

Form	90	Under section 501(c), 527,	anization Exempt or 4947(a)(1) of the Internal F benefit trust or private found	Revenue C		201
	t of the Treasury venue Service		to use a copy of this return to	-	te reportina requirements.	Open to Put Inspection
		ar year, or tax year beginning		nd ending	<u> </u>	inopeetio
B Check applica	of C Name of	organization			D Employer identifica	tion number
Add	nge THE	ATLANTIC ADVOCACY	FUND INC.			
Nan Cha	nge Doing Bi	usiness As			20-82	93674
Initia retu	m Number	and street (or P.O. box if mail is not ARICK STREET,171	-	Room/su		16-7300
Ame retu App tion		own, state or country, and ZIP + 4 YORK , NY 10013	ļ		G Gross receipts \$	148067
pen	F Name a	nd address of principal officer ${\sf Da}$	vid Walsh	•	H(a) Is this a group retu for affiliates?	🔤 Yes 🗵
		rick Street, 17th	-		H(b) Are all affiliates includ	
	exempt status	501(c)(3) X 501(c) (4		1) or 🛄 5	527 If "No," attach a lis	
		atlanticphilanthr			H(c) Group exemption i	
	of organization:	X Corporation Trust	Association Other		ear of formation: 2007 M S	State of legal domicil
Part I			. <u>"</u>		to Cogial Walf	
<u>ម</u> 1	Briefly describ	e the organization's mission or m	ost significant activities: TO	pr.omo.	LE SOCIAI WEII	are.
Activities & Governance	Choole there have				ore then OFO/ of the act of	
	Check this bo	-	continued its operations or disj	oosea of m	1 1	315.
g 3		ing members of the governing bo			3	
ອັ 4 ຫຼັ 5		ependent voting members of the of individuals employed in calenda		יו	4	
ities 6		of volunteers (estimate if necessa			6	
		d business revenue from Part VIII,			0 7a	
		business taxable income from Fo			7a 7b	
				I	Prior Year	Current Year
a 8	Contributions	and grants (Part VIII, line 1h)		ŀ	0.	
9 9 10		ce revenue (Part VIII, line 2g)		F	0.	
a 10	-	come (Part VIII, column (A), lines 3	4 and 7d)		41.	148067
<u>د</u> 11		e (Part VIII, column (A), lines 5, 6d,		h	0.	
12		- add lines 8 through 11 (must eq		<u>م</u> ا	41.	148067
		milar amounts paid (Part IX, colum		/	41960907.	135991
14		to or for members (Part IX, column	(),)	, 1	0.	
		compensation, employee benefit		ol I	0.	
பை		undraising fees (Part IX, column) (4			0.	
bei	b Total fundrais	ng expenses (Part IX, column (D)		0.		
^ش 17	Other expense	es (Part IX, column (A), lines 11a4	31 ^{° −} Γ'ΕΕ' V V (113 − − 9 d. 11f-24e)		1501538.	3653
18				i I	43462445.	139645
19	Revenue less	s. Add lines 13-17 (must equal Pa expenses. Subtract line 18 from li	ne 1200EN, UT	I I	-43462404.	8421
See				-	Beginning of Current Year	End of Year
Net Assets or Fund Balances	Total assets (I	^p art X, line 16)			154757700.	1340034
21		(Part X, line 26)		ľ	27612398.	194997
22 J		fund balances Subtract line 21 fr	om line 20	[127145302.	1145037
Part	-					
-		I declare that I have examined this retu				nowledge and belie
true, cori	rect, and complete	. Declaration of preparer (other than o	fficer) is based on all information of	which prepa	arer has any knowledge.	
22		Sall	John	_	<u> </u>	30-2012
Sign	11	e of officer			Date	
Here		d Walsh, Presider print name and title		·		<u> </u>
Paid	Print/Type pre	parer's name	Preparer's signature		Date Check	J PTIN
"Paid Preparei	Eirm's nome	<u> </u>			self-employed	
Use Only		•			Firm's EIN 🕨	<u> </u>
000 UII)	/ Firm's address				Phone no.	
		<u></u>				
Maytha	IPS discuss the	s return with the preparer shown a	abovo? (coo instructions)			L Yes L

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		C ADVOCACY FUND	INC	20-8293674 Pa
Par	t III Statement of Program Service A	-		
4	Check if Schedule O contains a response to Briefly describe the organization's mission	o any question in this Part III		
•	To promote Social Welfar	e. Supporting ad	lvocacy on behalf	f of
	disadvantaged and vulner			
	ageing, children, popula	tion health, and	l reconciliation	and human
	rights.			
2	Did the organization undertake any significant pr	ogram services during the year	which were not listed on	Yes X
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedu			
3	Did the organization cease conducting, or make		inducts, any program services?	Yes X
	If "Yes," describe these changes on Schedule O			
4	Describe the organization's program service acc	•		• •
	Section 501(c)(3) and 501(c)(4) organizations and			grants and allocations to
42	others, the total expenses, and revenue, if any, f (Code) (Expenses \$ 13599	or each program service reporte 175. Including grants of \$	ed. 13599175.) (Revenu	uo *
Tu I	Awarded 11 grants totali			
	supporting advocacy on b	ehalf of disadva	intaged and vulne	erable people,
	particularly in the area		ldren, populatio	on health, and
	reconciliation and human	rights.		
4b	(Code) (Expenses \$	including grants of \$) (Revenu	
-10	(code) (expenses a	including grans of \$) (Neven	
		<u>,</u>		
	· <u>····································</u>			
	······································			
4c	(Code) (Expenses \$) (Revenu	
π.	(Code) (Expenses \$	including grants of \$		
				·····
		<u> </u>	<u> </u>	
	Other program convises (December in Schedule C			
4.3	Other program services (Describe in Schedule C	grants of \$) (Revenue \$	١
4d	(Expenses \$			/
	(Expenses \$ including Total program service expenses ►	13599175.		

