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DLN: 93493131020595

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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public

► Information about Form 990 and its instructions is at www.IRS.gov/form990

2014

Open to Public Inspection

A Fo	r the :	2014 ca		ng 01-01-2014 , and ending 12-31-	2014		
B Ch	eck ıf a	pplicable	C Name of organization CHRISTIAN ADVOCATES SERVING			D Employer i	dentification number
┌ Add	ress ch	nange	EVANGELISM INC			94-3037	261
Г№	me cha	nge	Doing business as			-	
┌ Ind	ıal retu	rn					
Fin			Number and street (or P O box if	mail is not delivered to street address) Roor	n/suite	E Telephone r	umber
		mınated	100 CRESCENT CENTER PKWY ROOM/SUITE 670			(770)404	1-5701
┌ Am	ended	return	City or town, state or province, co	untry, and ZIP or foreign postal code		1	
Гар	olication	n pendin	TUCKER, GA 30084			G Gross receip	ts \$ 50,425,124
			F Name and address of pr	incipal officer	U(a) T - 11		6
			GARY SEKULOW	merpar omeer		nis a group reti ordinates?	TYes ▼ No
			100 CRESCENT CENTER I	PKWY STE 670			
			TUCKER,GA 30084			all subordinate	es 「Yes「No
T Ta	x-exem	npt statu	s ▼ 501(c)(3)	(insert no)		uded? Jo " attach a li	st (see instructions)
				(⊣		
	ebsite	e: F - ∨v	WW ACLJ ORG		H(c) Gro	up exemption	number 🟲
K For	n of org	ganızatıc	n 🔽 Corporation 🗌 Trust 🦳 Associat	on Cother 🕨	L Year of f	ormation 1986	M State of legal domicile CA
Pa	rt I	Sui	mmary				
Governance	- 1 <u>!</u> - -	THE C INALII NECES	ENTER IS SPECIFICALLY DEDI ENABLE, GOD GIVEN RIGHTS SSARY, LITIGATE, TO ENSURE	ion or most significant activities CATED TO THE IDEAL THAT RELI THE CENTER'S PURPOSE IS TO EI THAT THOSE RIGHTS ARE PROTE	DUCATE, PROM CTED UNDER T	ULGATE, CON HE LAW	NCILIATE AND WHERE
							1
ŝ	3 1	Numbe	r of voting members of the gover	ning body (Part VI, line 1a)		· <u> 3</u>	3 4
È	4 1	Numbe	r of independent voting members	of the governing body (Part VI, line	1b)	· · _ 4	1 0
Activities &	5	Total n	umber of individuals employed ir	ı calendar year 2014 (Part V, line 2a	1)	!	5 10
٠.			·	necessary)			5
	1			Part VIII, column (C), line 12		7	
	Ь	Net un	related business taxable income	from Form 990-T, line 34			
						or Year	Current Year
<u>o</u>	8			line 1h)		45,079,980	
Revenue	9	_		line 2g)		244,900	
產	10 11			nn (A), lines 3, 4, and 7d)), lines 5, 6d, 8c, 9c, 10c, and 11e)	•	532,080 75,739	
	12			1 (must equal Part VIII, column (A)	line	73,733	114,150
						45,932,699	49,968,665
	13	Gran	ts and sımılar amounts paıd (Par	t IX, column (A), lines 1-3)		14,702,256	15,661,721
	14	Bene	fits paid to or for members (Part	IX, column (A), line 4)			0
ch.	15			ee benefits (Part IX, column (A), lin	es	1,414,593	1,721,897
Expenses	16a	5-10	,	(, column (A), line 11e)		619,754	500,814
<u> </u>					`	013,731	300,011
ă	b		fundraising expenses (Part IX, column (-		
	17			, lines 11a-11d, 11f-24e)		22,113,540	
	18			ust equal Part IX, column (A), line 2		38,850,143	
. 02	19	Reve	nue less expenses. Subtract line	e 18 from line 12		7,082,556	7,292,957
20 0 20 0 20 0						ng of Current Year	End of Year
9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	20	Tota	l assets (Part X, line 16)			21,604,701	28,509,001
Not Assets or Fund Balances	21					2,526,663	
žÏ	22	Net	assets or fund balances Subtrac	t line 21 from line 20		19,078,038	26,486,628
Unde my k	nowled	Sig alties o	nature Block f perjury, I declare that I have ex	xamined this return, including accommplete Declaration of preparer (other	ipanying schedul	les and statem	ents, and to the best of
		Ti.			ı		
٠.		IB	**** nature of officer			2015-05-11 Date	
Sigr Her		[]			L		
1161	_		RY SEKULOW CFO/COO De or print name and title				
		17 - 71	Print/Type preparer's name	Preparer's signature	Date Ch	eck If PTI	
Paid	4		STEVEN E TRUMBO	STEVEN E TRUMBO	2015-05-11 sel	f-employed P01	069014
	a pare	ır	Firm's name BROOKS MCGINNIS 8	k COMPANY LLC	Fin	m's EIN 🟲 58-210	51308
	On!		Firm's address ► 5871 GLENRIDGE DR	NE STE 200	Pho	one no (404) 53:	1-4940

May the IRS discuss this return with the preparer shown above? (see instructions) .

