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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	rthe 2	2009 cal	lendar yea	r, or tax year beginning 01-01-20	09 and ending 12-31-20	09			
B Che	eck ıf ap	oplicable	Please	C Name of organization Christian Advocates Serving Evangeli	sm		D Employer iden	tification number	
— Add	fress cha	ange	use IRS label or	dba American Center for Law & Justi			94-3037261		
— Nar	ne chan	nge	print or	Doing Business As			E Telephone nun	nber	
— _{Init}	ial returi	'n	type. See Specific	Number and street (or P O box if ma	all is not dollwored to street add	ross\ Doom/suito	(770) 414-14	404	
— _{Ter}	mınated	1	Instruc- tions.	PO Box 450349	all is not delivered to street add	ress) Room, suite	G Gross receipts \$	45,643,711	
_	ended r		tions.	City or town, state or country, and Z	TD ± 4				
_				Atlanta, GA 31145	IP + 4				
App	olication	pending				•			
			F Nam Jay Sek	ne and address of principal office	r		is a group return		
			•	: 450349		affilia	ites?	⊤Yes 🔽 No	
			A tlanta	,GA 31145		H(b) Are al	II affiliates include	d?	
			<u> </u>			If"N	o," attach a lıst (see instructions)	
I Ia	x-exem	pt status	501(c)	(3) ◀ (insert no)	or 527	H(c) Grou	ıp exemption num	nber 🟲	
J W	ebsit e	:⊨ www	aclj org						
K Forr	n of org	janization	Corporat	ion Trust Association Other		L Year of fo	rmation 1986 M s	State of legal domicile CA	
Pa	rt I	Sumn	nary			'	'	_	
Governance		The Cen	ter is spec ter's purpo	e organization's mission or most cifically dedicated to the ideal the ose is to educate, promulgate, co	at religious freedom and fr	•			
ş									
			•	if the organization discontinued					
.త ఆ			-	nembers of the governing body (F	•		·	4	
Activities			•	dent voting members of the gove		1b)		0	
5				nployees (Part V, line 2a)			•	12	
۹,				lunteers (estimate if necessary)		6 .	77 265		
				ted business revenue from Part \ ness taxable income from Form 9			/a _. 7b	77,265 18,803-	
	В	Net unie	iated busi	ness taxable income nom Form s	990-1, lifte 34	Deia	or Year	Current Year	
	8	Contrib	outions and	grants (Part VIII, line 1h) .		Pilo	34,636,781	43,783,317	
≗	9			revenue (Part VIII, line 2g)	·	75,000	75,000		
Ravenue	10			ne (Part VIII, column (A), lines :		-34,475	-36,869		
2	11			art VIII, column (A), lines 5, 6d		55,845	50,874		
	12		-	dd lines 8 through 11 (must equa	ne	,			
						34,733,151	43,872,322		
	13			r amounts paid (Part IX, column		10,518,161	11,070,000		
	14		•	r for members (Part IX, column (• • • • • • • • • • • • • • • • • • • •				
8	15	Salarie 10)	s, other co	empensation, employee benefits	5 5 -	1,066,655	1,292,464		
Expenses	16a	•	sional fund	raising fees (Part IX, column (A)	, lıne 11e)		2,411,500	2,682,998	
ž	ь	Total fun	ıdraising expe	enses (Part IX, column (D), line 25) 🛌	,691,436				
Ш	17			Part IX, column (A), lines 11a-1			20,710,578	25,500,075	
	18			Add lines 13–17 (must equal Pa			34,706,894	40,545,537	
	19	Revenu	ıe less exp	enses Subtract line 18 from line	212		26,257	3,326,785	
ው የ						Beginnin	g of Current	End of Year	
Net Assets or Fund Balances		_				Y	rear		
A.SS - B.a.	20			t X, line 16)			15,623,668	18,099,622	
5 E	21		•	Part X, line 26)			6,469,989	4,879,828	
	22 11 1		sets or fun ature Blo	d balances Subtract line 21 fron	n IINE ZU		9,153,679	13,219,794	
-CI		_			is return, including accompany	na schedules and s	tatements and to the	hest of my knowledge	
Sign Here		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge ****** 2010-05-13							
		'				Date			
			Sekulow CFO or print nam						
		Preparer's	- L		Date	Check If	Preparer's identify	ina number	
Paid		signature		McGinnis	·	self- empolyed •	(see instructions)	J	
	arer's	Firm's no	me (or yours	Brooks McGinnis & Company LLC		cimpolyeu F			
Use (ıf self-em	ıployed),				EIN Þ		
	1	address, a	and ZIP + 4	5871 Glenridge Dr Ste 200			Phone no 🕨	_	
				Atlanta, GA 30328			1		

Cat No 11282Y

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The Center is specifical	ly dedicated to the ide	al that religious freed	om and freedom of speech	are inalienable,	God given rights	The Center's
purpose is to educate, p	romulgate, conciliate	and where necessary.	litigate, to ensure that tho	se rights are pr	otected under the	law

	(Expenses a	incl	uding grants o	г\$) (Revenue \$)
	(Expenses \$			c +	\	•
4d	Other program servi	ces (Describe in Sch	edule O)			
	in the United States of Al nationwide The Jay Sek Justice Journal" is a shor mission of the Organizati 30 minute time slots on t	menca and Canada The Jaulow Weekend Edition is at 1 minute segment that is on and educate the public the Trinity Broadcasting Neam, The Logan Show, which	ay Sekulow "Live" lso a 30 minute pi carried by over 6 During 2009, the twork(TBN), Fam	program is a 30 minute dai ogram and it is broadcast ac 54 radio stations. The purpo organization also produced ilyNet, NRB, Daystar, Inspira	oadcast radio shows that are curre y call-in radio program and is hea cross over 350 outlets nationwide se of all three radio programs is to two weekly television programs T tion Channel and other networks FamilyNet, Inspiration Channel, a	rd on over 738 outlets The third program "Law and educate the public on the he ACLJ weekly show is aired of The Organization also operates
4c	(Code) (Expenses \$	9,227,258	including grants of \$) (Revenue \$)
4b	freedom and freedom of that those rights are prot opportunities for membe requesting information re serves members, press, users to the Website tota	speech are inalienable Go ected under the law Mem rs to join with other memb garding our exempt functi educators and the legal co	d-given rights The bership in the org- bers to make their ons and purposes mmunity Page vi al MP3 downloads	e purpose of CASE is to educ anization is free and membe voices heard 9,925,000 pie during 2009 The Website tr ews per month total an avel averaged 77,000 per month) (Revenue \$ fit organization specifically dedicate tate, promulgate, conciliate and w rs receive e-mail updates periodic ces of informational mail was sent affic averaged approximately 15 5 age of 5,900,000 for the website a Over 96 Million informational emails	here necessary, litigate to ensur ally Membership provides to members and individuals million hits per month which ach org Total Average unique
	letters and interventions representative client is no defending and protecting President/Chief Counsel(on behalf of individuals whot charged any legal fees religious freedom and free	nose religious right Our legal grants p edom of speech a expert in First Am	s may have been violated trovide the necessary legal es well as training lawyers in endment law and has appea	s and US Supreme Court Cases as Whenever the Organization is invol xpertise in a variety of cases in re- the field of constititional law and re- ired on numerous television shows	ved in litigation, the spect to its exempt purpose of eligious freedoms. Our
4a	(Code) (Expenses \$	12,938,547	including grants of \$	11,060,000) (Revenue \$)
4	Section 501(c)(3) an	d 501(c)(4) organızat	ions and section		argest program services by re required to report the amo ervice reported	
	If "Yes," describe the	se changes on Sched	ule O			
3	Did the organization of services?			t changes in how it cor	ducts, any program	┌ Yes ┌ No
	If "Yes," describe the	se new services on So	hedule O			
2	Did the organization t the prior Form 990 or		ant program se		which were not listed on	┌ Yes ┌ No