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Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If we s No. If we s, complete Schedule A Schedule of Contributor@ 1 X 3 Dd the organization requered to complete Schedule B, Schedule of Contributor@ 3 X 4 Section 801(c)(3) organizations. Did the organization engage in lobying activities on behalf of or in opposition to candidate for provide advice on the ostholution or investment of any animal transfer anounts as defined in Revenue Proceedure 89 (9) ff 'Yes, 'complete Schedule C, Part II 6 X 5 Dd the organization maintan any done advased funds or any small funds or accounts? If 'Yes, 'complete Schedule D, Part II 6 X 7 Dd the organization maintan any done advased funds or any small funds or accounts? If 'Yes, 'complete Schedule D, Part II 6 X 9 Dd the organization maintan any done advased funds or any small funds or accounts? If 'Yes, 'complete Schedule D, Part II 8 X 9 Dd the organization maintan any done advased funds or any small funds or accounts? If 'Yes, 'complete Schedule D, Part II 8 X 9 Dd the organization maintan any done advased funds or any small funds assets in the part strender downments, permannin red of maintain any done advased funds or any small funds assets in the part integet advased to the part integet advased to the organization regord in amount for insolutions envices 'II' 'Yes, 'complete Schedule D, Part V 1 X	Par	TIV Checklist of Required Schedules			
If Yes, "complete Schedule A 1 X 2 1s the organization reginge in direct or indirect political campaign activities on behalf of orin opposition to candidates for public office? If Yes, "complete Schedule C, Part II 3 X 3 5 Section 501(c)[3) organizations. Dot the organization angage in lobbying activities, or have a section 501(h) election in effect during that tay year // Yes, "complete Schedule C, Part II 4 4 5 Is the organization required to fold (c) (Sorganization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-199 // Yes, "complete Schedule C, Part II 5 X 6 Dut to comparization requires may donor advess of trucks or ay somaling assements to preserve open space. 6 X 7 Dut to comparization marking and particle assements in cuttures // Yes, "complete Schedule D, Part II 7 X 10 Dot the organization requires that (line 21, serve as a cutocian for amounts not taked in Part X, or provide credit counseling, deta management, credit repart, or debit negotation serves: // Yes, "complete Schedule D, Part IV 9 X 10 Dot the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 11 11 X 10 Dut be organization report an amount for investments - other securetes in Part X, line 12 that is 5% or more of its total assets				Yes	No
2 Is the organization enquest to complete Schedule <i>B</i> , Schedule <i>C</i> , Part <i>II</i> 2 X 3 Dd the organization engage in direct or indirect politic direct polit	1				
3 Defte organization engage in direct or indirect policie (ampaign activities, or have a section 501(h) election in effect during the tax year // "res, "complete Schedule C, Part II 3 X 4 Section 501(c)(3) organizations. Defte organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year // "res, "complete Schedule C, Part II 4 4 5 Is the organization ascience in Schedule C, Part II 5 X 6 Dath te organization marking any doore diverse Bi-197 // "res," complete Schedule C, Part II 6 X 7 Deft the organization marking any doore diverse of any doore diverse diverse doore diverse diverse doore diverse doore diverse doore d					
public office? If 'res,' complete Schedule C, Part I 3 X 4 Section 501(b) (c)(3) organizations. Did the organization regregation bobying activities, or have a section 501(b) election in effect 4 5 Ib the organization ascetine for Nerveue Processing Be 159 // 'Yes,' complete Schedule C, Part II 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or invisement to anount an such funds or accounts for which donors have the right to provide advice on the distribution or invisement to anount an such funds or accounts for which donors have the right to provide advice on the distribution or invisement of anounts much funds or accounts for which donors have the right to provide advice on the distribution or invisement of anounts much funds or accounts for which donors have the right to provide advice on the distribution or invisement of anounts much funds or accounts for which donors have the right to provide advice on the distribution or invisement funds areas, or halson acconstructures // Pres,' complete Schedule D, Part II 6 X 7 X 8 0 10 X 8 Did the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 if Yes,' complete Schedule D, Part X 10 X 9 Did the organization report an amount for other assets in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 if Yes,' complete Schedule D, Part X	2		2		<u> </u>
dump the txy year // */ss, complete Schedule C, Part II 4 5 is the organization a section 501(c)(d), 501(c)(d), or 501(c)(d), organization that receives membership due, assessments, or similar amounts as defined in Revenue Procedure 99-197 //*ss, "complete Schedule C, Part III 6 6 De the organization membra my doror advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts no sub-funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts no sub-funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts not funds or accounts for which donors have the right to provide advice 0. Part II 8 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit courseling, debt management, credit repar, or debt negotiation services // **es, * complete Schedule D, Part IV 9 Did the organization report an amount for line Schedule D, Part V 10 Did the organization report an amount for line following questions is **es, * then complete Schedule D, Part V 11 If the organization report an amount for investments - order assets reported in Part X, line 167 // **s, * complete Schedule D, Part V 11 X 12 Did the organization report an amount for other labilities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 // **s, * complete Schedule D, Part X 11 X 12 Did the organization report an amount for oth	3		3		х
5 Is the organization ascient 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Reviews Proceeding 9:197 (***, complete Schedule 0, Part II 5 X 6 Did the organization receive of told a conservation assessment, including assessments to preserve open space, the environment, hatonic ind areas, or histone structures? If "Yes," complete Schedule 0, Part II 6 X 7 Z Z 8 X 8 Dott the organization receive of told a conservation assessment, indicing assessments or amount in part X, ine 21, serve as a custodian for amounts not listed in Part X, or provide codit courseling, debit management, credit repar, or debit negotiation services? If "Yes," complete Schedule 0, Part IV 9 X 10 Did the organization report an amount for line (3) buildings, and equipment in Part X, line 10? If "Yes," complete Schedule 0, Part IV 9 X 11 If the organization report an amount for investments - orbities Schedule 0, Part X 10 X 12 Did the organization report an amount for investments - orbities Schedule 0, Part X 11 X 13 Did the organization report an amount for investments - orbities Schedule 0, Part X 11 X 14 Did the organization report an amount for investments - orbinget Schedule 0, Part X 11 X<	4		4		
smilar amounts as defined in Revenue Procedure 819 // "Yes," complete Schedule C, Part III 5 X 6 Dot the organization maintain any donor advised funds or accounts or which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts or //it "Yes," complete Schedule D, Part II 6 X 7 Dot the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 8 Dot the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 7 X 9 Dot the organization report an amount in Part X, line 21, serve as a custodant for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotation services? If "Yes," complete Schedule D, Part XI 9 X 10 Dot the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part XI 11a X 11a X Dot the organization report an amount for investments - roopare related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI 11a X 11b X Dot the organization report an amount for other issetime Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11a X 11a X 11b X	5				
6 Did the organization maintain any donor advised funds or accounts? II "Yes," complete Schedule D, Part II 6 X 7 X X 9 Did the organization receiver of hold a conservation easement, including easements to preserve open space, the environment, histonic and areas, or histone structures? II "Yes," complete Schedule D, Part II 7 X 9 Did the organization receiver of hold a conservation easement, including easements to preserve open space, the environment, histonical treasures, or other similar assets? II "Yes," complete Schedule D, Part II 7 X 9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide acredit courseling, deit management, credit repair, or debit negotiation services? II "Yes," complete Schedule D, Part IV 9 X 10 Did the organization report an amount for investments - program related organization report an amount for investments - software schedule D, Part VI 10 X 11 If the organization report an amount for investments - software schedule D, Part VI 11 X 11 Did the organization report an amount for investments - software schedule D, Part VI 11 X 11 Did the organization report an amount for investments - software schedule D, Part XI 11 X 11 X Did the organization report an amount for investmen	v		5		х
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7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or haltone structures? If "Yes," complete Schedule D, Part III 7 X 8 X 9 Dot the organization maintain collections of vorks of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 8 X 9 Dot the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 9 X 10 Dat the organization report an amount for investments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11a X 12 Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11a X 13 Did the organization report an amount for investments in Creat Schedule D, Part X 11a X 14 X 11a X 11a X 14 Did the organization report an amount for inve	-	• • •	6		Х
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8 Ddt he organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Ddt he organization method in the port an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 9 X 10 Ddt he organization directly or through a related organization, hold assets in temporality restricted endowments, permanent and with a organization are related organization, hold assets in temporality restricted endowments, permanent is assets reported in amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 12 Dd the organization report an amount for relation services of If Yes, "complete Schedule D, Part VIII 11b X 13 Dd the organization report an amount for relation services on the set at a sets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c X 14 Dd the organization report an amount for other lashiftes in Part X, line 15? If Yes, "complete Schedule D, Part X 11c X 14 Dd the organization report an amount for other lashiftes in Part X, line 25? If "Yes," complete Schedule D, Part X 11c X 14 Dd the organization report an amount for other lashiftes in Part X, l			7		Х
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credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, Permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization sanswer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. X 10 X 12 D dh te organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part Vi 11a X 13 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11b X 14 Did the organization report an amount for investments - other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11c X 15 Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11f X 16 Did the organization is lability for uncertain tax postions under FIN 48 (ASC 740?) If "Yes," complete Schedule D, Part X 11f X 17 Za Did the organization mained an asset and endowned audited financial statements for the tax year? If "Yes," complete Schedule P, Part X 11f X </th <td>9</td> <td></td> <td>–</td> <td></td> <td></td>	9		–		
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VI, or X as applicable. 10 X a Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VI, or X as applicable. 11a X b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 11b X c Did the organization report an amount for investments - other securities in Part X, line 13? If "Yes," complete Schedule D, Part VII 11c X c Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X III 11c X c Did the organization report an amount for other assets in Part X, line 15% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11e X 11d X 11d X 11d X 12a Did the organization neoperat an amount for other assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11e X 12a Did the organization neoperat anamount for other assets repor	Ŭ	÷ · ·	9		x
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11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. Image: the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI Image: the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Image: the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI 11 Did the organization seport an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI 12 Did the organization seport an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XI 12 Did the organization seport an amount for other assets for the tax year? Ift 12 X Ift X 12 Did the organization answered "No" to line 12a, then completing Schedule D, Part X, X, XI, and XIII is optional Ift X			10		х
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Iocated outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 1	15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	x	
 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i> 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	16				
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 17			16		
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	17		47		y
1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Image: Complete Schedule A	40		<u> 17</u>		<u></u>
complete Schedule G, Part III19X20aDid the organization operate one or more hospital facilities? If "Yes," complete Schedule H20aXbIf "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?20b	IQ	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b	19				
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b		•			
	<u>d</u>	if thes to line 20a, did the organization attach a copy of its audited financial statements to this return?		gan	<u> </u> (2011)

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Form 990 (2011)

	990 (2011) THE ATLANTIC ADVOCACY FUND INC20-8293	6-/4	<u> </u>	age 4
<u>, "</u>			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	NU
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	22		<u> </u>
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," <i>answer lines 24b through 24d and complete Schedule K If</i> "No", <i>go to line 25</i>	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			x
27	person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
_ /	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27	**** ***	A \$22-43
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b	x	Δ
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		Х
30	Did the organization receive more than \$25,000 in horicast contributions in res, complete schedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
34	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity?	33		X
05-	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	v
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	