orm	n 990 (2014) Page 2
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
NA	CENTER IS SPECIFICALLY DEDICATED TO THE IDEAL THAT RELIGIOUS FREEDOM AND FREEDOM OF SPEECH ARE LIENABLE, GOD GIVEN RIGHTS THE CENTER'S PURPOSE IS TO EDUCATE, PROMULGATE, CONCILIATE AND WHERE ESSARY, LITIGATE, TO ENSURE THAT THOSE RIGHTS ARE PROTECTED UNDER THE LAW
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 9,033,977 including grants of \$) (Revenue \$)
	INFORMATION AND EDUCATION - CHRISTIAN ADVOCATES SERVING EVANGELISM, INC (CASE) IS A NOT-FOR-PROFIT ORGANIZATION SPECIFICALLY DEDICATED TO THE IDEAL THAT RELIGIOUS FREEDOM AND FREEDOM OF SPEECH ARE INALIENABLE GOD-GIVEN RIGHTS THE PURPOSE OF CASE IS TO EDUCATE, PROMULGATE, CONCILIATE AND WHERE NECESSARY, LITIGATE TO ENSURE THAT THOSE RIGHTS ARE PROTECTED UNDER THE LAW MEMBERSHIP IN THE ORGANIZATION IS FREE AND MEMBERS RECEIVE E-MAIL UPDATES PERIODICALLY MEMBERSHIP PROVIDES OPPORTUNITIES FOR MEMBERS TO JOIN WITH OTHER MEMBERS TO MAKE THEIR VOICES HEARD 13,750,000 PIECES OF INFORMATIONAL MAIL WAS SENT TO MEMBERS AND INDIVIDUALS REQUESTING INFORMATION REGARDING OUR EXEMPT FUNCTIONS AND PURPOSES DURING 2014 THE WEBSITE IS FOR MEMBERS, PRESS, EDUCATORS, AND LEGAL COMMUNITY AS WELL OVER 227 MILLION INFORMATIONAL EMAILS WERE SENT TO MEMBERS AND INDIVIDUALS OVER 6,593,000 UNIQUE INTERNET USERS VISITED OUR WEBSITE PAGE VIEWS FOR 2014 TOTALLED 27,455,000 FOR THE WEBSITE ACLJ ORG OUR ORGANIZATION'S FACEBOOK LIKES TOTAL OVER 1,844,000 AND WE HAVE OVER 21,000 TWITTER FOLLOWERS
4b	(Code) (Expenses \$ 17,510,206 including grants of \$ 15,661,721) (Revenue \$)
70	LEGAL SERVICES - OUR LEGAL PROGRAMS INCLUDE NUMEROUS TRIAL AND DISTRICT COURT, COURT OF APPEALS AND US SUPREME COURT CASES AS WELL AS NUMEROUS DEMAND LETTERS AND INTERVENTIONS ON BEHALF OF INDIVIDUALS WHO RELIGIOUS RIGHTS MAY HAVE BEEN VIOLATED AS ALWAYS THERE ARE NO LEGAL FEES CHARGED TO THOSE INDIVIDUALS REPRESENTED BY OUR LAWYERS OUR LEGAL GRANTS PROVIDE THE NECESSARY LEGAL EXPERTISE IN A VARIETY OF CASES INVOLVING OUR EXEMPT PURPOSES AS WELL AS TRANING OF LAWYERS IN THE FIELD OF CONSTITUTIONAL LAW AND RELIGIOUS FREEDOMS OUR CHIEF COUNSEL IS A LEADING EXPERT IN FIRST AMENDMENT LAW AND A NUMBER 1 NEW YORK TIMES BEST SELLING AUTHOR HE HAS APPEARED ON NUMEROUS TELEVISION AND RADIO SHOWS AS A CONSTITUTIONAL LAW EXPERT MR SEKULOW REGULARLY APPEARS ON FOX NEWS, HANNITY, CBN, CBS, ABC, NBC AND OTHER SHOWS JORDAN SEKULOW IS ALSO AN EXPERT IN INTERNATIONAL HUMAN RIGHTS AND APPEARS REGULARLY ON FOX NEWS, CBN, TBN, HANNITY, FOCUS ON THE FAMILY AND OTHERS
	(Code
4 c	(Code) (Expenses \$ 11,123,057 including grants of \$) (Revenue \$) MEDIA SERVICES - THE ORGANIZATION'S MEDIA AND EDUCATIONAL DIVISIONS CONSIST OF FOUR NATIONALLY BROADCAST RADIO SHOWS THAT ARE CURRENTLY AIRED ON MAJOR RADIO STATIONS IN THE UNITED STATES OF AMERICA AND CANADA THE JAY SEKULOW "LIVE" PROGRAM IS A 30/60 MINUTE DAILY CALL-IN RADIO PROGRAM AND IS HEARD ON OVER 840 OUTLETS NATIONWIDE PLUS XM SATELLITE THE JAY SEKULOW WEEKEND EDITION IS ALSO A 30 MINUTE PROGRAM AND IT IS BROADCAST ACROSS OVER 520 OUTLETS NATIONWIDE THE THIRD PROGRAM "LAW AND JUSTICE JOURNAL" IS A SHORT 1 MINUTE SEGMENT THAT IS CARRIED BY OVER 650 RADIO STATIONS THE PURPOSE OF ALL THREE RADIO PROGRAMSIS TO EDUCATE THE PUBLIC ON THE MISSION OF THE ORGANIZATION AND EDUCATE THE PUBLIC THE ORGANIZATION ALSO PRODUCES A WEEKLY TELEVISION PROGRAM THE ACLJ WEEKLY SHOW IS AIRED ON 30 MINUTE TIME SLOTS ON THE TRINITY BROADCASTING NETWORK (TBN), DAYSTAR, ANGELTV AND OTHER NETWORKS IN 2014, OUR SHOW WAS ALSO BEING BROADCASTED INTERNATIONALLY ON BOTH TBN AND DAYSTAR
4d	Other program services (Describe in Schedule O)
TU	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses > 37,667,240
70	Total program service expenses F ST 1007 1270

art TV	Check	list 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 (see instructions)? 🕏	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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or 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? <i>If "Yes," complete Schedule D, Part III</i>	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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^{\square}	9		No
LO	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		Νo
L1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	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	11b		No
С	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	11c		No
d	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	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X^{\bullet}	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
l4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
L6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i>	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? If "Yes," complete Schedule G, Part I (see instructions)	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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Νo
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νo
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect 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	Yes	
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? <i>If "Yes," complete Schedule N, Part II</i>	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 "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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 11b and 19?	20	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			厂_
4-	Enter the number reported in Poy 2 of Form 1006 Enter 0 of not applicable 10		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 19 Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	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 (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b		
C	In 163, to line 3a of 3b, did the organization merorin 0000-17	5c		
	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 as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
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	7a		
	services provided to the payor?	7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	70		
	file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	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			
11	Section 501(c)(12) organizations. Enter			
	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)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2014) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νo
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Yes	
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		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		N o
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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 15a or 15b, 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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed AL , AK , AR , AZ , CA , CO , CT , DC , FL , GA , IL , IN , KS , KY , LA , ME , MD , MA , MI , MN , MS , MO , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA, WV, WI
- 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 made these available. Check all that apply
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ►GARY SEKULOW CFO 100 CRESCENT CENTER PKWY STE 670

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - ◆ List all of the organization's current key employees, if any 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) DR JAY SEKULOW ESQ	20 00	Х		х				82,480	0	9,036
PRESIDENT &	22.00									
(2) LOGAN SEKULOW DIRECTOR	32 00	х						78,797	0	37,017
(3) JORDAN SEKULOW ESQ DIRECTOR	10 00	Х						14,625	0	0
(4) PAM SEKULOW SECRETARY &	5 00	Х		х				0	0	9,090
(5) GARY SEKULOW CPA	40 00			х				396,008	0	214,149
(6) COLBY MAY ESQ ASSISTANT SE	1 00			х				0	0	0
(7) ADAM SEKULOW MBA DIR OF DEV	40 00					х		128,955	0	65,030