	•		
Part IV	Checklist	of Required	Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III.	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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 VII.			
	◆ Did 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 VIII.			
	◆ 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 IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ	ļ	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
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> " <i>Yes," complete Schedule G, Part I</i> "	17	Yes	
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		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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 Schedule J	23	Yes	
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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		No
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		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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		No
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	Yes	
		F	orm 99 6	(2009)

Part V	Statements	Regarding	Other	IRS Filings	and Tax	Compliance
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			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
l a	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		Νο
b	If "Yes," enter the name of the foreign country ▶			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		Νο
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Νo
7	Organizations that may receive deductible contributions under section 170(c).			
	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		N o
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Νο
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
u	These, indicate the number of forms 5252 med during the year.			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Νο
3	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		No
•	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νo
LO	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
L1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 12b			

PO Box 450349 Atlanta, GA 31145 (770) 414-1404

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sa	processes, or changes in Schedule O. See instructions. ection A. Governing Body and Management					
36	Ction A. Governing Body and Management		Yes	No		
1a	Enter the number of voting members of the governing body 1a 4	.				
b	Enter the number of voting members that are independent 1b 0	.				
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	Yes			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νo		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		N o		
6	Does the organization have members or stockholders?	6		Νο		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		N o		
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		N o		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	The governing body?	8a	Yes			
b	Each committee with authority to act on behalf of the governing body?	8b		Νο		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο		
	ction B. Policies (This Section B requests information about policies not required by the Internal venue Code.)					
			Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		N o		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes			
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990					
12a	La Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>					
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes			
13	Does the organization have a written whistleblower policy?	13	Yes			
14	Does the organization have a written document retention and destruction policy?	14	Yes			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official	15a	Yes			
b	Other officers or key employees of the organization	15b	Yes			
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)					
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?	16a		Νο		
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No		
Se	ction C. Disclosure	05		.,,,		
17	List the States with which a copy of this Form 990 is required to be filed ₩WV, WI, WA, VA, UT, TN, SC, RI, P	A , OR	, OK,	ЭН,		
	NY , NM , NJ , NH , ND , NC , MS , MO , MA , LA , KY , KS , IN , IL , GA , FL , DC AR , AL , AK	MN,M	I,ME,	MD,		
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the Gary Sekulow CFO	ıe orga	nızatıor	n -		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did i	not compens	sate any	/ curi	ent	or fo	rmer c	ffice	r, director, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) erage Position (check all urs that apply)				(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other		
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Pam Sekulow Sec & Dir	15 00	Х						6,794	0	0
Logan Sekulow Dırector	32 00	Х						38,926	0	19,876
Jordan Sekulow Dırector	10 00	Х						2,480	0	0
Jay Sekulow Pres & Director	25 00	х		Х				84,747	0	0
Gary Sekulow CFO/COO	40 00			х				330,872	0	69,779
Colby May Asst Secretary	1 00			Х				0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours	Posi [*]	(C tion (hat a	che		II		(D) Reportable compensation	(E) Reportable compensation	•			
	per week	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations			
1b Total							<u> </u>	463,819		89,655			
2 Total number of individuals (include \$1.00.000 in reportable compensations)	ng but not l	ımıted t	o tho	se li	stec		e) wh		an	,			

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "Yes," complete Schedule J for such individual	3		Νο
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

	(A) Name and business address	(B) Description of services	(C) Compensation
Regency Productions PO Box 65037 Virginia Beach, VA 23467		Media Production	595,412
PGI Companies Inc PO Box 1521 Dept 1151 Minneapolis, MN 55480		Printing Services	1,200,870
Japs-Olson Company 7500 Excelsior Blvd St Louis, MN 55426		Printing Services	1,157,339
Infocision Management Corporation 222 W Market Street Akron, OH 44303		Informational Svcs	2,234,674
AKA Printing and Mail 44 Joseph Mills Drive Fredericksburg, VA 22408		Printing Services	522,185
	contractors (including but not limited to tho	se listed above) who received more than	

