			Lobbying Expend	ditures During 4	-Year	Averaging (Period		
	Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2006	(c) 2005			d) 004		(e) Total
45	Lobbying nontaxable amount				<u></u>				
46	Lobbying ceiling amount (150% of line 45(e))		,						
47	Total lobbying expenditures								
48	Grassroots non- taxable amount		····						
49	Grassroots ceiling amount (150% of line 48(e))							-	
50	expenditures.								
	t VI-B Lobbying A (For reporting of						, ,	- 1	N/A
atter	ng the year, did the orgaing to influence public of	nization attempt to influe pinion on a legislative ma	ence national, state or atter or referendum, th	local legislation rough the use o	, includ f	ing any	Yes	No	Amount
	Volunteers		•		. <u>.</u>		$\vdash \vdash \vdash$		
	Paid staff or manageme	ent (Include compensation	on in expenses reporte	ed on lines c thre	ough h.	.)			
	Media advertisements						 		
	Mailings to members, le	= :		•	• •				
	Publications, or publish						$\vdash\vdash\vdash$		
	Grants to other organize			ogiclativa bod:			$\vdash\vdash\vdash$		
	g Direct contact with legis n Rallies, demonstrations	-			ne		\vdash		
	Total lobbying expendit			any other mea					
'	• • •	ures (aud illies c trilougi ve also attach a statemen	•	untion of the John	una act	wities			

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

51 Did the reporting organizati of the Code (other than sec	on directly or ir tion 501(c)(3) (ndirectly engage in any of the follow organizations) or in section 527, rela	ing with any other organization describ iting to political organizations?	ed in section	on 501	(c)
· ·	, , , ,	to a noncharitable exempt organizat			Yes	No
(i)Cash	, J.		,	51 a (i)		X
(ii) Other assets		,		a (ii)		X
b Other transactions.						
(i) Sales or exchanges of	assets with a n	oncharitable exempt organization		b (i)	ł	X
(ii)Purchases of assets fro	m a noncharita	able exempt organization		b (ii)		X
(iii)Rental of facilities, equ		• •		b (iii)		X
(iv)Reimbursement arrange	•			b (iv)		X
(v)Loans or loan guarante				b (v)		X
· · · · =		ip or fundraising solicitations	•	b (vi)		X
		sts, other assets, or paid employees		c		X
d If the answer to any of the the goods, other assets, or any transaction or sharing	above is 'Yes,' services given arrangement, s	complete the following schedule. Co by the reporting organization. If the how in column (d) the value of the c	olumn (b) should always show the fair in organization received less than fair m goods, other assets, or services receive	market value arket value	e of in	
(a) (b) Line no. Amount involved		(c) noncharitable exempt organization	(d) Description of transfers, transactions, and			is
N/A						
						
			 			
			 			
			+			
				 •		
			 			
						
						
			 			—
			 			
						
			<u> </u>			
			 			
			 			
52a is the organization directly described in section 501(c) b if 'Yes,' complete the follow	of the Code (o	filiated with, or related to, one or mother than section 501(c)(3)) or in se	re tax-exempt organizations ction 527?	► ☐ Ye	s X	No
(a)		(b)	(c)			
Name of organization	on	Type of organization	Description of relation	nship		
N/A						
						
				<u> </u>		
						
		1				
			<u> </u>			—
		 	 			
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-,						

2007		Page 1			
Client AFI	ADVOCATE	FOUNDATION I	NC.		20-5245262
11/10/08					03·34PM
Statement 1 Form 990-EZ, Part I, Line 6 Net Income (Loss) from Special Eve	ents				;
Special Events	Gross <u>Receipts</u>	Less Contri- butions	Gross <u>Revenue</u>	Less Direct Expenses	Net Income (Loss)
SALES OF ORNAMENTS Total	15,754. \$ 15,754.		15,754. \$ 15,754.	9,626. \$ 9,626. \$	6,128. 6,128.
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses					
BANK CHARGES. LEGAL & PROFESSIONAL SALES TAX				. \$ Total \$	125. 400. 485. 1,010.
Statement 3 Form 990-EZ, Part II, Line 24 Other Assets					
Accounts receivable Inventories Prepaid expenses and deferre	d charges		_ <u>B</u> \$ Total <u>\$</u>	89. \$ 8,846. 5,000. 13,935. \$	Ending 1,869. 1,984. 0. 3,853.
Statement 4 Form 990-EZ, Part II, Line 26 Total Liabilities					
Accounts payable and accrued	expenses		_B \$ Total \$	eginning 11,331. \$ 11,331. \$	Ending 0. 0.
Statement 5 Form 990-EZ, Part V Regarding Transfers Associated wi	th Personal Be	enefit Contracts			
(a) Did the organization, dindirectly, to pay premiums(b) Did the organization, dindirectly, on a personal be	on a person uring the y	al benefit co ear, pay prem	ontract?		No No

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2007	Federal Supporting Detail	Page ¹		
Client AFI	ADVOCATE FOUNDATION INC.	20-524526		
11/10/08		03 34P		
Special Events Gross receipts SALES OF ORNAMENTS				
ORNAMENT SALES OTHER SALES CASH DONATIONS	\$	12,716. 2,000. 1,038. 15,754.		
	Total \$	15,754.		
Special Events Expenses SALES OF ORNAMENTS				
COST OF SALES (ORNAMENTS)	Total \$	9,626. 9,626.		

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