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				unless officer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	٠		
c	Total from continuation sheets to Part VII, Section A	٠		
d	Total (add lines 1b and 1c)	٠	700,865	334,322

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►2

			Yes	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
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? <i>If "Yes," complete Schedule J for such</i>			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for			
	services rendered to the organization? If "Yes," complete Schedule I for such person	5		Νo

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 Report compensation for the calendar year ending with or within the organization's tax year

		•
(A) Name and business address	(B) Description of services	(C) Compensation
FACTORY LEASING LLC 230 FRANKLIN RD FRANKLIN, TN 37064	RENT	223,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►1

Contributions, Giffs, Grants and Other Similar Amounts	1a b c d e f
Program Service Revenue	2a bb c c d d e f g
	4 5 6 b
	78
levenue	d 8a
Other R	5 9
	10a
	b c
	11a b c d

	Form 990 (2014) Page 9							
Part \	/++1	Statement o Check if Schedi	o f Revenue ule O contains a respon	se or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s &	1a	Federated cam	paigns 1a					
ant	ь	Membership du	ies 1b					
Gifts, Grants ilar Amounts	c	Fundraising eve	ents 1c					
iffs ar /	d	Related organiz	zations 1d					
s, G	e	Government grants	s (contributions) 1e					
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contribute similar amounts no	ons, gifts, grants, and 1f ot included above	49,327,080				
ontrib nd Otb	g	Noncash contribute 1a-1f \$ Total. Add lines	ons included in lines	1,338,415	49,327,080			
<u>ة ت</u>	h	Iotal. Add lines	sia-ir	•	49,327,000			
venue	2a	SETTLEMENTS		Business Code	85,417	85,417		
<u> </u>	Ь							
¥.	C							
Š	d e							
Program Serwce Revenue	f	All other progra	am service revenue					
ું. •		-						
	g 3		s 2a-2f ome (including dividence		85,417			
		and other simil	ar amounts)	🟲	336,810			336,810
	4		stment of tax-exempt bond p	roceeds -	74,539			74,539
	5	Royalties	(ı) Real	(II) Personal	74,339			74,333
	6a	Gross rents	(i) iteal	(ii) i eiseilai				
	ь	Less rental expenses						
	c	Rental income or (loss)						
	d	, ,	me or (loss)					
	_	C	(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	561,659					
	ь	Less cost or other basis and	452,484	3,975				
	c	sales expenses Gaın or (loss)	109,175	-3,975				
	d		ss)		105,200			105,200
an e	8a	Gross income fevents (not inc						
Other Revenue		of contributions See Part IV, lin	reported on line 1c)					
Other	b	Less direct ex	penses b					
	С		ے loss) from fundraising e(ا	events 🛌				
	9a		rom gaming activities ne 19 a					
	b	Less direct ex	penses b					
	С		· (loss) from gaming activ	rities				
	10a	Gross sales of returns and allo		484				
	ь	Less cost of a	oods sold b					
	1		(loss) from sales of inve	ntory	484		484	
		Miscellaneous		Business Code				
	l -	OTHER INCOM	ME		28,851			28,851
	b	LIST RENTAL			10,284			10,284
	d	All other reven	ue					
	e	Total. Add lines	L	🕨				
	12		See Instructions	_ <u> </u>	39,135			
					49,968,665	85,417	484	555,684

Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete colu

Secti	on 501(c)(3) and 501(c)(4) organizations must complete all columns All				
	Check if Schedule O contains a response or note to any line in this	Part IX	 (B)	 (c)	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	15,661,721	15,661,721		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	890,844	531,796	269,948	89,100
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	426,386	212,016	83,167	131,203
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	248,515	21,188	204,756	22,571
9	Other employee benefits	98,657	23,668	46,828	28,161
10	Payroll taxes	57,495	29,013	19,358	9,124
11	Fees for services (non-employees)				
а	Management				
b	Legal	94,549	3,475	72,221	18,853
c	Accounting	30,700		30,700	
d	Lobbying	247,182	247,182		
e	Professional fundraising services See Part IV, line 17	500,814			500,814
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	107,459	94,834	2,790	9,835
14	Information technology				
15	Royalties				
16	Occupancy	390,840	376,830	10,617	3,393
17	Travel	714,674	619,208	23,408	72,058
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		,		
19	Conferences, conventions, and meetings				
20	Interest	5,849		5,849	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	367,808	295,556	2,409	69,843
23	Insurance	88,224	56,977	29,900	1,347
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	EDUCATIONAL COST & MATERI	7,821,660	7,202,124	1,118	618,418
b	MEDIA AIRTIME	6,211,830	6,211,830		
c	POSTAGE & SHIPPING	2,999,046	2,792,798	7,750	198,498
d	MEDIA PRODUCTION	1,607,241	1,607,241		
е	All other expenses	4,104,214	1,679,783	183,606	2,240,825
25	Total functional expenses. Add lines 1 through 24e	42,675,708	37,667,240	994,425	4,014,043
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ✓ if following SOP 98-2 (ASC 958-720)				
		11,312,651	9,994,922		1,317,729

Part X Balance Sheet

Par	't X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			_
		eneck if Senedale 6 contains a response of note to any line in this Farex 1. 1.	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	9,796,721	1	9,794,855
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	554,385	3	397,699
	4	Accounts receivable, net	34,633	4	90,746
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
s	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			
Se				6	
Assets	7	Notes and loans receivable, net		7	
_	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	575,966	9	177,024
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 11,601,132	4		
	Ь	Less accumulated depreciation	· · ·		6,649,814
	11	Investments—publicly traded securities	3,841,746	11	11,211,363
	12	Investments—other securities See Part IV, line 11	187,500	12	187,500
	13	Investments—program-related See Part IV, line 11		13	_
	14	Intangible assets	3,975	14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	21,604,701	16	28,509,001
	17	Accounts payable and accrued expenses	1,909,761	17	1,834,177
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ø	21	Escrow or custodial account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
æ		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	566,947	23	10,630
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule	40.055		477 500
		D	49,955	25	177,566
	26	Total liabilities. Add lines 17 through 25	2,526,663	26	2,022,373
ى d)		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
Fund Balance	27	Unrestricted net assets	18,700,819	27	26,294,320
	28	Temporarily restricted net assets	377,219	28	192,308
	29	Permanently restricted net assets	077,210	29	102,000
Ĭ	23	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and		29	
正		complete lines 30 through 34.			
S O.	30	Capital stock or trust principal, or current funds		30	
Ř	31	Paid-in or capital surplus, or land, building or equipment fund		31	
Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net /	33	Total net assets or fund balances	19,078,038	33	26,486,628
Ż	34	Total liabilities and net assets/fund balances	21,604,701	34	28,509,001
		,	_ =:,== :,. • :	- 1	,,