Form 990 (2011)

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Form	990 (2011) THE ATLANTIC ADVOCACY FUND INC. 20-8293	674	·P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
·	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
19	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	<u>1c</u>		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Зb		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			<u> </u>
Ua	any contributions that were not tax deductible?	6a		x
۲.		Ua		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ch		
-	were not tax deductible?	6b		┼──
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		─
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	<u>7c</u>		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9Ь	1	
10	Section 501(c)(7) organizations. Enter:			1
a	initiation fees and capital contributions included on Part VIII, line 12 10a			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		1
11	Section 501(c)(12) organizations. Enter:	1		1
	Gross income from members or shareholders 11a			1
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		1
b				
	amounts due or received from them)	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	{		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>	<u> </u>	–
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	I	↓
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1		
	organization is licensed to issue qualified health plans 13b	1		1
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2011

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Form	990 (2011) THE ATLANTIC ADVOCACY FUND INC.	20-82936	574	- Pa	age 6
	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b I				
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instru-	uctions.			
	Check if Schedule O contains a response to any question in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	3			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 1b	3			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any	other			
	officer, director, trustee, or key employee?	-	2		X
З	Did the organization delegate control over management duties customarily performed by or under the direct su	Ipervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fil	ed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	Г	5		X
6	Did the organization have members or stockholders?	Γ	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one	e or			
	more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholde	ers. or			
	persons other than the governing body?	,	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the fol	lowina:			
a	The governing body?		8a	X	
Ь	Each committee with authority to act on behalf of the governing body?	F	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at th	ne -			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	~	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Г	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, at	ffiliates			
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	F	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts	₃ ?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," descr	-			
-	In Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?	-	13	Х	
14	Did the organization have a written document retention and destruction policy?		14		X
15	Did the process for determining compensation of the following persons include a review and approval by indep	pendent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	-	X
	Other officers or key employees of the organization	F	15b		X
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	F			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with	a			
	taxable entity during the year?	ŭ	16a	-	X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its parti		100		
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b	-	
Sec	tion C. Disclosure		100		
17	List the states with which a copy of this Form 990 is required to be filed None				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(c)(3)s only) a	vailab	lo	
10	for public inspection. Indicate how you made these available. Check all that apply	50 (C)(5)5 0 (I)) a	valiau		
	Own website Another's website X Upon request				
10		torost palar	fine		
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of in	nerest policy, and	mar	CIAI	
20	statements available to the public during the tax year.	o of the organization	or ►		
20	State the name, physical address, and telephone number of the person who possesses the books and records David Walsh - 212-916-7300	s or the organizati	on 🌶	·	
13200	75 Varick Street, 17th Floor, New York, NY 10013		_		
01-23-			Form	990 (2011)

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Form 990 (2011) THE ATL	ANTIC ADV	700	CAC	Y	FU	ĴŊĪ	D 3	INC.	20-8293	674 Pag
Part VII Compensation of Officers				es,	Key	y Éi	mp	loyees, Highest C	ompensated	
Employees, and Independ	ent Contract	ors	;							_
Check if Schedule O contains a re	. , ,				_		_			
Section A. Officers, Directors, Trustees, Ko										
 Complete this table for all persons required to be List all of the organization's current office 	-	•					-	-		
 List all of the organization's current office List all of the organization's current key List the organization's five current highest corcompensation (Box 5 of Form W-2 and/or Box 7 of F List all of the organization's former office reportable compensation from the organization 	ensation was pai employees, if any npensated employe orm 1099-MISC) o ers, key employee	d y Se es (d f mo es, a	e in other re tha	strue thar an \$ highe	ctioi 1 an 100,i est c	ns fo office 000 f	or de er, di from	finition of "key employe rector, trustee, or key emp the organization and any r	ee." loyee) who received repo elated organizations	rtable
 List all of the organization's former direct more than \$10,000 of reportable compensation List persons in the following order individual to and former such persons 	n from the organ	zatio	on ai	nd a	ıny r	elate	ed o	rganizations		-
Check this box if neither the organization	n nor any related	orga	anıza	ation	n cor	npe	nsat	ed any current officer,	director, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average		not c	heck		than		Reportable	Reportable	Estimated
	hours per week	box offi	, unle cer an	ss pe d a d	rson	is bot pr/trus	n an stee)	compensation from	compensation from related	amount of other
	(describe hours for related organizations in Schedule	individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	rmer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensati from the organization and relate
(1) Elizabeth McCormack	O)	Ē	lus	đ	- Š	포통 -	ē			
Director	1.00	x						0.	50000.	
(2) Fredick A.O. Schwarz			<u> </u>							
Director	1.00	X						0.	50000.	
(3) Michael Sovern										
Director	1.00	X						0.	50000.	
(4) David Walsh	F 00								652000	0111
President, Ass't Sec'y (5) Cynthia Richards	5.00			х			-	0.	653000.	8111
Treasurer Secretary	5.00	1		x				0.	217700.	6270
			$\left \right $							
				4			-			

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Part VII Section A Officer										
	s, Directors, Trustees, Key	Empl	oyee			ligh	est			
(A) Norma and table	(B) Average				C) Ition			(D)	(E)	(F)
Name and title	hours per			heck	more	than (Reportable compensation	Reportable compensatior	Estima amoui
	week			nd a d				from	from related	oth
	(describe	ector						the	organizations	
	hours for related	or dt	8			sated		organization	(W-2/1099-MIS	· •
	organizatio	ns 🚆	l trust		ee	mpen		(W-2/1099-MISC)		organiz and re
	in Schedul	a 3 Individual trustee or director	Institutional trustee	5	Key employee	Highest compensated employee	er			organiza
<u> </u>	O)	Indiv	Insti	Officer	Key (Hgh emp	Former			
			╞						<u> </u>	
		_								
										·
			╎	-	<u> </u>					
			-	-						
		_							<u></u>	
1b Sub-total			L	L	.I		L,	0.	102070	0. 143
	sheets to Part VII, Section A	4						0.	102070	0.
d Total (add lines 1b and 1 2 Total number of individual	c) is (including but not limited to	those	a liet	od a	bove		0. 10			
compensation from the or						.,				
0 Dudatha anno an tao lat a		4	- 1.				1			Ye
	ny former officer, director, or Schedule J for such individu		е, к	ey er	mpic	yee	, or I	nignest compensated e	mpioyee on	3
	n line 1a, is the sum of report		omp	ensa	atior	n and	d otł	ner compensation from	the organization	
_	greater than \$150,000? If "Ye									4 X
	ne 1a receive or accrue comp				-		elat	ed organization or indiv	idual for services	
rendered to the organizati Section B. Independent Cont	on? If "Yes," complete Scheo ractors	uie J	tor s	uCh	pers	ion				5
	our five highest compensated	indep	end	ent c	conti	acto	ors t	hat received more than	\$100,000 of com	pensation from
the organization Report of	compensation for the calenda	ır year	end	ing v	with	or w	ithir T		year I	
Na	(A) me and business address	N	ON	E				(B) Description of s	services	(C) Compensa
		-1	1	-			+			
							_			
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	n 990 (2011) THE ATLANTIC ADVOCA	CY FUND INC.		<u>20-8293</u>	67-4 Pag
Pa	rt VIII Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded fro tax under sections 51 513, or 51
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns 1a				
윤 일	b Membership dues 1b				
Ϋ́ς	c Fundraising events 1c				
흔희	d Related organizations 1d				
ς ΞΞ	e Government grants (contributions) 1e				
ie e	f All other contributions, gifts, grants, and				
<u>é</u> gl	similar amounts not included above	_			
1 1 2 3	g Noncash contributions included in lines 1a-1f \$				
<u> </u>					h
	Business Co	<u>ode</u>			
ice	2 a			-	
le C	b				
n S S	C				1
le al	d				
Program Service Revenue	e				
"		<u> </u>			·
	3	<u> </u>			
	3 Investment income (including dividends, interest, and	14006700			148067
	other similar amounts)	▶ 14806702.			148087
	4 Income from investment of tax-exempt bond proceeds	▶			
	5 Royalties	▶			
	(i) Real (ii) Person				
	6 a Gross rents			1	
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of (i) Securities (ii) Other	r	1		
	assets other than inventory				
	b Less cost or other basis				
	and sales expenses			· ·	
	c Gain or (loss)				
	d Net gain or (loss)			· · ·	- <u> </u>
e e	8 a Gross income from fundraising events (not				
é	including \$ of				
Be	contributions reported on line 1c). See				
Other Revenue	Part IV, line 18 a				
đ	b Less' direct expenses b		-		
	c Net income or (loss) from fundraising events	▶			
	9 a Gross income from gaming activities. See				
	Part IV, line 19 a				
	b Less direct expenses b	<u> </u>			
	c Net income or (loss) from gaming activities	▶	<u> </u>	ļ	+
	10 a Gross sales of inventory, less returns			1	
	and allowances a	—			
	b Less cost of goods sold b	<u> </u>			
	c Net income or (loss) from sales of inventory	▶		ļ	
	Miscellaneous Revenue Business C	ode		-	
	11 a				
	b				
	c			·	+
	d All other revenue			<u> </u>	
	e Total. Add lines 11a-11d		ļ		14000
	12 Total revenue See instructions.	▶ 14806702.	0.	0	148067