Form 99			f Davis and					Page 9
Part v	/	Statement of	or Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
まま	1a	Federated cam	paigns 1a					
흔	ь	Membership du	es					
ું.લ	c	Fundraising eve	ents 1c					
Ħ, ŧ	d	Related organiz	ations 1d					
ωŒ	e	Government grants	s (contributions) 1e					
tion in a	f	All other contribution	ons, gifts, grants, and 1f	43,783,317				
Contributions, gifts, grants and other similar amounts	g	Noncash contri	butions included in					
ĔĚ		lines 1a-1f\$ _	7,577 					
ठ ह	h	Total. Add lines	s 1a-1f	· · · •	43,783,317			
<u> </u>				Business Code				
Program Serwce Revenue	2a	Advertising		541,800	75,000		75,000	
Æ	b							
<u> 6</u> 6	c							
Ž.	d							
Ë	e							
× 25	f	All other progra	im service revenue					
Š	g	Total. Add lines	s 2a-2f		75,000			
	3		ome (including dividen					
		and other simil	aramounts)	▶ [103,403			103,403
	4	Income from inves	tment of tax-exempt bond	proceeds 🕨	0			
	5	Royalties		•	0			
		Carre Death	(ı) Real	(11) Personal				
	6а в	Gross Rents Less rental						
		expenses Rental income						
	C	or (loss)						
	d	Net rental inco	me or (loss)		0			
	7a	Gross amount	(ı) Securities 1,597,661	(II) O ther 32,254				
	⁷	from sales of assets other	1,337,001	32,231				
		than inventory	. =					
	Ь	Less cost or other basis and	1,733,716	36,471				
	 c	sales expenses Gaın or (loss)	-136,055	-4,217				
	d	Net gain or (los	s)		-140,272			-140,272
	8a	Gross income f	•					
Other Revenue		events (not inc \$ of contributions See Part IV, lin	reported on line 1c)					
<u>-</u>	_		a .					
돌	b с		penses b (loss) from fundraising	events ►	0			
_	9a		rom gaming activities	Cyclics i F	, j			
		See Part IV, lin	e 19 a					
	Ь		penses b (loss) from gamıng actı	vutuos 🖦	0			
	10a	Gross sales of returns and allo	ınventory, less	vicies	0			
			а	3,467				
	b		oods sold b	1,202	2,265		2,265	
	С	Miscellaneous	(loss) from sales of inve s Revenue	Business Code	2,203		2,203	
	11a	Royalties		900,099	33,691			33,691
	b	Other Income	_	900,099	10,822			10,822
	_ c	List Rental		900,099	4,096			4,096
	d		ue					
	e		s 11a-11d		48,609			
	12	Total revenue.	See Instructions .	▶	43,872,322		77,265	11,740

	990 (2009)				Page 10
Par	Statement of Functional Expenses		-1		
А	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to	-		(D).	
Do no	ot include amounts reported on lines 6b, b, 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 U S See Part IV, line 21	11,070,000	11,070,000		· ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	553,474	185,150	330,825	37,499
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	484,456	422,398	53,268	8,790
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	36,027	20,363	15,664	
9	Other employee benefits	160,828	142,103	18,725	
10	Payroll taxes	57,679	42,078	15,601	_
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	27,131	2,483	7,568	17,080
c	Accounting	31,400		31,400	
d	Lobbying	149,559	149,559		
e	Professional fundraising See Part IV, line 17	2,682,998			2,682,998
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	204,001	164,527	35,215	4,259
14	Information technology	0			
15	Royalties	0			
16	Occupancy	127,975	127,541	434	
17	Travel	740,664	705,816	11,794	23,054
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			· · ·
19	Conferences, conventions, and meetings	0			_
20	Interest	175,146		175,146	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	370,779	309,668	9,022	52,089
23	Insurance	59,378	49,201	9,751	426
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Postage and Shipping	2,521,529	2,072,658	8,001	440,870
b	Media production	1,137,543	1,137,543		_
c	Media Airtime	4,444,133	4,444,133		
d	Educational Cost and Materials	12,725,344	11,963,303	1,858	760,183
e	Database Management Expense	1,040,000			1,040,000
f	All other expenses	1,745,493	1,027,149	94,156	624,188
25	Total functional expenses. Add lines 1 through 24f	40,545,537	34,035,673	818,428	5,691,436
26	Joint costs. Check here ► ✓ If following SOP 98-2	12,312,231	,, _		
	Complete this line only if the organization reported in column (B) joint costs from a combined educational	18,051,893	14,167,843		3,884,050
	campaign and fundraising solicitation	10,031,093	14,107,043		3,884,050

Part X Balance Sheet (A) (B) Beainning of vear End of year 2,910,709 5.937.846 1 1 Cash—non-interest-bearing 224,256 2 232.611 2 521,000 159,366 3 3 4 21.796 4 18.243 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 6 0 7 8 0 210,056 9 160,596 Land, buildings, and equipment cost or other basis Complete 11.777.842 10a 10a Part VI of Schedule D 10b 3.551.915 b Less accumulated depreciation 8,166,223 **10c** 8.225.927 2,923,433 11 3.019.086 11 639.012 0 12 12 Investments—other securities See Part IV, line 11 13 0 13 Investments—program-related See Part IV, line 11 . . 14 14 0 7.183 15 345.947 15 16 15,623,668 16 18,099,622 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 2.348.742 17 1.900.860 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 3,898,498 2,845,915 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 222.749 25 Other liabilities Complete Part X of Schedule D 25 133.053 26 **Total liabilities.** Add lines 17 through 25 6,469,989 4,879,828 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 9.153.679 13,219,794 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances 9,153,679 33 33 13,219,794 34 Total liabilities and net assets/fund balances 15.623.668 18.099.622 34

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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		No

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Inspection **Employer identification number**

			r Law & Justice						94-303726	51		
Pai	rt I	Reas	on for Pul	olic Charity Stat	us (All orga	anızatıons	must compl					
he c	rganı	zatıon ıs	not a private	foundation because	ıtıs (Forlu	nes 1 throug	h 11, check d	only one box)			
1	Γ	A churc	h, conventio	on of churches, or as	sociation of o	churches se	ction 170(b)	(1)(A)(i).				
2	Γ	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Att	ach Schedul	e E)					
3	Γ	A hospi	tal or a coop	erative hospital serv	vice organiza	ition describ	ed in section	170(b)(1)(A)(iii).			
4	Γ		cal research l's name, cit	organization operate y, and state	ed in conjunc	tion with a h	ospital descr	ibed in sectio	on 170(b)(1))(A)(iii). Ent	er the	
5	Γ	_	-	rated for the benefit A)(iv). (Complete Pa		or university	owned or op	erated by a g	overnmenta	l unit describ	ed in	
6	Γ	A feder	al, state, or	local government or	governmenta	ıl unıt descri	bed in sectio	n 170(b)(1)(A)(v).			
7	▽	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)										
8	\vdash			described in section)(vi) (Com	olete Part II '	١				
9	<u>'</u>		· ·	t normally receives			·-		tions mamh	ershin fees	and are	< c
•	'			ties related to its ex								33
		ıts supp	ort from gro	ss investment incom	ne and unrela	ited busines	s taxable ıncı	ome (less se	ction 511 ta	x) from busi	nesses	
		acquire	d by the org	anızatıon after June 3	30,1975 Se	e sect ion 5 0	9(a)(2). (Co	mplete Part I	II)			
10	Γ	Anorga	ınızatıon org	anızed and operated	exclusively	to test for pu	ıblıc safety S	ee section 5 0	9(a)(4).			
11	_	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Other										
e f g	l	other the section of the or check the Since A	ian foundation 509(a)(2) rganization r his box ugust 17, 2	x, I certify that the con managers and oth received a written de 006, has the organiz	er than one c	r more publi	cly supported	d organization	ns described I or Type II	d in section 5	09(a)(1) or
			g persons? rson who dur	ectly or indirectly co	ntrole eithe	ralone orto	aether with ne	ereone descr	ihad in (ii)		Yes	No
				overning body of the	•		•	ersons descr	ibed iii (ii)	11g(i)		140
			, ,	r of a person describ		_	1011			11g(ii		
		• •	•	ed entity of a person	• •		0462			11g(iii		
h				g information about t						119(11	<u>/ </u>	<u> </u>
				g		· g - · · · · · ·	(-)					
(i) Name suppo organiz		ne of (ii) (described on col (i) listed in your governing col (i) of your governing document? organization organization col (i) of your governing support?		ion in your	(vi) Is th organizat col (i) org in the U	ie tion in janized	A m	vii) ount of oport?				
				(see instructions))	Yes	No	Yes	No	Yes	No		