Pai	TEXT Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		49,9	968,665
2	Total expenses (must equal Part IX, column (A), line 25)	2		42,6	575,708
3	Revenue less expenses Subtract line 2 from line 1	3			 292,957
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			, 078,038
5	Net unrealized gains (losses) on investments	5		-	115,633
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		26,4	186,628
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	n		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of th	ne 2с	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
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?	e	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		

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DLN: 93493131020595

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2011

Open to Public Inspection

		he organization ADVOCATES SERVING					Employer identification	ation number			
EVANO	GELISM	INC					94-3037261				
Pa	rt I	Reason for Publi	c Charity S	Status (All organiza	itions must co	mplete this p	oart.) See instruction	ons.			
The	organı	zation is not a private fo	oundation beca	ause it is (For lines 1	through 11, ch	eck only one b	ox)				
1	Γ	A church, convention	of churches, o	r association of churc	hes described i	n section 170(l	b)(1)(A)(i).				
2	Γ	A school described in	section 170(b)(1)(A)(ii). (Attach S	chedule E)						
3	Г	A hospital or a cooper	atıve hospıtal	service organization of	described in sec	tion 170(b)(1)	'0(b)(1)(A)(iii).				
4	Γ	A medical research or hospital's name, city,		erated in conjunction v	vith a hospital d	lescribed in se c	ction 170(b)(1)(A)(iii	i). Enter the			
5	Г	An organization opera	ted for the ber	nefit of a college or uni	versity owned o	or operated by	a governmental unit d	escribed in			
		section 170(b)(1)(A)			,		_				
6	Г	A federal, state, or loc			described in se	ection 170(b)(1	L)(A)(v).				
7	Ţ.	An organization that n						neneral public			
•	'	described in section 1				om a governme	ancar anne or mom ene s	general public			
8	Γ	A community trust de				tII)					
9	Γ	An organization that n	ormally receiv	es (1) more than 331	1/3% of its supp	ort from contri	butions, membership	fees, and gross			
		receipts from activitie	s related to it:	s exempt functions—s	ubject to certai	n exceptions, a	and (2) no more than 3	331/3% of			
		ıts support from gross	ınvestment ır	ncome and unrelated b	usiness taxable	e income (less	section 511 tax) from	n businesses			
		acquired by the organ	ızatıon after Ju	ine 30, 1975 See sec	tion 509(a)(2).	(Complete Pa	rt III)				
10	\sqcap	An organization organ	ized and opera	ited exclusively to tes	t for public safe	ety See sectio i	n 509(a)(4).				
11	Γ	An organization organ one or more publicly s the box in lines 11a th	upported orga	nızatıons described in	section 509(a)(1) or section	509(a)(2) See section	on 509(a)(3). Check			
а	Γ	Type I. A supporting of supported organization You mus	organization op n(s) the power	perated, supervised, or to regularly appoint o	r controlled by 1 r elect a majori	ts supported o	rganization(s), typica	lly by giving the			
b	Γ	Type II. A supporting management of the su must complete Part IV	organization s pporting organ	upervised or controlle nization vested in the s	d in connection	• •		•			
c	\sqcap	Type III functionally			n operated in c	onnection with	, and functionally inte	grated with, its			
	_	supported organizatio									
d	ı	Type III non-function									
		not functionally integr (see instructions) Yo					ement and an attentiv	eness requirement			
e	Г	Check this box if the o					s a Type I, Type II, T	ype III functionally			
	·	integrated, or Type II					,, , ,, ,,				
f		Enter the number of su									
g		Provide the following i	nformation abo	out the supported orga	nization(s)						
		ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see	document? (see instructions)		(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)			
				ınstructions))	Voc	No.					
					Yes	No					

supported organization

instructions

Page 2 Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do 41,081,771 40,215,278 40,087,269 45,079,980 49,327,080 215,791,378 not include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 41,081,771 40,215,278 40,087,269 45,079,980 49,327,080 215,791,378 Total. Add lines 1 through 3 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) Public support. Subtract line 5 215,791,378 from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total beginning in) 🟲 41,081,771 40,215,278 40,087,269 45,079,980 49,327,080 Amounts from line 4 215,791,378 Gross income from interest, dividends, payments received on 104,960 securities loans, rents, royalties 223,980 151,240 114,636 411,349 1,006,165 and income from similar sources Net income from unrelated business activities, whether or 61,700 61,700 not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 18,570 46,407 17,404 65,464 39,135 186,980 capital assets (Explain in Part VI) 11 Total support Add lines 7 217,046,223 through 10 12 Gross receipts from related activities, etc (see instructions) 85,417 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) 14 99 420 % Public support percentage for 2013 Schedule A, Part II, line 14 15 99 510 % 16a 33 1/3% support test-2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box **▶**▽ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test -2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year				
1 Amounts paid to supported organizations to accom	plish exempt purposes						
2 Amounts paid to perform activity that directly furthexcess of income from activity	ported organizations, in						
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons					
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval rec	nured)						
6 Other distributions (describe in Part VI) See instru	JCTIONS						
7 Total annual distributions. Add lines 1 through 6							
8 Distributions to attentive supported organizations t details in Part VI) See instructions	esponsive (provide						
9 Distributable amount for 2014 from Section C, line	6						
10 Line 8 amount divided by Line 9 amount							
		(::)	(:::)				
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014				
1 Distributable amount for 2014 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)							
3 Excess distributions carryover, if any, to 2014							
a From 2009							
b From 2010							
c From 2011							
d From 2012							
e From 2013							
f Total of lines 3a through e							
g Applied to underdistributions of prior years							
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)							
j Remainder Subtract lines 3g, 3h, and 3i from 3f							
4 Distributions for 2014 from Section D, line 7 \$							
A pplied to underdistributions of prior years							
b Applied to 2014 distributable amount							
c Remainder Subtract lines 4a and 4b from 4							
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
7 Excess distributions carryover to 2015. Add lines 3j and 4c							
8 Breakdown of line 7							
a From 2010							
b From 2011							
c From 2012							
d From 2013							

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
,	GAIN - SETTLEMENT LAWSUIT 65,464 SUBRENTAL INCOME 0 LIST RENTAL 29,716 OTHER INCOME 52,665

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493131020595

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Political Campaign and Lobbying Activities