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response	se to any question in thi			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	12829113.	12829113.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,		:		
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	770062.	770062.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees) [.]				
а	Management			4020	
b	Legal	4038.		4038.	<u></u>
С	Accounting	15630.		15630.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses			-	
14	Information technology	· · · · · ·			
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	450		450	
20	Interest	450.		450.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Service Fee Expense	364939.	=*	364939.	
b	Bank Charges	24344.		24344.	
с	Taxes	8750.		8750.	
d	Exchange Rate Loss	-52805.		-52805.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	13964521.	13599175.	365346.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here				

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10 2011.04000 THE ATLANTIC ADVOCACY FUND

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Form Par	990 (2 † X	2011) THE ATLANTIC A Balance Sheet	DVOCACY FUND INC	•	20-	8293674 Page 11
<u></u>				(A) Beginning of year		(B) End of year
	1	Cash · non · interest · bearing		642703.	1	30447975.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, di	rectors, trustees, key	·····		
		employees, and highest compensated employee	-			
		of Schedule L	·		5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)	(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary		_	
		employees' beneficiary organizations (see instru	ctions)		6	
Assets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		358.	9	0.
	10a	Land, buildings, and equipment. cost or other				1
		basis Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments · publicly traded securities			11	
	12	Investments - other securities See Part IV, line 1		154114639.	12	103555511.
	13	Investments - program-related See Part IV, line		13		
	14	Intangible assets		· · · · · · · · · · · · · · · · · · ·	14	
	15	Other assets. See Part IV, line 11		154858800	15	124002406
	16	Total assets. Add lines 1 through 15 (must equa	154757700.	16	134003486.	
	17	Accounts payable and accrued expenses		53374. 26059024.	17	19469748.
	18	Grants payable	20059024.	18	19409/40.	
	19	Deferred revenue		19	<u> </u>	
	20	Tax-exempt bond liabilities			20	
Liabilities	21	Escrow or custodial account liability. Complete I			21	
bilid	22	Payables to current and former officers, director				
Lia		highest compensated employees, and disqualifi of Schedule L	ed persons Complete Part II		22	
	2		ated third parties		23	····
	23 24	Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelate		1500000.	23	<u> </u>
	25	Other liabilities (including federal income tax, pa			27	
	20	parties, and other liabilities not included on lines	-			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		27612398.	26	19499748.
		Organizations that follow SFAS 117, check he	ere X and complete			
ŝ		lines 27 through 29, and lines 33 and 34.	•			
nce	27	Unrestricted net assets		127145302.	27	114503738.
ala	28	Temporarily restricted net assets			28	
Шр	29	Permanently restricted net assets			29	
'n		Organizations that do not follow SFAS 117, c	heck here 🕨 🛄 and			
م ا	i i	complete lines 30 through 34.				· · · · · · · · · · · · · · · · · · ·
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Ž	33	Total net assets or fund balances		127145302.	33	114503738.
	34	Total liabilities and net assets/fund balances		154757700.	34	134003486.
						Form 990 (2011)

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<u>F</u> orm	990 (2011) THE ATLANTIC ADVOCACY FUND INC.	20	-8293	674	Pa	ge ⁻ 12				
Pa	Part XI Reconciliation of Net Assets									
	Check if Schedule O contains a response to any question in this Part XI					X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		148	067	02.				
2	Total expenses (must equal Part IX, column (A), line 25)	2		139	645	21.				
3	Revenue less expenses Subtract line 2 from line 1	3		8	421	81.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		271						
5	Other changes in net assets or fund balances (explain in Schedule O)	5		134	837	45.				
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	- 1	145	037	38.				
Pa	t XII Financial Statements and Reporting									
	Check if Schedule O contains a response to any question in this Part XII									
					Yes	No				
1	Accounting method used to prepare the Form 990 Cash X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	90.			_					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X				
b	Were the organization's financial statements audited by an independent accountant?			2b	X					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audr	t,							
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule	0							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	ed on a								
	separate basis, consolidated basis, or both									
	X Separate basis Consolidated basis Both consolidated and separate basis				-					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Ai	udıt		_					
	Act and OMB Circular A-133?									
b	b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit									
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b						

Form 990 (2011)

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	· · · · · · · · · · · · · · · · · · ·	, 				
	HEDULE D n 990)		al Financial Statement anization answered "Yes," to Form 990			2011
(FOID	1990)		11a, 11b, 11c, 11d, 11e, 11f, 12a, or 1			Open to Public
	ment of the Treasury I Revenue Service		990. See separate instructions.			
Nam	e of the organizati				Emp	oloyer identification number
		THE ATLANTIC ADVOC				20-8293674
Par		ations Maintaining Donor Advise		s or a	ccou	Ints. Complete if the
	organizatio	n answered "Yes" to Form 990, Part IV, Iin	(a) Donor advised funds	(b) Fun	ds and other accounts
1	Total number at er	nd of vear		•		
2		utions to (during year)				
3	Aggregate grants	from (during year)				
4	Aggregate value a	t end of year				
5	-	on inform all donors and donor advisors in	-	ised fun	ds	
~	-	on's property, subject to the organization's	-		ŀ. ·	🔛 Yes 🔛 No
6	-	on inform all grantees, donors, and donor a poses and not for the benefit of the donor (
	Impermissible priv			e come	ing	🗀 Yes 🗔 No
Par		ation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV,	line 7	
1	Purpose(s) of con	servation easements held by the organizat	ion (check all that apply).			
	Preservation	n of land for public use (e.g., recreation or	education)	istorical	ly impo	ortant land area
		of natural habitat	Preservation of a ce	rtified hi	storic	structure
~		of open space				
2	•	through 2d if the organization held a qual	ified conservation contribution in the form	n of a co	onserva	ation easement on the last
	day of the tax yea	ſ				Held at the End of the Tax Year
а	Total number of c	onservation easements			2a	
b		ricted by conservation easements			2b	
с	-	vation easements on a certified historic st	ructure included in (a)		2c	
d	Number of conser	vation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture		
	listed in the Nation	nal Register			2d	
3		vation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne orgar	nizatior	h during the tax
	year 🕨					
4 5		where property subject to conservation ea ation have a written policy regarding the pe		F		
5	•	forcement of the conservation easements		1		🗌 Yes 🔲 No
6		er hours devoted to monitoring, inspecting		during t	he yea	
7		ses incurred in monitoring, inspecting, and	_	-	-	
8	Does each conser	rvation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	'O(h)(4)(E	3)(i)	
	and section 170(h	ı)(4)(B)(ıı)?				L Yes No
9		be how the organization reports conserva-	-			
		ble, the text of the footnote to the organiza	ation's financial statements that describe	s the or	ganiza	tion's accounting for
Pa	conservation ease	ations Maintaining Collections of	of Art. Historical Treasures, or (Other	Simil	ar Assets.
		f the organization answered "Yes" to Form		0 1101	•	
	·	elected, as permitted under SFAS 116 (A		ement a	nd bal	ance sheet works of art,
	historical treasure	s, or other similar assets held for public ex	chibition, education, or research in further	rance of	public	service, provide, in Part XIV,
	the text of the foo	tnote to its financial statements that desc	ribes these items			
b	If the organization	elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue stateme	nt and b	balance	e sheet works of art, historical
		r similar assets held for public exhibition, e	education, or research in furtherance of p	ublic se	rvice,	provide the following amounts
	relating to these if					•
		luded in Form 990, Part VIII, line 1				\$\$
2		ed in Form 990, Part X i received or held works of art, historical tro	easures or other similar assets for financ			
£	-	unts required to be reported under SFAS		yanı,	0,000	
а		d in Form 990, Part VIII, line 1	、 ,			\$
	Assets included in					\$ \$
LHA 13205		eduction Act Notice, see the Instruction	ns for Form 990.			Schedule D (Form 990) 2011
01-23	-12					