Total

supported organization

ınstructions

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

S	ection A. Public Support			. ,	/			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	24,653,69	1 31,542,877	34,761,917	34,636,781	43	3,783,317	169,378,583
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0
4	Total. Add lines 1 through 3	24,653,69	1 31,542,877	34,761,917	34,636,781	43	3,783,317	169,378,583
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							0
6	Public Support. Subtract line 5							169,378,583
	from line 4							105,570,505
	ection B. Total Support endar year (or fiscal year	T			T			
Cui	beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	109	(f) Total
7	A mounts from line 4	24,653,691	303,847	34,761,917	34,636,781	43	,783,317	169,378,583
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	189,547	303,847	362,823	193,003		137,094	1,186,314
9	Net income from unrelated business activities, whether or not the business is regularly carried on		120,000		16,107		77,265	213,372
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	98,155	60,626	25,557	87,125		14,918	286,381
11	Total support (Add lines 7 through 10)							171,064,650
12	Gross receipts from related activit	ies, etc (See ins	tructions)			12		
13	First Five Years If the Form 990 is check this box and stop here			, thırd, fourth, or f	fifth tax year as a	501(c)(3) organız	zation,
<u>S</u>	ection C. Computation of Pu Public Support Percentage for 200			11 column (fl)		14		99 010 %
15	Public Support Percentage for 200	•		11 (0)(1)(1)			 	
	,,	,	,	v on line 12	lina 14 ta 22 4/20	15		98 860 %
b	33 1/3% support test—2009. If the and stop here. The organization qu 33 1/3% support test—2008. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization me organization	alifies as a public e organization did n qualifies as a p — 2009. If the org ation meets the "i	ly supported orga not check the bo ublicly supported anization did not facts and circums	nization x on line 13 or 16 organization check a box on lir tances" test, che	oa, and line 15 is ne 13, 16a, or 16 ck this box and s i	33 1/3% b and line t op here.	or more, e 14 . Explain	check this
Ь	10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organiza	nızatıon meets th	e "facts and circu	ımstances" test,	check this box an	d stop h e	ere.	•

18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support			<u> </u>	1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID:

Software Version:

EIN: 94-3037261

Name: Christian Advocates Serving Evangelism dba American Center for Law & Justice

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Postage and Shipping	2,521,529	2,072,658	8,001	440,870
Media production	1,137,543	1,137,543		
Media Airtime	4,444,133	4,444,133		
Educational Cost and Materials	12,725,344	11,963,303	1,858	760,183
Database Management Expense	1,040,000			1,040,000

DLN: 93493133013180

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

If the organization answered "Yes,	" to Form 990, Part I\	/, Line 3, or Form 990-	-EZ, Part VI, line 46 (Politic	cal Campaign Activities),
then				

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

• Se	ction 501(c)(4), (5), or (6) organizations Complete Part III					
Chr	stian Advocates Serving Evangelism	ployerı	dentifi	cation numbe	·r	
dba	American Center for Law & Justice 94-	30372	61			_
² ar	II-A Complete if the organization is exempt under section 501(c) or is a sec	tion 5	<u>27 oı</u>	rganizatio	n.	
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	,				
2	Political expenditures	►	\$ _			_
3	Volunteer hours		-			-
Par	t I-B Complete if the organization is exempt under section 501(c)(3).					
1	Enter the amount of any excise tax incurred by the organization under section 4955	•	\$.			
2	Enter the amount of any excise tax incurred by organization managers under section 4955	•	+ \$.			
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	✓ No	
4a	Was a correction made?			☐ Yes	✓ No	
b	If "Yes," describe in Part IV					
Par	t I-C Complete if the organization is exempt under section 501(c) except sec	ction 5	01(c	:)(3).		
1	Enter the amount directly expended by the filing organization for section 527 exempt function activi	ties 🕨	\$.			
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	•	\$ _			
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	Þ	. \$			
4	Did the filing organization file Form 1120-POL for this year?		•	√Yes	┌ No	•
5	State the names, addresses and employer identification number (EIN) of all section 527 political or	_				

contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV

(a) Name	(b) A ddress	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	: Total lobbying expenditures (add lines 1a and 1b)					
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1					
f	Lobbying nontaxable amount Enter the amount f					
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either line section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N	OT fi	led F	orm		age 3 3
	(election under section 501(h)).	(:	1)	1	(b)	
		Yes	No	A	mour	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?		Νo			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes				
c	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?	Yes			14	9,559
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		Νo			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo			
i	Other activities? If "Yes," describe in Part IV		Νo			
j	Total lines 1c through 1i		i.		14	9,559
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Νo			
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		Νo			
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5	01(c)(5),	or se	ctio	n
	501(c)(6).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		٦	1	165	NO
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		-	2		
3	Did the organization make only in mode tobbying expenditures of \$2,000 of fess. Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
	t III-B Complete if the organization is exempt under section 501(c)(4), section 5	01/c	1(5)		ctio	n
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II					••
	answered "Yes".					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).	2a				
a	Current year Carryover from last year	2a 2b				
	Total					
с 3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	2c 3				
3 4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	3				
-	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Pā	Supplemental Information					
Со	mplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and	l Part	I-B, lın	e 1ı		
Als	so, complete this part for any additional information		· ·			
	Identifier Return Reference Explanat					- 1