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political 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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions). then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III **Employer identification number** Name of the organization CHRISTIAN ADVOCATES SERVING EVANGELISM INC. Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures 3 Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ No Was a correction made? Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political 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) Address	(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-

5 c	hedule C (Form 990 or 990-EZ) 2014					Page 2
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Grassroots lobbying expenditures

	·		(a	1)	(b)
	r each "Yes" response to lines 1a through 11 below, provide in Part IV a detailed description of the loa rivity.		es (No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or lo legislation, including any attempt to influence public opinion on a legislative matter or refer through the use of					
а	a Volunteers?			Νo		
b	b Paid staff or management (include compensation in expenses reported on lines 1c through	11)?		Νo		
C	c Media advertisements?			Νo		
d	d Mailings to members, legislators, or the public?	Y	es			247,18
е	Publications, or published or broadcast statements?			Νo		
f	f Grants to other organizations for lobbying purposes?			Νo		
g	g Direct contact with legislators, their staffs, government officials, or a legislative body?			Νo		
h	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	?		Νo		
i	i Other activities?			Νo		
j	j Total Add lines 1c through 1i					247,18
a		17		Νo		
b	b If "Yes," enter the amount of any tax incurred under section 4912					
C	, , , , , , , , , , , , , , , , , , , ,	1 2				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
aı	art III-A Complete if the organization is exempt under section 501(c)(4	4), section 50	1(c))(5), c	r secti	ion
	501(c)(6).				Ye	s N
L	Were substantially all (90% or more) dues received nondeductible by members?			Г	1	-
2					2	
3		vear?			3	
aı	art III-B Complete if the organization is exempt under section 501(c)(4		1(c)(5), c	r secti	ion
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are line 3, is answered "Yes."					
_	·		1			
2		of political				
	a Current year		2a			
а	b Carryover from last year		2b			
b	c Total		2c			
b c		2(e) dues	2c 3			
b c	Aggregate amount reported in section $6033(e)(1)(A)$ notices of nondeductible section 162 . If notices were sent and the amount on line $2c$ exceeds the amount on line $3c$, what portion	of the excess	_			
b c	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion does the organization agree to carryover to the reasonable estimate of nondeductible lobby	of the excess	3			
b c	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion does the organization agree to carryover to the reasonable estimate of nondeductible lobby political expenditure next year?	of the excess	3			
c 3 1	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion does the organization agree to carryover to the reasonable estimate of nondeductible lobby political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	of the excess	3			
b c 3 4 Pro	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion does the organization agree to carryover to the reasonable estimate of nondeductible lobby political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Trovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A	of the excess ying and	3 4 5	Part II	-A , lines	1 and
b c 3 1	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion does the organization agree to carryover to the reasonable estimate of nondeductible lobby political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information	of the excess ying and	3 4 5	Part II	-A , lines	1 an
b c 3 I	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion does the organization agree to carryover to the reasonable estimate of nondeductible lobby political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (see instructions), and Part II-B, line 1 Also, complete this part for any additional information	of the excess ying and	3 4 5	Part II	-A, lines	1 an
b c	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion does the organization agree to carryover to the reasonable estimate of nondeductible lobby political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (see instructions), and Part II-B, line 1 Also, complete this part for any additional information	of the excess ying and	3 4 5	Part II	-A , lines	1 an
b c 3 I	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion does the organization agree to carryover to the reasonable estimate of nondeductible lobby political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information rovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (see instructions), and Part II-B, line 1 Also, complete this part for any additional information	of the excess ying and	3 4 5	Part II	-A , lines	1 an

Part IV Supplemental Information (continued)								
Return Reference	Explanation							

Schedule C (Form 990 or 990EZ) 2014

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DLN: 93493131020595

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

lai Revenue Service	7 (1 01111 330) and its instructions is at with	inspection
ame of the organization HRISTIAN ADVOCATES SERVING /ANGELISM INC		Employer identification number 94-3037261
art I Organizations Maintaining Dono organization answered "Yes" to Fori	or Advised Funds or Other Similar m 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate value of contributions to (during year	7)	
Aggregate value of grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor funds are the organization's property, subject to		
Did the organization inform all grantees, donors used only for charitable purposes and not for the conferring impermissible private benefit?		
	lete if the organization answered "Yes	" to Form 990. Part IV. line 7.
Purpose(s) of conservation easements held by Preservation of land for public use (e.g., rec. Protection of natural habitat	the organization (check all that apply) reation or education) Preservation of	an historically important land area
Preservation of open space		
Complete lines 2a through 2d if the organization easement on the last day of the tax year	n held a qualified conservation contribution	in the form of a conservation
casement on the last day of the tax year		Held at the End of the Year
Total number of conservation easements		2a
Total acreage restricted by conservation easen	nents	2b
Number of conservation easements on a certifie	ed historic structure included in (a)	2c
Number of conservation easements included in historic structure listed in the National Registe		2d
Number of conservation easements modified, tr the tax year ►	ansferred, released, extinguished, or termin	ated by the organization during
Number of states where property subject to con	servation easement is located 🛌	
Does the organization have a written policy regardenforcement of the conservation easements it h		andling of violations, and
Staff and volunteer hours devoted to monitoring	, inspecting, and enforcing conservation eas	sements during the year
Amount of expenses incurred in monitoring, ins	pecting, and enforcing conservation easeme	ents during the year
Does each conservation easement reported on and section 170(h)(4)(B)(II)?	line 2(d) above satisfy the requirements of s	section 170(h)(4)(B)(i)
In Part XIII, describe how the organization repo balance sheet, and include, if applicable, the tex the organization's accounting for conservation of	ct of the footnote to the organization's financ	
rt IIII Organizations Maintaining Colle Complete if the organization answe	rections of Art, Historical Treasure red "Yes" to Form 990, Part IV, line 8.	s, or Other Similar Assets.
If the organization elected, as permitted under sworks of art, historical treasures, or other simils service, provide, in Part XIII, the text of the foo	ar assets held for public exhibition, education	n, or research in furtherance of public
If the organization elected, as permitted under sworks of art, historical treasures, or other similar service, provide the following amounts relating	SFAS 116 (ASC 958), to report in its reven ar assets held for public exhibition, education	ue statement and balance sheet
(i) Revenue included in Form 990, Part VIII, lii	ne 1	► \$
(ii) Assets included in Form 990, Part X		► \$
If the organization received or held works of art following amounts required to be reported under		s for financial gain, provide the
Revenue included in Form 990, Part VIII, line 1		► \$
Assets included in Form 990 . Part X		h- ¢