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2011.04000	THE	ATLANTIC	ADVOCACY	FUND	AAF	1

		ANTIC ADVO								Page 2
L	t III Organizations Maintaining C								-	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following th	at are a s	ignificant	use of its	collectior	i items
	(check all that apply):		_							
а	Public exhibition	c	ւ 🛄 ւ	oan or exc	hange progi	rams				
b	L Scholarly research	e	, Llo	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how th	ey further t	he organizat	tion's exe	mpt purpo	ose in Par	t XIV.	
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	sures, or otl	her sımıla	r assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of	the organ	nization's co	ollection?				Yes	
Par	t IV Escrow and Custodial Arran	gements. Compi	ete if the	organizatio	n answered	"Yes" to	Form 990	, Part IV,	lıne 9, or	
	reported an amount on Form 990, Par	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for o	contribution	s or other a	ssets not	Included			
	on Form 990, Part X?] Yes	🗔 No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	blowing t	able						
									Amount	
с	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		·	
	Did the organization include an amount on Fe	orm 990, Part X, line	21?				k		Yes	No
	If "Yes," explain the arrangement in Part XIV.									
Par	t V Endowment Funds. Complete r	f the organization ar	nswered '	"Yes" to Fo	rm 990, Par	t IV, line [.]	10.			
	•	(a) Current year		nor year	(c) Two yea		(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance						<u></u>			,
	Contributions									
с	Net investment earnings, gains, and losses				··				 	1
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses						<u>.</u>			
	End of year balance			·····						
-	Provide the estimated percentage of the cur	rent vear end baland	ce (line 1o	1. column (;	a)) held as:				L	
	Board designated or guasi-endowment	ion you one balan	%	, colaini (,,,					
	Permanent endowment	%								
	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should									
3a	Are there endowment funds not in the posse	•	ation tha	t are held a	ind administ	ered for t	the organiz	zation		
	by:	-							Г	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	lule R?					3b	
4	Describe in Part XIV the intended uses of the									
Par	t VI Land, Buildings, and Equipm							•••		
	Description of property	(a) Cost or c	other	(b) Cost	or other	(c) A	ccumulate	ed	(d) Bool	value
		basis (investi	ment)	• •	(other)		preciation		.,	
1a	Land					1				
	Buildings					1				
с	Leasehold improvements					1				
	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line	10(c).)					0.

Schedule D (Form 990) 2011

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	See Form 990, Part X, line 12.		<u> </u>	
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of value t or end-of-year ma	
(1) Financial derivatives				
(2) Closely-held equity interests			<u> </u>	
(3) Other (A) Investment in AFC	103555511.	End-of-Ve	ear Market	Value
(B)	1055555111		ai Maiket	varue
(C)		<u>, , , , , , , , , , , , , , , , , , , </u>		
(D)			· · ·	
(E)				
(F)				
(G) (H)				
(I)				<u> </u>
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	103555511.			
Part VIII Investments - Program Related	See Form 990, Part X, line 13)	· · · · · · · · · · · · · · · · · · ·	
(a) Description of investment type	(b) Book value		(c) Method of valu	
		Cos	t or end-of-year ma	rket value
(1)				
(2) (3)				
(4)				
(5)				<u> </u>
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X,				
Turtix Other Assets: See Point 990, Part A,	(a) Description		· · · ·	(b) Book va
(1)	(-)			
				h
(1) (2) (3)				
(2)				· · · · · · · · · · · · · · · · · · ·
(2) (3) (4) (5)	· · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
(2) (3) (4) (5) (6)				
(2) (3) (4) (5) (6) (7)				
(2) (3) (4) (5) (6) (7) (8)				
(2) (3) (4) (5) (6) (7)		······································		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B)				
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B, Part X Other Liabilities. See Form 990, Part	t X, line 25.			
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B, Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability	t X, line 25.	b) Book value		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B, [Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes	t X, line 25.	b) Book value		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B, Part X Other Liabilities. See Form 990, Part 1. (a) Description of Irability (1) Federal income taxes (2)	t X, line 25.	b) Book value		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes (2) (3)	t X, line 25.	b) Book value		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	t X, line 25.	b) Book value		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B, [Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	t X, line 25.	b) Book value		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes (2) (3) (4)	t X, line 25.	b) Book value		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	t X, line 25.	b) Book value		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	t X, line 25.	b) Book value		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	t X, line 25.	b) Book value		
(2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part I. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	t X, line 25.	b) Book value		

	dule D (Form 990) 2011 THE ATLANTIC ADVOCACY FUND						293674 Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit		nancial S	tatem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			14806702.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			13964521.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			842181.
4	Net unrealized gains (losses) on investments			4			747662.
5	Donated services and use of facilities			5			······································
6	Investment expenses			6			~
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8			-14231407.
9	Total adjustments (net). Add lines 4 through 8			9			-13483745.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and	Ph		10			-12641564.
	t XII Reconciliation of Revenue per Audited Financial Stateme		/ith Re		er Ret	urn	
1	Total revenue, gains, and other support per audited financial statements					1	1322956.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	•				-+-	
	Net unrealized gains on investments	2a	1	74766	51		
a h	Donated services and use of facilities		<u> </u>	/1/00	/ _ •		
b		2b					
C L	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV)	2d					747661.
e	Add lines 2a through 2d					2e	575295.
3	Subtract line 2e from line 1					3	5/5295.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1	1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>		400140			
b	Other (Describe in Part XIV)	4b	_	423140	<u>)</u> /.	-	4 4 9 9 4 9 7
С	Add lines 4a and 4b					1 C	14231407.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	onto V	A/;+6 E	vpopooo		5	14806702.
	t XIII Reconciliation of Expenses per Audited Financial Statem	ents		xpenses	<u> </u>	·	
1	Total expenses and losses per audited financial statements					1	13964521.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	ı		1		
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
С	Other losses .	<u>2c</u>	ļ				
d	Other (Describe in Part XIV.)	2d					_
е	Add lines 2a through 2d					2e	0.
3	Subtract line 2e from line 1					3	13964521.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV)	4b		•			
с	Add lines 4a and 4b				4	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)					5	13964521.
Pa	rt XIV Supplemental Information						
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II	I, lines	1a and	4, Part IV, Iu	nes 1b a	and 21	b, Part V, line 4; Part
	e 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	olete thi	is part t	o provide ar	y additi	ional i	nformation
Di	vidend Income from AFC in excess of book	\$14	.,23:	L,407			
		_					
<u> </u>							<u> </u>

	Schedule D	(Form 990)) 2011
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SCHEDULE F (Form 990)			Complete if the	vities Outside the Un organization answered "Yes" to For Part IV, line 14b, 15, or 16.	r m 990,	tes –	OMB No -1545-0047
Department of the Treasury Internal Revenue Service			Attach to F	orm 990. 🕨 See separate instructio	ons.		Open to Public Inspection
Name of the organiza	ation					Employer ide	ntification number
THE ATLANT						20-8293	
Part I Gener	al Infor	rmation on A	ctivities Out	side the United States. Compl	ete if the organ	ization answere	ed "Yes"
to Form	990, Par	t IV, line 14b.		•			
				ds to substantiate the amount of its grather the selection criteria used to award the		assistance, stance?	X Yes 🗌 No
United States				procedures for monitoring the use of it		her assistance	outside the
3 Activities per R	legion. (T			an be duplicated if additional space is i	needed)		
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, specific type ce(s) in region	(f) Total expenditures for and investments in region
South Africa		0	0	Grants to Recipients			770062.
			<u>_</u>			<u> </u>	//0002.
						<u> </u>	
<u></u>							
3 a Sub-total		0	0				770062.
b Total from cont sheets to Part		0	0				0.
c Totals (add line and 3b)		0	0				770062.