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DLN: 93493133013180

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

Interna	al Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.		Inspection
Chi	i me of the organ ristian Advocates Sei a American Center fo	rving Evangelism		Employer identif	ication number
Pa			dvised Funds or Other Similar F		nts. Complete if th
	organi	zation answered "Yes" to Form 99			
	T - t - l l	h and afairm	(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number a				
2	33 3	tributions to (during year) nts from (during year)			
4		ue at end of year			
5	Did the organiz	•	sors in writing that the assets held in dor organization's exclusive legal control?	ıor advısed	┌ Yes ┌ Ne
6	used only for c	- · · · · · · · · · · · · · · · · · · ·	donor advisors in writing that grant funds efit of the donor or donor advisor, or for a	•	ΓYes ΓNα
Pa	rt III Conse	rvation Easements. Complete	ıf the organızatıon answered "Yes" t	o Form 990, Part	: IV, line 7.
2	Protection Preservat Complete lines	ion of land for public use (e g , recreati n of natural habitat ion of open space s 2a–2d if the organization held a quali he last day of the tax year		n historically import certified historic st n of a conservation	
				Held at t	he End of the Year
а	Total number o	of conservation easements		2a	
b	Total acreage	restricted by conservation easements		2b	
c	Number of con	servation easements on a certified his	toric structure included in (a)	2c	
d	Number of con	servation easements included in (c) a	equired after 8/17/06	2d	
3		servation easements modified, transfe ar 🛌	rred, released, extinguished, or terminate	ed by the organizati	on during
4	Number of stat	tes where property subject to conserva	ition easement is located 🗠		
5	_	nization have a written policy regarding f the conservation easements it holds?	, the periodic monitoring, inspection, han	dling of violations, a	Yes No
6		- '	ecting and enforcing conservation easem		
7			ng, and enforcing conservation easement		\$
8	170(h)(4)(B)(ı) and 170(h)(4)(B)(II)?	(d) above satisfy the requirements of sec		☐ Yes ☐ No
9	balance sheet,		onservation easements in its revenue and he footnote to the organization's financia nents		
Pai			ns of Art, Historical Treasures, 'Yes" to Form 990, Part IV, line 8.	or Other Simila	ır Assets.
1a	art, historical t	treasures, or other sımılar assets held	116, not to report in its revenue stateme for public exhibition, education or resear ancial statements that describes these i	ch in furtherance of	
b	historical treas	· ·	116, to report in its revenue statement a public exhibition, education, or research i		•
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1		► \$	
	(ii) Assets inc	luded in Form 990, Part X		► \$	
2	If the organiza	·	orical treasures, or other similar assets fo S 116 relating to these items		
а	Revenues incli	uded in Form 990, Part VIII, line 1		► \$	

b Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tı</u>	reasu	ires, or O	<u>the</u>	<u>r Similar</u>	Asse	ts (co	ontinued)
3	Using the organization's accession and other items (check all that apply)	r records, check an	y of th	ne fol	lowing	that ar	e a significa	nt u	se of its co	llection	ו	
а	Public exhibition		d	Γ	Loan	orexcl	hange progra	ams				
b	Scholarly research		e	Γ	Other	r						
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	y furthe	er the o	organization'	's ex	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ıılar	Г	Yes	Г No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						n answered	Y" t	es" to For	m 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermo	edıary	for c	ontribu	itions (or other asse	ets r	not	Г	Yes	☐ No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the	follow	ing t	able		Г			A mou	ınt	
с	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year						F	1e				
f	Ending balance						<u> </u>	1f				
2a	Did the organization include an amount on Fo	orm 990 Part V lin	212 م				L				Yes	┌ No
			c Z I '							1	1 62	, 140
	If "Yes," explain the arrangement in Part XIV rt V Endowment Funds. Complete i		n ans	:Wer	ad "Va	s" to	Form 990	Dar	t IV line	10		
I GI	Endownient i ands. Complete i	(a)Current Year		Prior			o Years Back		Three Years B)Four Y	ears Back
1a	Beginning of year balance			-							-	
b	Contributions											
c	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as							-		
а	Board designated or quasi-endowment 🕨	%										
ь	Permanent endowment > %											
С	Term endowment ► %											
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	d and a	admınıstered	for	the			
	organization by	_							•		Yes	No
	(i) unrelated organizations							•		3a(i)		<u> </u>
_	(ii) related organizations									3a(ii)		<u> </u>
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of th	•						•		3b		<u> </u>
4 Dog	t VI Investments—Land, Buildings					00 D	art V Juna i	10				
FCI	investments—Land, Buildings	, and Equipme	iiit. S			•			(=) (==================================	laka d		
	Description of investment) Cost or is (inves		(b) Cost or ot basis (othe		(c) Accumu depreciat		(d) Bo	ok value
1a	Land		•				2,833,	989				2,833,989
	Buildings		•				4,662,	584	1,3	71,379		3,291,205
c	Leasehold improvements						1,691,	430	4	59,967		1,231,463
d	Equipment						941,	003	6	39,243		301,760
				_			1					
e	Other	<u> </u>	•				1,648,	836	1,0	81,326		567,510

Part VII Investments—Other Securities. See (a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip		(b) Book value
(a) Descrip	- Clott	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)	
Part X Other Liabilities. See Form 990, Part X		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	(b) A mount	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	43,872,322
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	40,545,537
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,326,785
4	Net unrealized gains (losses) on investments	4	669,682
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	69,648
9	Total adjustments (net) Add lines 4 - 8	9	739,330
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	4,066,115
_	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	44,543,206
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		, ,
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	670,884
3	Subtract line 2e from line 1	3	43,872,322
4	A mounts included on Form 990, Part VIII, line 12, 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		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	43,872,322
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	40,546,739
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 1,202		
е	Add lines 2a through 2d	2e	1,202
3	Subtract line 2e from line 1	3	40,545,537
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		
c	Add lines 4a and 4b	4с	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	40,545,537
Dar	t XIV Supplemental Information		

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference	Explanation				
Part X FIN48 Footnote	The Center is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code. The Center files IR Form 990-T for unrelated business income related to its only store sales and advertising income. During the year ended December 31, 2009, the Center adopted a new accounting policy for recording uncertain tax positions, as defined by authoritative guidance for uncertainty in income taxes, which a tax position that is more likely than not to be sustained up examination by the applicable taxable authority. Manageme believes that any tax position taken will be upheld upon examination, if any, from taxing authorities. The Center's 20, 2007, and 2008 IRS filings remain subject to examination.				
Part XIII, Line 2d Other expenses and losses per audited F/S	Online Sales Expense \$1202				
Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	Online Sales Expense \$1202				
Part XI, Line 8 Other Changes in Net Assets or Fund Balances	Unrealized gAIN ON DERIVATIVE \$69648 Unrealized loss on derivative instrument \$ -0				
	Part X FIN48 Footnote Part XIII, Line 2d Other expenses and losses per audited F/S Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990 Part XI, Line 8 Other Changes in				

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OMB No. 1545-0047

2009 **Open to Public**

Inspection

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. P See separate instructions.