Part	Organizations Maintaining Collections of Art	t, His	stori	cal Tr	<u>easu</u>	res, or Ot	<u>her</u>	<u>Similar As</u>	sets	(continued)
3	Using the organization's acquisition, accession, and other recordilection items (check all that apply)	rds, cl	heck	any of t	he foll	owing that ar	e a	sıgnıfıcant use	of its	
а	Public exhibition	d	Γ	Loan	rexcl	hange progra	ms			
b	Scholarly research	e	Γ	Other						
c	Preservation for future generations									
4	Provide a description of the organization's collections and explain Part XIII	ain ho	w the	y furthe	r the c	organızatıon's	ex	empt purpose	n	
5	During the year, did the organization solicit or receive donations assets to be sold to raise funds rather than to be maintained as							lar	┌ Yes	□ No
Par	t IV Escrow and Custodial Arrangements. Comple	ete ıf	the	organı:	zatıor			es" to Form 9	,	1 110
	Part IV, line 9, or reported an amount on Form 99 Is the organization an agent, trustee, custodian or other interme					or other asse	ts n	ot .		
	ıncluded on Form 990, Part X?					or other asse			┌ Yes	┌ No
Ь	If "Yes," explain the arrangement in Part XIII and complete the	e follov	wing t	able				Α		
c	Damman halanaa					-	.c	АГ	nount	
d	Beginning balance Additions during the year						.d			
e	• ,					<u> </u>	.u .e			
f	Distributions during the year Ending balance					<u> </u>	.e .f			
2a	Did the organization include an amount on Form 990, Part X, lin	21 م	for e	scrow o	r cuet	<u> </u>		hility?	┌ Yes	
-u h								,	,	, .
Da	If "Yes," explain the arrangement in Part XIII Check here if the tV Endowment Funds. Complete if the organization								• • •	'
Par	(a)Current year)Prior					hree years back	(e) Fou	years back
1a	Beginning of year balance							·		
b	Contributions									
C	Net investment earnings, gains, and 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 current year end balan	ce (lır	ne 1g	, columr	า (a)) l	held as				
а	Board designated or quasi-endowment ▶									
b	Permanent endowment ►									
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c should equal 100%									
За	Are there endowment funds not in the possession of the organiz	atıon	that	are held	and a	dmınıstered	for t	:he	_	
	organization by (i) unrelated organizations							3a	Ye	s No
		•					•	3a(_	
							•	· · <u> </u>		
Ь	(ii) related organizations		Sched	lule R?				3	o	
ь 4		d on S					•	3	>	
4	If "Yes" to 3a(II), are the related organizations listed as require Describe in Part XIII the intended uses of the organization's ent VI Land, Buildings, and Equipment. Complete if	d on S ndowm	nent f	unds			to I		. I	line
4	If "Yes" to 3a(II), are the related organizations listed as require Describe in Part XIII the intended uses of the organization's en	d on S ndowm	rgar (a	unds	ansv other		ner		nrt IV,	line Book value
4 Par	If "Yes" to 3a(II), are the related organizations listed as require Describe in Part XIII the intended uses of the organization's ent VI Land, Buildings, and Equipment. Complete if 11a. See Form 990, Part X, line 10.	d on S ndowm	rgar (a	unds Ization Cost or	ansv other	vered 'Yes'	ner)	Form 990, Pa	nrt IV,	
Par	If "Yes" to 3a(II), are the related organizations listed as require Describe in Part XIII the intended uses of the organization's en Land, Buildings, and Equipment. Complete if 11a. See Form 990, Part X, line 10. Description of property and	d on S ndowm	rgar (a	unds Ization Cost or	ansv other	vered 'Yes' (b)Cost or oth basis (other)	ner) 596	Form 990, Pa	nrt IV,	Book value
Par	If "Yes" to 3a(II), are the related organizations listed as require Describe in Part XIII the intended uses of the organization's en t VI Land, Buildings, and Equipment. Complete if 11a. See Form 990, Part X, line 10. Description of property	d on S ndowm	rgar (a	unds Ization Cost or	ansv other	vered 'Yes' (b)Cost or oth basis (other)	ner) 596	Form 990, Pa (c) Accumulated depreciation	(d)	Book value 2,748,696
1a L b E c L	If "Yes" to 3a(II), are the related organizations listed as require Describe in Part XIII the intended uses of the organization's en tVI Land, Buildings, and Equipment. Complete if 11a. See Form 990, Part X, line 10. Description of property and	d on S ndowm	rgar (a	unds Ization Cost or	ansv other	(b)Cost or oth basis (other) 2,748,6 3,894,9	940 123	Form 990, Pa (c) Accumulated depreciation	(d)	Book value 2,748,696 2,105,409
1a L b E c L d E	If "Yes" to 3a(II), are the related organizations listed as require Describe in Part XIII the intended uses of the organization's enterminated to the organization of	d on S ndowm	rgar (a	unds Ization Cost or	ansv other	(b)Cost or oth basis (other) 2,748,6 3,894,9	940 123	(c) Accumulated depreciation 1,789,5:	(d) (31	2,748,696 2,105,409 1,093,286

Part VII Investments—Other Securities. Com	plete if the organization	answered 'Yes' to Form 990, Part IV, line 11b
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<u> </u>	
Part VIII Investments—Program Related. Co		 on answered 'Yes' to Form 990. Part IV. line 1:
See Form 990, Part X, line 13.		
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•	
		0, Part IV, line 11d See Form 990, Part X, line 15
(a) Descri	otion	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	·.)	
Part X Other Liabilities. Complete if the orga		
Form 990, Part X, line 25.	(h) Danie control	I
1 (a) Description of liability	(b) Book value	
Federal income taxes		-
PENSION PLAN OBLIGATION	160,631	
DEFERRED LEASE LIABILITY	16,935	
		1
		1
		1
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	177,566	