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

Schedule F (Form 990) 2011

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2011.04000 THE ATLANTIC ADVOCACY FUND AAF____1

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Page 2		of (, FMV,		,	-	 	 -	- 10) 2011
-	any	(i) Method of valuation (book, FMV, appraisal, other)							Schedule F (Form 990) 2011
	90, Part IV, line 15, for	(h) Description of non-cash assistance							Schedu
93674	"Yes" to Form 9	(g) Amount of non-cash assistance	0.					empt by	
20-8293674	janization answered	(f) Manner of cash disbursement	Wire transfer					ecognized as tax-e	
	omplete if the org han \$5,000	(e) Amount of cash grant	770062.					foreign country, i	σ
CACY FUND INC.	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.	(d) Purpose of grant	"For the coordination and management of the UNEDSA (University-based					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	(d) descriptions
ATLANTIC ADVOCACY	anizations or Entities C 00 Check this box if no pace is needed.	(c) Region	south Africa					s listed above that are re has provided a section entities	رمیں 1 میں
THE A	Grants and Other Assistance to Organizations or El recipient who received more than \$5,000 Check this t Part II can be duplicated if additional space is needed.	(b) IRS code section and EIN (if applicable)						ecipient organization le grantee or counse other organizations oi	Goo Dart V
Schedule F (Form 990) 2011	Part II Grants and Other recipient who rece Part II can be dup	1 (a) Name of organization		_				 Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has pro Enter total number of other organizations or entities 	

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	-	_ . .	•	 	 •		_		
Page 3		 (h) Method of valuation (book, FMV, appraisal, other) 						-	Schedule F (Form 990) 2011
	IV, line 16	(g) Description of non-cash assistance							Schedu
20-8293674	to Form 990, Part	(f) Amount of non-cash assistance							
	he organization answered "Yes" t	(e) Manner of cash disbursement						•	
FUND INC	ites. Complete if t	(d) Amount of cash grant							
ADVOCACY	le the United Sta d.	(c) Number of recipients							
THE ATLANTIC ADVOCACY FUND INC.	e to Individuals Outsic dditional space is neede	(b) Region							
Schedule F (Form 990) 2011	Part III - Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16 Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance							

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	dule F (Form 990) 2011 THE ATLANTIC ADVOCACY FUND INC.	20-8293674	Pag
1	Was the organization a U.S transferor of property to a foreign corporation during the tax year? If "Yes," the		
	organization may be required to file Form 926, Return by a U.S Transferor of Property to a Foreign		_
	Corporation (see Instructions for Form 926)	Yes	XN
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With		
	a US Owner (see Instructions for Forms 3520 and 3520-A)	. 🗌 Yes	XN
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of US Persons With Respect To		
	Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.		
	(see Instructions for Form 8621)	L Yes	X I
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of US Persons With Respect To Certain		
	Foreign Partnerships (see Instructions for Form 8865)	. L Yes	X I
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions		(.
	for Form 5713)	L Yes	

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Schedule F (Form 990) 2011

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Schedule F (Form 990) 2011 THE ATLANTIC ADVOCACY FUND INC. 20-8293674 Page 5
Part Val Supplemental Information
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs expenditures per region); Part II, line 1 (accounting method); Part III (accounting method), and Part III, column
(c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.
Schedule F, Part I, Line 2: We take all reasonable measures to fulfill
our responsibilities as a tax exempt charitable organization. We want to
make sure that our funds are used for the intended charitable purposes
and do not support illegal activities. Because we appreciate the
important work that our grantees do around the world, we strive to
fulfill our oversight responsibilities without creating undue burdens for
them or being unduly intrusive into their affairs. To ensure the
appropriate use of our grant funds and compliance with all laws, the
foundation has extensive procedures for making and monitoring grants.
These include the following: a pre-grant review, legal review,
counter-signed grant letters, site visits, and periodic financial and
narrative reports.
Part II, Column (d):
Region: South Africa
(d) Purpose of Grant: "For the coordination and management of the UNEDSA
(University-based Nursing Education South Africa) programme.

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132075 01-23-12

Schedule F (Form 990) 2011

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SCHEDULE I (Form 990)			Grants and Governments	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organizations in the United Stat	s, tes		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Compl	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Attach to Form 990.	n answered "Yes" to Fo Attach to Form 990.	to Form 990, Par n 990.	t IV, line 21 or 22.		Open to Public 4.1
Name of the organization	THE ATLAN	ATLANTIC ADVOCACY	ACY FUND INC	U			3	Employer identification number 20-8293674
Part I General Inforr	General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of the gi	in maintain records to	o substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	ants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance? Describe in Part IV the organization's procedure.	d the grants or assis	tance? cedures for mont	criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	funds in the United	I States			X Yes No
art II	ther Assistance to (Sovernments and	d Organizations in the	• United States. C	omplete if the orga	anization answered "Y	Grants and Other Assistance to Governments and Organizations in the United States. Complete of the organization answered "Yes" to Form 990, Part IV, line 21, for any	V, line 21, for any
recipient that r	eceived more than \$	5,000. Check this	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II	it received more th	an \$5,000 Part II	can be duplicated if	can be duplicated if additional space is needed	ded
1 (a) Name and address of organization or government	ss of organization ment	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
								ro assist in providing
America Votes				·				access to sophisticated
1401 New York Avenue NW, Suite 720	NW, Suite 720						<u>- 4</u>	technology and tools to
Washington, DC 20005		26-4568349	501(c)(4)	800000.	0.	•		civic engagement
								To support litigation,
	ties Union							
125 Broad Street, 18	18th Floor	12 1021760		150000	c		<u> </u>	equcation eriorts to stop -
New York, NY 10004		NG/ TZ67-5T	(7)(C)(7)	• UUUUC 1	0			narmrut anci-immigranc
Commond and Four Amoreian and Distriction	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						: <u>p</u>	To support Social
Lampaign for America 1825 K Street NW S	suite 400						<u>. u</u>	
Washington, DC 20006		52-1861766	501(c)(4)	2450000.	0.			
								ro combine technology and
ColorofChange.org							10	digital media with
1076 S Van Ness Àve							<u></u>	craditional methods of
San Francisco, CA 94	94705-1356	20-4496889	501(c)(4)	1500000.	0.		0	civic engagement with the
							84	"To increase the civic
Jewish Funds for Justice	tice						<u></u>	engagement of older
330 Seventh Avenue,	Suite 1902				-		<u> </u>	adults, their family
New York, NY 10001		52-1332694	501(c)(3)	450000.	0.		<u></u>	nembers and caregivers to
								ro provide one-time
New Jersey Working Families	amilies						<u></u>	support for its Middlesex
Alliance - 30 Clinto	30 Clinton Street, 3rd						0	County Leadership
Floor - Newark, NJ 07102	7102	30-0427821	501(c)(4)	44158.	.0			Development project.
2 Enter total number of section 501(c)(3) and government organizations listed	f section 501(c)(3) ar	id government or		in the line 1 table				2.
3 Enter total number of other organizations listed in the line 1 table	f other organizations	listed in the line	l table					• 6
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 See Part IV for Column (h)	duction Act Notice, See Part]	see the Instructi LV for Co	ructions for Form 990. Column (h) de). descriptions	10			Schedule I (Form 990) (2011)
132101 01-27-12				22				

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Schedule I (Form 990) THE ATLANTIC ADVOCACY FUND	TIC ADVOC	CACY FUND INC.	U				20-8293674 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to G	overnments and Orgar	nizations in the Ur	nited States (Sche	edule I (Form 990), Pa	rt)	
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	 (f) Method of valuation (book, FMV, appraisal, other) 	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Planned Parenthood Action Fund 434 West 33rd Street New York, NY 10001	13-3539048	501(c)(4)	400000.	.0			"To fund a communications and public policy campaign in response to proposed cuts in federal
Public Interest Projects Action Fund, Inc 80 Broad Street, Suite 1600 - New York, NY 10004	80-044461	501(c)(4)	2197500.	0			To support the State Capacity and Innovation Fund to build national, in-state and individual
State Voices 719 Griswold Street, Ste 600 Detroit, MI 48226	20-1115618	501(c)(3)	1500000.				To support state-based civic engagement efforts by providing access to data and tools,
The Advocacy Fund 1014 Torney Ave San Francisco, CA 94129	94-3153687	501(c)(4)	150000.	0.			To support a campaign for police accountability in New York City.
Working America 815 16th St., N.W. Washington, DC 20006	20-0263611	501(c)(5)	1500000.	.0			To support civic engagement efforts of marginalised communities, including older
Change in Discount			37455 .	.0			
							Schedule I (Form 990)

132241 05-01-11

23

Schedule (Form 990) (2011) THE ATLANTIC AD	ADVOCACY FU	FUND INC.			20-8293674 Page 2
r Assistance to Individuals in the plicated if additional space is need	ited States. Com	olete if the organize	ation answered "Yes"	to Form 990, Part IV, line 22	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Pärt.IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	de the information	i required in Part I,	Ine 2, and any other	additional information	
Schedule I, Part I, Line 2: To ens	ensure the a	appropriate	e use of oi	our grant	
funds and compliance with U.S. laws,	1	the foundation has	has extensive	lve	
procedures for making and monitoring	ng grants.	These	include the	following:	
a pre-grant review, legal review,	counter-signed	signed grant	nt letters,	site	
visits, and periodic financial and		narrative reports.			
Part II, line 1, Column (h):					
(h) Purpose of Grant or Assistance:	: To assist		in providing access	ess to	
sophisticated technology and tools	to civic	engag	nt organisations	tions	
		24			Schedule I (Form 990) (2011)

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operating in 15 states.