Name of the organization Christian Advocates Serving Evangelism dba American Center for Law & Justice

Mail solicitations

Internet and e-mail solicitations

Employer identification number

94-3037261

Solicitation of non-government grants

Solicitation of government grants

Part I	Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17
	Form 990-EZ filers are not required to complete this part.

Indicate whether the organization raised funds through any of the following activities. Check all that apply

c d	Phone solicitations In-person solicitatio	ns		g	✓ Special fundraisin	ng events	
2a	Did the organization have or key employees listed						┌ Yes ┌ N
b	If "Yes," list the ten high to be compensated at lea						
	(i) Name of individual or entity (fundraiser)	(ii) Activity	contribi	er have dy or rol of utions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
Tota	al				37,568,543	2,682,998	34,885,545
					1	1	

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

WI, WV, WA, VA, UT, TN, SC, RI, PA, OR, OK, OH, ND, NC, NY, NM, NJ, NH, MO, MS, MN, MI, MA, MD, ME, LA, KY, KS, IN, IL, GA, FL, DC, CT, CO, CA, AR, AZ,

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form					report	ted
			(a) Event #1	(b) Event #2	(c) O ther Events (total number)	(d) To	otal Eve ol (a) th ol (c))	
Revenue	1 2 3	Gross receipts Less Charitable contributions Gross income (line 1 minus line 2)	(event type)		(total number)			
	4	Cash prizes						
Ses	5 6	Non-cash prizes				+		
Expenses	7	Food and beverages						
Direct B	8	Entertainment						
ឨ	9	Other direct expenses .				<u> </u>		
	10 11	Direct expense summary Add line Net income summary Combine lii			. 			
Par	t III		ganızatıon answered		irt IV, line 19, or repo	rted mo	re thar	1
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(Add co	otal gam I (a) th ol (c))	
	1 (Gross revenue						
Ses	2 (Cash prizes				<u> </u>		
Expenses	s 1	Non-cash prizes				<u> </u>		
Direct E	4 F	Rent/facility costs						
<u></u>	5 (Other direct expenses						
	6 \	Volunteer labor	∀es	│	Г Yes			
		Direct expense summary Add lines			.			
	8	Net gaming income summary Com	bine lines 1, column d, a	ind line 7	<u> . .</u>		Yes	No
9 a	Is th	er the state(s) in which the organiza ne organization licensed to operate				· 9a		
Ь		lo," Explain				_		
10a b		e any of the organization's gaming l es," Explain	ıcenses revoked, suspe	nded or terminated during	the tax year?	10a	3	
11		s the organization operate gaming a					.	
12		ne organization a grantor, beneficia ied to administer charitable gaming				. .,		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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Schedule I

(Form 990)

DLN: 93493133013180

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury Attach to Form 990 Internal Revenue Service

Name of the organization						Employer identific	ation number
Christian Advocates Serving E	vangelism						
dba American Center for Law &	Justice					94-3037261	
Part I General Infor	mation on Grants a	and Assistance					
Does the organization mathematics the selection criteria useDescribe in Part IV the organization	d to award the grants o	rassıstance?					√ Yes
Form 990, Part	IV, line 21 for any re	Governments and ecipient that received) if additional space	d more than \$5,000.	Check this box if no	o one recipient recei	ved more than \$5,0	00. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Center for Law & JusticePO Box 64429 Virginia Beach, VA 23467	541586817		11,060,000	0			State Legal Directors Program

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, P	art IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV	Supplemental Information	. Complete this part to provide	the information required in	Part I. line 2, and any	other additional information.

Ident if ier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		Independent audit and prior approval for release of all funds

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DLN: 93493133013180

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Internal Revenue Service

Department of the Treasury

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	American Center for Law & Justice		94-3037261			
Pa						
	rt I Questions Regarding Compensation				Yes	Νo
1a	Check the appropriate box(es) if the organization pro	vided a	ny of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III	to prov	ride any relevant information regarding these items			
	First-class or charter travel	굣	Housing allowance or residence for personal use			
	Travel for companions		Payments for business use of personal residence			
	Tax idemnification and gross-up payments					
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc	_		1b	Yes	
2	Did the organization require substantiation prior to r officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the	nat appl	у			
	Compensation committee		Written employment contract			
	✓ Independent compensation consultant	<u> </u>	, ,			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, for a related organization	Part VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymer	nt?	4a		Νo
b	Participate in, or receive payment from, a supplement	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-ba	ased co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mu	ıst com _l	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," d			7	Yes	
8	Were any amounts reported in Form 990, Part VII, p					
	subject to the initial contract exception described in $\mbox{\it In Part III}$	ı Kegs	section 53 4958-4(a)(3)/ IT "Yes," describe	8		No
9	If "Yes" to line 8, did the organization also follow the section 53 4958-6(c)?	e rebutt	able presumption procedure described in Regulations	9		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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 (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Gary Sekulow	(I) (II)	255,366		75,506	69,779		400,651	365,309	
				1					

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
Line 7	Part I, Line 7 Non-Fixed payments not listed above	Reimbursement for cell phone use and other expenses, insurance benefit, LT disability
Sch J, Part I, Line 1a	Part I, Line 1a Relevant information in regards to selections on 1a	The organization has a written policy regarding business travel expenses reimbursements

Schedule J (Form 990) 2009

DLN: 93493133013180

Employer identification number

OMB No 1545-0047

Inspection

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, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V lines 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization Christian Advocates Serving Evangelism

dba American Center for Law & Justice 94-3037261 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 (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization .

Loans to and/or From Interested Persons.

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

(f) (b) Loan to (e) In Approved (g)Written (a) Name of interested person and or from the (c)Original default? by board or agreement? (d)Balance due organization? purpose principal amount committee? From Yes Yes No Τо Yes No

Part III Grants or Assistance Benefitting 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)A mount of grant or type of assistance

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(b) Relationship

between interested (c) A mount of (a) Name of interested person (d) Description of transaction person and the transaction

organization Yes No

See Additional Data Table

(e) Sharing of

organization's

revenues?