Par		Revenue per Audited Financial Stat wered 'Yes' to Form 990, Part IV, line 1		its With Revenue p	oer R	eturn Complete if
1		er support per audited financial statements			1	50,084,298
2	Amounts included on line 1 b	ut not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses)	on investments	2a	115,633		
ь	Donated services and use of	facilities	2b	·		
С	Recoveries of prior year grant	······································	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d .				2e	115,633
3	Subtract line 2e from line 1 .				3	49,968,665
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not inc	luded on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines 4a and 4b		· · ·		4c	
5	Total revenue Add lines 3 an	d 4c. (This must equal Form 990, Part I, line	12)		5	49,968,665
Part		xpenses per Audited Financial Stanswered 'Yes' to Form 990, Part IV, line		nts With Expenses	per	Return. Complete
1	Total expenses and losses pe	r audited financial statements			1	42,675,708
2	A mounts included on line 1 bu	ıt not on Form 990, Part IX, line 25				
а	Donated services and use of f	acılıtıes	2a			
b	Prior year adjustments		2b			
C	Otherlosses		2c			
d	Other (Describe in Part XIII)		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	42,675,708
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:				
а	Investment expenses not inc	uded on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)		4b			
C	Add lines 4a and 4b				4c	
5		nd 4c. (This must equal Form 990, Part I, lin	ne 18)		5	42,675,708
Part	XIII Supplemental In	formation				
Part		r Part II, lines 3, 5, and 9, Part III, lines 1a , lines 2d and 4b, and Part XII, lines 2d and				de any addıtıonal
	Return Reference	Explanation				
SCHE	DULE D, PAGE 3, PART X	THE CENTER IS EXEMPT FROM FEDERA INTERNAL REVENUE CODE AS AMENDE SERVICE AS OTHER THAN A PRIVATE FEVALUATE TAX POSITIONS TAKEN BY ASSET) IF THE CENTER HAS TAKEN A FOUT STANDARD) WOULD NOT BE SUST THE CENTER BELIEVES THAT THERE WE REQUIRE RECOGNITION OF A LIABILITY STATEMENTS AS OF DECEMBER 31, 20 SUBJECT TO EXAMINATION BY THE AP CENTER'S FEDERAL TAX RETURNS REM YEARS	ED, ANI FOUND THE CI OSITI AINED ERE NO TY (OR 14 TH	O CLASSIFIED BY THE ATION GAAP REQUIF ENTER AND RECOGNI ON THAT (BASED ON UPON EXAMINATION UNCERTAIN POSITI ASSET) OR DISCLOSE E CENTER'S INCOME	INTE RES M ZE A A MO I BY A ONS JRE II TAX R UTHC	RNAL REVENUE ANAGEMENT TO FAX LIABILITY (OR RE- LIKELY-THAN- TAX AUTHORITY FAKEN THAT WOULD N THE FINANCIAL ETURNS ARE

Jenedale 2 (1 31111 33 3) 23 13		r age 3		
Part XIII Supplemental Information	on (continued)			
Return Reference	Explanation			
l				
-				

Schedule D (Form 990) 2014

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

DLN: 93493131020595

OMB No 1545-0047

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.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization
CHRISTIAN ADVOCATES SERVIN
EVANGELISM INC

Mail solicitations

Phone solicitations

In-person solicitations

▼ Internet and email solicitations

Employer identification number

94-3037261

f e Γ Solicitation of non-government grants

Solicitation of government grants

Special fundraising events

Part I	Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-E2
	filers are not required to complete this part.

		1	_				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	utions? No			
1	MDS COMMUNICATIONS 545 W JUANITA	INFO SERVI	res	No	3,822,295	241,830	3,580,465
	MESA, AZ 85210						
2	DONOR CARE CENTER 4535 STASSUER NORTH CANTON, OH 44270	INFO SERVI		No	1,936,317	130,848	1,805,469
3	BERKEY BREDEL	DIRECT MAI		No	30,453,888	78,112	30,375,776
J	130 SPRINGSIDE				30,133,000	, 0,112	30,573,770
	AKRON, OH 44333 STRATEGIC	TELE SERV		No	261,924	32,503	229,421
7	FUNDRAISING 7800 3RD STREET NORTH STE 900	TELL SERV		NO	201,924	32,303	229,421
	ST PAUL, MN 55128						
5	INFOCISION 325 SPRINGSIDE	INFO SERVI		No	111,652	17,521	94,131
	AKRON, OH 44333						
6							
7							
8							
9							
10							
Tota	1			>	36,586,076	500,814	36,085,262

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, IL, IN, KS, KY, LA, ME, MD, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC,

registration or licensing

Pa	rt I	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribu	tion answered "Yes" to tions and gross income	Form 990, Part IV, li e on Form 990-EZ, lir	ne 18, or reported les 1 and 6b. List
		3 1 3	(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	(3)
Revenue	1	Gross receipts				
φΛΦ	2	Less Contributions				
<u>~</u>	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
ဟ	5	Noncash prizes				
suse	6	Rent/facility costs				
Expenses	7	Food and beverages .				
Direct	8	Entertainment				
古	9	Other direct expenses .				
	10	Direct expense summary Add line	es 4 through 9 in colum	n (d)		()
	11	Net income summary Subtract lir				
Par	t II			"Yes" to Form 990, Pa	irt IV, line 19, or rep	orted more than
		\$15,000 on Form 990-EZ, lin	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) billigo	bingo/progressive bingo		col (a) through col
<u>~</u>	1	Gross revenue				
နှင့် မေ	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	✓ Yes	Г Yes% Г No	│ Yes	
	7	Direct expense summary Add lines	s 2 through 5 ın column	(d)	•	
	8	Net gaming income summary Subt	ract line 7 from line 1, c	column (d)		
9	E n	ter the state(s) in which the organiza	tion conducts gaming a	ctivities		
 Enter the state(s) in which the organization conducts gaming activities Is the organization licensed to conduct gaming activities in each of these states? 						Г _{Yes} Г _{No}
b	If"	'No," explain				
10a b		ere any of the organization's gaming l	icenses revoked, suspe	ended or terminated during		

Sched	dule G (Form 990 or 990-EZ) 2014	F	Page 3							
11	Does the organization conduct gamin	g activities with nonmembers?	No							
.2	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity									
	formed to administer charitable gamii	ng?	No							
	Indicate the percentage of gaming ac									
а	The organization's facility		%							
b	An outside facility		%							
4	Enter the name and address of the pe	Enter the name and address of the person who prepares the organization's gaming/special events books and records								
	Name ►									
	Address 🟲									
5a	Does the organization have a contrac	t with a third party from whom the organization receives gaming								
			No							
			NO							
	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 of the third party									
	Name •									
	Address ►									
6	Gaming manager information									
	Name ▶									
	Gaming manager compensation ► \$									
	Description of services provided									
	Director/officer	Employee Independent contractor								
7	Mandatory distributions	, Employee , Independent contractor								
	•	te law to make charitable distributions from the gaming proceeds to								
_	-		N o							
ь		retain the state gaming license?								
-	in the organization's own exempt acti									
Pari	t IV Supplemental Informat	ion. Provide the explanations required by Part I, line 2b, columns (iii) and (v), an 5b, 15c, 16, and 17b, as applicable. Also provide any additional information (see								
	Return Reference	Explanation								
	DULE G, PAGE 1, PART I, LINE 2B,	MDS COMMUNICATIONS SEE SUPPLEMENTAL STATEMENT FOR SCHEDULE G DONOF	RCAR							

COLUMN (V)

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DLN: 93493131020595

OMB No 1545-0047

Schedule I (Form 990)

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

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection**

Name of the organization CHRISTIAN ADVOCATES SERVING **EVANGELISM INC**

Employer identification number

94-3037261

Dart T	General Information on Grants and Assistance
raitt	deneral iniviniation on drains and Assistance

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
(1) AMERICAN CENTER FOR LAW PO BOX 64429 VIRGINIA BEACH, VA 23467	54-1586817	501C3	15,081,334				LITIGATION/LEGAL RES
(2) LAW & JUSTICE INSTITUTE PO BOX 65037 VIRGINIA BEACH, VA 23467	20-2487980	501C3	500,000				EDUCATION

2	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table				
3	3 Enter total number of other organizations listed in the line 1 table.				