(h) Purpose of Grant or Assistance: To support litigation, advocacy, and public education efforts to stop harmful anti-immigrant measures at the state level.

(h) Purpose of Grant or Assistance: "To support Social Security Works@ effort to educate the public and expand grassroots engagement on Social Security and related policy issues, including Medicare and Medicaid.

(h) Purpose of Grant or Assistance: To combine technology and digital media with traditional methods of civic engagement with the goal of increasing civic engagement of marginalised constituencies.

(h) Purpose of Grant or Assistance: "To increase the civic engagement of older adults, their family members and caregivers to improve the quality of care for older adults and to expand and improve opportunities for the caregivers.

(h) Purpose of Grant or Assistance: "To fund a communications and public policy campaign in response to proposed cuts in federal funding for women@ health care and Planned Parenthood clinics.

(h) Purpose of Grant or Assistance: To support the State Capacity and Innovation Fund to build national, in-state and individual donor collaboration for civic engagement and capacity building investments at the state level.

132291 05-01-11

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Schedule I (Form 990) 2011 THE ATLANTIC ADVOCACY FUND INC. 20-8293674 Page 2 PartilV Supplemental Information (h) Purpose of Grant or Assistance: To support state-based civic engagement efforts by providing access to data and tools, capacity-building support, and a co-ordinating infrastructure that

facilitates year-round activities.

(h) Purpose of Grant or Assistance: To support civic engagement efforts of marginalised communities, including older Americans, to participate in key policy debates such as implementing and defending health care reform, strengthening Social Security, and promoting job creation.

Schedule I (Form 990) 2011

132291 05-01-11

SC	HEDULE J	Com	pensation Information	·	OMB No	1545-
	rm 990)		s, Directors, Trustees, Key Employees, and Highe	est	20	4
		Complete if the	Compensated Employees he organization answered "Yes" to Form 990,		LU	
	rtment of the Treasury		Part IV, line 23.		Open to	
-	al Revenue Service	Attach to	Form 990. 🕒 See separate instructions.	<u> </u>	Inspe	
man	ne of the organization	ጥሆም አጥርአዝጥተሮ ጋ	ADVOCACY FUND INC.	Employer i	329367	
Pa	rt I Questions	Regarding Compensation		20-0	29307	4
<u> </u>						Ye
1a	Check the appropriate	e box(es) if the organization prov	rided any of the following to or for a person listed in	Form 990.		
			e any relevant information regarding these items.	·		
	First-class or cha		Housing allowance or residence for	personal use		
	Travel for compa		Payments for business use of perso	•		
		tion and gross-up payments	Health or social club dues or initiation			
	Discretionary sp	• • • •	Personal services (e.g., maid, chauff			
b	If any of the boxes on	I line 1a are checked, did the org	anization follow a written policy regarding payment	or		
	reimbursement or pro	vision of all of the expenses des	cribed above? If "No," complete Part III to explain		1b	
2	Did the organization r	equire substantiation prior to reir	mbursing or allowing expenses incurred by all office	rs, directors,		
	trustees, and the CEC	O/Executive Director, regarding th	he items checked in line 1a?		2	
3			zation used to establish the compensation of the or	•		
	CEO/Executive Direct	or. Check all that apply Do not c	check any boxes for methods used by a related orga	anization to		
	establish compensati	ion of the CEO/Executive Director	r Explain in Part III			
	Compensation c	ommittee	Written employment contract			
	Independent cor	mpensation consultant	Compensation survey or study			
	Form 990 of othe	er organizations	Approval by the board or compensa	ition committee		
4	During the year, did a	iny person listed in Form 990, Pa	art VII, Section A, line 1a, with respect to the filing			
	organization or a relat	ted organization				
а	Receive a severance	payment or change-of-control pa	lyment?		4a	
b	Participate in, or rece	eive payment from, a supplement	al nonqualified retirement plan?		4b	X
с	Participate in, or rece	eive payment from, an equity-base	ed compensation arrangement?		4c	
	If "Yes" to any of line:	s 4a-c, list the persons and provid	de the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations n	nust complete lines 5-9.			
5	For persons listed in I	Form 990, Part VII, Section A, line	e 1a, did the organization pay or accrue any compe	nsation		1
	contingent on the rev	enues of				
а	The organization?				5a	
b	Any related organizat	.ion?			5b	
	If "Yes" to line 5a or 5	5b, describe in Part III.				
6	For persons listed in I	Form 990, Part VII, Section A, line	e 1a, did the organization pay or accrue any compe	nsation		
	contingent on the net	t earnings of.				-
а	The organization?				6a	
b	Any related organizat	son?			6b	
	If "Yes" to line 6a or 6	6b, describe in Part III.				
7	For persons listed in I	Form 990, Part VII, Section A, line	e 1a, did the organization provide any non-fixed pay	rments		Ĺ
		s 5 and 6? If "Yes," describe in Pa			7	
8			d or accrued pursuant to a contract that was subject	ct to the		
			ction 53 4958 4(a)(3)? If "Yes," describe in Part III		8	
		-				1

132111 01-23-12

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Schedule J (Form 990) 2011 IIIE ALLANITC ALVOCACT FUNCTION INC.	/ Emol	ovees, and Highest (
For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (i) Do not list any individuals that are not listed on Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	st be n on Forr isted ir	eported in Schedule J n 990, Part VII. Idividual must equal ti	, report compensati	on from the organiza orm 990, Part VII, Se	tion on row (i) and fror ction A, line 1a, applic	isation from the organization on row (i) and from related organizations, described in the instruction of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.	, described in the inst amounts for that ind	ructions, on row (ii) Ividual.
		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C)	(Q)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Hetirement and other deferred compensation	Nontaxable benefits	Bold of columns (B)(I)-(D)	Compensation reported as deferred in prior Form 990
	0	.0	.0		.0	•0	.0	.0
1 David Walsh		26120	391800.		19578.	61537.	734115.	391800.
2 Cynthia Richards	€ (217700.	00	0.0	11041.	0. 51661.	0. 280402.	0.0
	:e							
3								
4								
	10							
5	(ii)							
G	89							
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Schedule J (Form 990) 2011 THE ATLANTIC ADVOCACY FUND INC.	20-8293674 Page 3	e 3
Part III Supplemental Information Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	art II. Also complete this part for any	
		- : -
Part I, Line 4b: David Walsh – participation in non-qualified deferred		·
compensation plan - \$19,578.		
		-
Cynthia Richards – participation in non- qualified deferred compensation		
plan - 11,041.		
		-
David Walsh – received a payment of \$391,800 representing a pay-out of		
deferred compensation from prior years.		-
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		-
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	Schedule J (Form 990) 2011	11

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SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

ttach to	Form	990 or	Form	990-EZ.		See	separat	te i	nstr	uct	ions	٤.
----------	------	--------	------	---------	--	-----	---------	------	------	-----	------	----

Inspection Employer identification number

OMB No-1545-0047

Open To Public

Name of the organization

THE ATLANTIC ADVOCACY FUND INC.

20-8293674

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disgualified person	(b) Decomption of transaction	(c) Corr	rected?
		(b) Description of transaction	Yes	No
		· · · · · · · · · · · · · · · · · · ·		
0 Entor	the emount of tex imposed on the exception menagers	or descendences of was the user under		

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization	answered "Yes" on Form 990,	Part IV, line 26, or Form 9	90-EZ, Part V, line 38a

(a) Name of interested person and purpose		to or from nization?	(c) Original principal amount	(d) Balance due	(e) defa	in ult?	(f) Apr by bo comm	oroved ard or httee?	(g) W agree	ritten ment?
	То	From			Yes	No	Yes	No	Yes	No
								·		
	-			···-						
	_									_
·····			-							
<u> </u>					┽-━──					
			▶ \$							

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
		·····
· · · · · · · · · · · · · · · · · · ·		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2011

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(a) Name of interested person	ered "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing organizatio revenues Yes N
Atant	c Philanthropies,	InBrother/Sister	364939	Service Fee	
<u> </u>					
	· · · · · · · · · · · · · · · · · · ·				
	-				
Part V	Supplemental Information				
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	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0043
Form 990 or 990-EZ)	Complete to provide information for responses to specific questions on	
Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.	Openito:Public Inspection

THE ATLANTIC ADVOCACY FUND INC.