Additional Data

Software ID: **Software Version:**

EIN: 94-3037261

Name: Christian Advocates Serving Evangelism dba American Center for Law & Justice

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?		
	organization			Yes	No	
Kım Sekulow	Owner PFMS of GA	2,472	Storage Space Lease		No	
Jay Sekulow	Owner-Regency Prod	224,357	Movie Production Contract		No	
Adam and Jenny Sekulow	CFO's Children	1,394	Administrative work		No	
Jay Sekulow	50% owner-CLAG	6,000	Space lease		No	
Jay Sekulow	Board-A meriV ision	29,225	Customer name list		No	
Kım Sekulow	Owner PFMS of GA	386,497	Radıo agency fees		No	
Kım Sekulow	Owner PFMS of GA	194,779	Aırcraft Lease		No	
Jay Sekulow	O wner-Regency Production	435,188	Master prod contract		No	
Jay Sekulow	Owner-Regency Prod	173,333	Aırcraft lease		No	

OMB No 1545-0047

2009

SCHEDULE 0 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Supplemental Information to Form 990

Employer identification number Christian Advocates Serving Evangelism dba American Center for Law & Justice 94-3037261

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Form 990 is posted on Guidestar All other forms are available upon request We have some financial information on our website All other documents are available upon request Schedule G SupplementalColumn vThe vendor, Infocision Management Corporation provides the organization telemarketing services including call center personnel, telephone lines, computer services, direct mail, printing, equipment rentals, mailing list rentals and postage as well as professional fundraising fees for telemarketing strategies. Both the agreement between the organization and vendor as well as the invoicing cost system provides a breakdown that distinguishes between professional fundraising services fees and expense payments and reimbursements on behalf of the organization For 2009, the reimbursements and expenses incurred on behalf of the organization were \$8,149,198 33 and the Professional Fundraising services were \$2,234,673 85. The vendor, Berkey, Brendle, Sheline provides the organization direct mail and email services including computer graphic services, creative personnel, photographic services and creative writing services as well as professional fundraising fees for email and direct mail strategies. The agreement between the organization and vendor as well as the invoicing cost system provides a breakdown that distinguishes between professional fundraising services fees and expense payments and reimbursements on behalf of the organization. For 2009, the reimbursements and expenses incurred on behalf of the organization were \$371,339.02 and the Professional Fundraising services were \$101,824.87. The vendor, DCCI, Inc., provides the organization acquisition related telemarketing services were \$101,824.87. The vendor, DCCI, Inc., provides the organization acquisition related telemarketing services including call center personnel, telephone lines, computer services, direct mail, printing, equipment rentals, mailing list rentals and postage as well as professional fundraising services fees and expense payments and reimbursement
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Directors and officers are reviewed with comparable data and outside firms are used every 3 to 5 years
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Duty to disclose and use of outside experts
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	FORM 990 WILL BE PRESENTED TO THE BOARD VIA VIDEO CONFERENCE ALONG WITH THE BUDGET VARIANCE FOR APPROVAL
Form 990, Part VI, Line 2	Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	JAY SEKULOW, PAM SEKULOW, GARY SEKULOW, JORDAN SEKULOW, AND LOGAN SEKULOW ARE RELATED THROUGH FAMILY RELATIONSHIPS
	Client Note2	Property and equipment are depreciated using the straight-line method over the useful lives of the assets and improvements as follows. Buildings and improvements 30 years Furniture and fixtures 7 years Office and radio equipment 5 years. Vehicles 5 years.
	Client Note1	LIST OF STATES WHERE REGISTERED AlabamaAlaskaArızonaArkansasCaliforniaColoradoConnecticutDistrict of ColumbiaPinellas County, FloridaFloridaGeorgialllinoisIndianaKansas (Exempt)KentuckyLouisianaMaine (Exempt) MarylandMassachusettsMichiganMinnesotaMississippiMissouri (Exempt)New HampshireNew JerseyNew MexicoNew YorkNorth CarolinaNorth DakotaOhioOregonOklahomaOregonPennsylvaniaRhode Island (Exempt) South CarolinaTennesseeUtahVirginia (Exempt)WashingtonWest VirginiaWisconsin

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DLN: 93493133013180

OMB No 1545-0172

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service	•	See separate instruction	ate instructions. 🏲 Attach to your tax return.						
Name(s) shown on return Christian Advocates Ser	ving Evangelism		activity to which	•	g number				
dba American Center for Part I Election			schedules only	170	94-	30372	.61		
	•	Certain Property Ur sted property, comple			ete Part I.				
		for a higher limit for cer				1	\$ 125,000		
		ed in service (see instru				2	+ ===/===		
		before reduction in limit	·	uctions)		3	\$ 500,000		
			•	uctions) .		4	\$ 300,000		
		from line 2 If zero or les	,			-			
separately, see instru	·	line 4 from line 1 If zero	• • • • •	· · · ·	· · ·	5			
6 (a)	Description of pr	operty	1	(business use	(c) Elected	cost			
6				,			-		
7 Listed property Ente	r the amount from	line 29		. 7					
8 Total elected cost of	section 179 prop	erty Add amounts in col	umn (c), lines 6	and 7		8			
9 Tentative deduction	Enter the smaller	of line 5 or line 8 .				. 9			
10 Carryover of disallow	ed deduction from	line 13 of your 2008 Fo	rm 4562 .			10			
11 Business income limitation		·		ee instructions)		11			
12 Section 179 expense						12			
13 Carryover of disallow		•				1			
Note: Do not use Park				1					
Part II Special D	Depreciation A	Allowance and Othe	r Depreciation	on (Do not ind	lude listed p	ropert	y) (See instructions)		
14 Special depreciation tax year (see instruct		ıfıed property (other than	n listed property) placed in servic	e during the	14			
15 Property subject to s	ection 168(f)(1) e	lection				15			
16 Other depreciation (ii						16	366,911		
		Oo not include listed	property) (Se	e instructions	<u> </u>	1	300,311		
	<u> </u>		ection A						
17 MACRS deductions for	or assets placed i	n service in tax years be	gınnıng before 2	009		17			
18 If you are electing general asset acco			_		ne or more				
	· · · · · · · · · · · · · · · · · · ·	Service During 20				rocia	tion Eystom		
Section b-As:		(c) Basis for	US TAX TEAT		nerai bep	песта	ition system		
(a) Classification of property	(b) Month and year placed in service	depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Meth	od	(g) Depreciation deduction		
19a 3-year property									
b 5-year property									
c 7 - year property									
d 10-year property									
e 15-year property									
f 20-year property									
g 25-year property			25 yrs		S/L				
h Residential rental			27 5 yrs	MM	S/L				
property			27 5 yrs	ММ	S/L				
i Nonresidential real			39 yrs	MM	S/L				
property				MM	S/L				
	ion C—Assets Plac	ced in Service During 200	י iax Year Using 	jτne Alternative 	_	n Syst	em		
20a Class life	\dashv		12	-	S/L				
b 12-year	+		12 yrs 40 yrs	MM	S/L S/L				
c 40-year Part IV Summa	<u> </u>	tions)	1 40 yrs	1 141 141] 3/L				
21 Listed property Ente	-	•				21			
22 Total. Add amounts fi			and 20 in colum	• • • • nn (q), and line 2:	• • 1 Enter here	\vdash			
and on the appropriat	- l	Dankaranaka 1				22	366,911		