Employer identification number 20-8293674

Form 990, Part VI, Section B, line 11: The Tax return is prepared by a CPA

and reviewed by the President. Significant issues are discussed with the

board.

Name of the organization

Form 990, Part VI, Section B, Line 12c: Any potential conflict of interest which could result in a direct or indirect financial or personal benefit to a director, officer or staff member must be disclosed in good faith or known to the Board of Directors or committee authorizing a contract or other transaction. The interested individual may participate in the information- gathering stage of the Board of Directors', or committee's discussion but will retire from the room in which the Board of Directors or a committee thereof is meeting and will not participate in the final deliberation or decision regarding such contract of other transaction. Such interested individual may not vote on such contract or other transaction. Compliance is updated and re-certified by each officer and director annually.

Form 990, Part VI, Section C, Line 19: Upon request.

Form 990, Part XI, line 5, Changes in Net Assets:Net unrealized gains on investments:747662.Dividend from AFC in excess of book income-14231407.Total to Form 990, Part XI, Line 5-13483745.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedul 132211 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

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2011.04000 THE ATLANTIC ADVOCACY FUND

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Name of the organization THE ATLANTIC ADVOCACY FI Part1 I Identification of Disregarded Entities (Complete if the organization (a) (b) Name, address, and EIN of disregarded entity (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		IND INC. answered "Yes" to Form 990, Part IV, line 33) (c) activity (c) foreign country)	(d) Total income	e End-of-year assets	20-8	293674 Chrect controlling entity
Identification of Disregarded Entities (Complete if the orga (a) Name, address, and EIN of disregarded entity		Form 990, Part IV, line 33) (c) Legal domicile (state or foreign country)				(f) intry
	himary activity	(c) Legal domcile (state or foreign country)	(d) Total incom			(f) thity http://www.controlling
Part II Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	lete if the organization ans	wered "Yes" to Form 990,	Part IV, line 34 bec	ause it had one c	r more related tax-exer	mpt
(a)	(q)	(c)	(p)	(e)	()	Certion (g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)/3))	Direct controlling entity	controlled entity?
				10/01:00		Yes No
The Mangrove Foundation - 98-0210844 16 Wesley Street Social Welfare	lfare					
A HM GX		Bermuda	501(c)(4) N	N/A	N/A	X
Foundation of New York - 13-3562971						
75 Varick Street Not for Profit	rofit for					
New York, NY 10013 Charitable	charitable purposes Ne	New York 5	501(c)3 F	Foundation	N/A	×
Atlantic Trust - 98-6038451						
Street	for					!
Hamilton, BERMUDA HM GX charitable pur	ровев	Bermuda	2	N/A	N/A	×
Atlantic Foundation - EIN: Foreign						
Street						;
Hamilton, BERMUDA HM GX charitabl€	charitable purposes Be	Bermuda	N.	N/A	N/A	×

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Page 2	_	(j) (k) General or Percentage managing ownership Peatner?	 	 -	bre related	(h) Percentage ownership		6.208	\$00.		~ -	n 990) 2011
-8293674	or more related	-UBI General or n box managing nedule partner? 1065) Yes No			t had one or mo	(g) Share of end-of-year assets	0	125341000.	0.	0.		Schedule R (Form 990) 2011
20	to Form 990, Part IV, line 34 because it had one or more related	(i) (i) ortion- Code V-UBI armount in box armount in box 20 of Schedule K-1 (Form 1065)			"Yes" to Form 990, Part IV, line 34 because it had one or more related	(f) Share of total income		1309502.	0.0	0.	<u>.</u>	S
	line 34 bec	(h Disprop ate alloc: Yes	 		, Part IV, II							
	990, Part IV,	(g) Share of end-of-year assets			to Form 990	(e) Type of entity (C corp, S corp, or trust)	C CORP	c corp				
	rred "Yes" to Form	(f) Share of total income			on answered "Yes'	(d) Direct controlling entity	AF	ÅF				
	ation answe	(e) nant income , unrelated, s 512-514)			e organizati	(c) Legal domicile (state or foreign country)	лл	Bermuđa				
•	complete if the organization answered "Yes"	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)			omplete if th		Cces to					34
Y FUND INC	ership (Complete ıf	(d) Direct controlling entity			rration or Trust (Co rear)	(b) Primary activity	Providing services the Atlantic Philanthropies	Investment Activity				
ADVOCACY	as a Partne ix year.)	(c) Legal domicile (state or foreign country)			as a Corpo							
ATLANTIC AD	anizations Taxable a trend to the termine	(b) Primary activity			anizations Taxable	Ζ-	A), Inc - 13-3142328		ion			
Schedule R (Form 990) 2011 THE 7	Part III Identification of Related Organizations Taxable as a Partnership (C organizations treated as a partnership during the tax year.)	(a) Name, address, and EIN of related organization			Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered organization answered organizations treated as a corporation or trust during the tax year)	(a) Name, address, and EIN of related organization	The Atlantic Philanthropies (USA) 75 Varick Street New York, NY 10013	Atlantic Finance Co.EIN:Foreign 16 Wesley Street Hamilton, BERMUDA	The Atlantic Philanthropies Members of the global Organization Includes all of the above	www.atlanticphilanthropies.org		132162 01-23-12

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Schedule R (Form 990) 2011 THE ATLANTIC ADVOCACY FUND I	INC.		20-8293674	3674 Page 3
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)	swered "Yes" to Form	990, Part IV, Ine 34, 35,	35a, or 36)	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year fird the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV3	s with one or more re	lated organizations listed	un Parts II-IV2	Yes No
				1a X
				1 2 2
c Loans or loan guarantees by related organization(s)				4
f Sale of assets to related organization(s)				1fX
g Purchase of assets from related organization(s)				1g X
h Exchange of assets with related organization(s)				
i Lease of facilities, equipment, or other assets to related organization(s)				11
j Lease of facilities, equipment, or other assets from related organization(s)				- 1j
k Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			¥ X
I Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			×
_	tion(s)			
n Sharing of paid employees with related organization(s)				4 V
 Reimbursement paid to related organization(s) for expenses 				10 X
				1p X
q Other transfer of cash or property to related organization(s) r Other transfer of cash or property from related organization(s)				19 A
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete th	is line, including covered	relationships and transaction thresholds	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	
(1) Atlantic Philanthropies, Inc	ц	364939.	Based on activity	
(2)				
(3)				
(4)				
(5)				
(6)				
132163 01-23-12	35		Schedule	Schedule R (Form 990) 2011

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venue)	(k) ⁵ ercentage ownership	-		 -	 	
gross re	(j) General or managing partner? Yes NO		 			
/ total assets or	(i) Code V-UBI mount in box 20 of Schedule K-1 (Form 1065)					
asured by	(h) Dispropor- tionate allocations? Yes No				 	
7) of its activities (mea	(g) Share of end-of-year assets					
990, Part IV, line 3 e than five percent	(f) Share of total Income					
to Form cted more	(e) Are all partners sec 501(c)(3) 0195 ? Yes No					
organization answered "Yes" to Form 990, Part IV, line 37) which the organization conducted more than five percent of	vestment partnerships. (d) Predominant income (related, unrelated, excluded from tax under section 512-514)					
mplete if the organi: iip through which th	sion for certain inve (c) Legal domicile (state or foreign country)					
tions Taxable as a Partnership (Complete n for each entity taxed as a partnership thro	ructions regarding exclu (b) Primary activity					
Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37) Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue)	that was not a related organization See instructions regarding exclusion for certain investment partnerships. (a) (b) (c) (d) Name, address, and EIN Primary activity Legal domicile Predominant income (related, unrelated, or related, unrelated, or related, unrelated,					

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Schedule R (Form 990) 2011	THE ATLANTIC ADVOCACY FUND INC. 20-8293674
	ormation
Complete this part to pi	provide additional information for responses to guestions on Schedule R (see instructions)
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132105 01-23-12	Schedule R (Form