Form 4562 (2009) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	24a Do you have evide	nce to support	the business/inv	estment ι	ise claime	d? ┌ Yes	Гио		24	1b If "Ye	s," is th	ie ev	ıdence	written?	Гүе	sГn	0
35 Property used more than 50% in a qualified business use	Type of property (list	(b) Business/ (d) Date placed in investment service use basic		r other (business/investment ne			Recover	ery Method/		Depreciation/			Elected section 179				
27 Property used 50% or less in a qualified business use School Strict Strict	•	•	• •	ty placed	ın service (during the	tax year	and u	used mor	e than	25						
27 Property used 50% or less in a qualified business use Science Scienc	26 Property used mor	e than 50%	ın a qualıfıed b	usiness	use												
27 Property used 50% or less in a qualified business use 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1 29 Add amounts in column (l), line 26. Enter here and on line 7, page 1 29 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles by cour employees, first answer the questions in Section 16 to see if you meet an exception to completing this section for those vehicles of Vehicle 2 31 Total commuting miles driven during the year (a) Vehicle 1 32 Total commuting miles driven during the year Add lines 30 through 32 33 Total other personal (noncommuting) miles driven and the vehicle available for personal use during the year Add lines 30 through 32 35 Was the vehicle available for personal use? 36 Sava the vehicle available for personal use? 37 Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owner or related person? 38 Was the vehicle available for personal use? 38 Op you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 39 Do you maintain a written policy statement that prohibits personal use of vehicles, including commuting, by your employees? 39 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you mare the requirements concerning qualified automobile demonstration use? (See instructions) Amortization for this year. 42 Amortization of costs that begins during your 2009 tax year (see instructions)																	
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 7, page 1																	
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 29 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related persons or vehicles to your employees, first answer the questions in section 6 to use of vehicles to your employees by the section of this vehicle 5 (c) (d) (e) (f) (vehicle 1) (e) (f) (vehicle 2) (f) (vehicle 3) (e) (f) (vehicle 4) (e) (f) (vehicle 6) (e) (f) (vehicle 6) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	27 Property used 50%	orless in a	qualified busi	ness us	е				•	1							
88 Add amounts in column (in), lines 25 through 27 Enter here and on line 21, page 1																	
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 28 29 Add amounts in column (h), lines 26 Enter here and on line 7, page 1. 29 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person if you provide whicks to your employees, first answer the questions in Section (b. see if you meet an exception to completing this section for those vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person if you provide whicks to your employees, first answer the questions in Section (b. see if you meet an exception to completing section for those vehicles used by employees who is section for the personal question in the year (do not include commuting miles driven during the year and dilines and there personal question is described by the year (do not include commuting miles driven during the year Add lines 30 through 32. 31 total miles driven during the year Add lines 30 through 32. 35 Was the vehicle available for personal use Yes No Yes															-		
Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles war (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal(noncommuting) miles driven during the year (do not include commuting) miles driven during the year (ad not include commuting) miles driven during the year Add lines 30 through \$2\$ 38 Was the vehicle available for personal use Webs No Yes	28 Add amounts in c	olumn (h), lır	· · ·	1 2 7 En	ter here :	and on li	ne 21, ¡	page	1 .	97 =	28						
Section B—Information on Use of Vehicles . Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owners," or related person if you provided vehicles to your employees, first answer the quections in Section for other "more than 5% owners," or related person if you provided vehicles to your employees, first answer the quections in Section for these vehicles and the quections in Section for the vehicles of your meet an exception to completing this section for those vehicles of your meet an exception to completing this section for those vehicles of your did not include commuting miles driven during the year . 31 Total commuting miles driven during the year . 32 Total other personal (noncommuting) miles driven . 33 Total miles driven during the year Add lines 30 through 32 . 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related person (see instructions). 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 39 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 40 Do you provide more than five vehicles to your employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet than feet in the information received? 42 Amortization begins burning your 2009 tax year (see instructions)			_					_						29			
Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person for those vehicles as vehicle used by remployees, first answer the questions in Section CD ose if you ment an exception to completing this section for those vehicle 5 (4) (b) (c) (d) (d) (e) (f) (e) (f) (e) (f) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f		(-7,7								icles					-		
30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 33 Total other personal (noncommuting) miles driven 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, including commuting, by your employees? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Amortization (b) Date amortization begins (c) Amortization begins Amortization begins Amortization begins Amortization of costs that begins during your 2009 tax year (see instructions)			used by a sol	e propri	etor, par	tner, or c	ther "m	nore	than 5%	6 owner							
33 Total commuting miles driven during the year (A obtained to muturing miles driven during the year (A obtained to muturing decommuting miles driven during the year Add lines 30 through 32	If you provided vehicles to	your employee	es, first answer tr	ie questio		-			an except		mpleting 						·f \
32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32	•			ng the •	_	-	-	-	. V 6		V	•	•	-	-		
32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32	31 Total commuting	mıles drıven	during the yea	ar .													
33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% off-and through 32 36 Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 40 Do you provide more than five vehicles used by comprehate officers, directors, or 1% or more owners 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization (a) Description of costs that begins during your 2009 tax year (see instructions) 43 A mortization of costs that begins during your 2009 tax year (see instructions)	_																
34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 40 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI Amortization begins 43 Amortization of costs that begins during your 2009 tax year (see instructions) 3, 868	•	•															
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