Schedule I	(Form 990) 2014
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated 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 Ir	nformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Refere	ence	Explanation
SCHEDULE I,	PAGE 1, PART I,	INDEPENDENT AUDIT AND PRIOR APPROVAL FOR RELEASE OF ALL FUNDS

Schedule I (Form 990) 2014

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DLN: 93493131020595

OMB No 1545-0047

Open to Public

Department of the Treasury

Internal Revenue Service

Schedule J (Form 990)

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

Inspection ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization CHRISTIAN ADVOCATES SERVING EVANGELISM INC

Employer identification number

94-3037261 **Questions Regarding Compensation** Yes No Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence 굣 Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Yes Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Yes Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee $\overline{\mathbf{v}}$ Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo Participate in, or receive payment from, an equity-based compensation arrangement? **4**c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? 6a Νo Any related organization? Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed 7 payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Νo Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Nο If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base (ii) Bonus & (iii) Other reportable		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column(B) reported as deferred in prior		
1		compensation	compensation	compensation	·			Form 990	
1 GARY SEKULOW CPA, CFO/COO	(i) (ii)	308,862		87,146	202,000	12,149	610,157		
	(i) (ii)	128,955			45,906	19,124	193,985		

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference Explanation

Schedule J (Form 990) 2014

DLN: 93493131020595

OMB No 1545-0047

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, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number**

Open to Public Inspection

Name of the or							E	Employ	er ident/	ificatio	n numbe	er
EVANGELISM INC	5,1,15						و	94-30	37261			
	ess Benefit T										405	
	plete if the orgar ne of disqualified			on Form 990 hip between (25a or 25b, 0 (c) Desc						rected?
_ ` ` `	·		person	and organiza	ation	. ,	•				Yes	No
4958 . 3 Enter the Part II Loans to a Complete if the reported an air	amount of tax indicate a mount of tax, if a mount of tax, if a mount on Form 9	any, on line 2, Interested I nswered "Yes" 90, Part X, line	Persons on Form 9 15, 6, or 2	imbursed by 990-EZ, Part	the organizati	on	Part IV	, line	► \$ ► \$ 26, or if	the org		
(a) Name of interested person	(b) Relationsh with organizati	' ' '	(d) Loai or from organizat	the	(e)Original principal amount	(f) Balance due	(g) defa		(h) Appro by boai commit	ved rd or	(i)Wri agreen	
			То	From			Yes	No	Yes	No	Yes	No
												1
「otal		▶ \$					Ι				T	
Part III Gr	ants or Assis	· · · · · · · · · · · · · · · · · · ·	fitina Tr	aterested								
	mplete if the o					out TV/ line 7	17					

Complete if the organization	on answered "Yes" on I	Form 990, Part IV, lın	e 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh of organiz reven	f zation's
				Yes	No
(1) JAY SEKULOW	OWNER - REGENCY	272,064	MOVIE PROD CONTRACT		No
(2) JAY SEKULOW	OWNER - REGENCY	589,709	TV & RADIO PROD CONT		No
(3) JAY SEKULOW	BOARD-AMERIVISI	9,318	CUSTOMER NAME LIST		No
(4) KIM SEKULOW	OWNER PFMS OF G	677,300	RADIO & TV AGENCY FE		No

Part V Supplemental Information

Flovide additional information for responses to duestions on schedule L (see instruction)	Provide additional information for response	es to questions on Schedule L (see instructions
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Return Reference	Explanation
,	AS TO 1, 2, & 4 ABOVE, THE GOODS PROVIDED AND THE SERVICES PERFORMED BY THESE ENTITIES HAVE BEEN REVIEWED BY AN EXPERT INDEPENDENT THIRD PARTY AND WERE FOUND TO BE REASONABLE FOR THE TYPES OF GOODS & SERVICES PROVIDED TO THE ORGANIZATION

Schedule L (Form 990 or 990-EZ) 2014

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DLN: 93493131020595

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization	
CHRISTIAN ADVOCATES SERVING	
EVANGELISM INC	

Employer identification number 94-3037261 Part I Types of Property (a) (b) (c) (d) Noncash contribution Check Number of contributions Method of determining or items contributed amounts reported on noncash contribution amounts ıf applicable Form 990, Part VIII, line 1 g 1 Art-Works of art . . . 2 Art—Historical treasures . 3 Art—Fractional interests . . 4 Books and publications Clothing and household goods Cars and other vehicles . . 7 Boats and planes 8 Intellectual property . . . 9 Securities—Publicly traded . Χ 190,615 FAIR VALUE 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Oualified conservation contribution—Historic structures . . . 14 Qualified conservation contribution—Other . . . 15 Real estate—Residential . 16 Real estate—Commercial . . 17 Real estate—Other . . . 18 Collectibles **19** Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts 23 Scientific specimens . . 24 Archeological artifacts . . . 1,147,800 FAIR VALUE 25 Other ► (AIRTIME) **26** Other ►(**27** Other ▶ (__ 28 Other ► (Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Νo **b** If "Yes," describe the arrangement in Part II 31 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? Nο 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

b If "Yes," describe in Part II

describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

32a

Νo

Page 2

Schedule M (Form 990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2014)

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As Filed Data -

DLN: 93493131020595

OMB No 1545-0047

2014

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
CHRISTIAN ADVOCATES SERVING
EVANGELISM INC

EVANGELISM INC

EMployer identification number

94-3037261

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	
FORM 990, PAGE 2, PART III, LINE 4A	LEGAL COMMUNITY AS WELL OVER 227 MILLION INFORMATIONAL EMAILS WERE SENT TO MEMBERS AND IN DIVIDUALS OVER 6,593,000 UNIQUE INTERNET USERS VISITED OUR WEBSITE PAGE VIEWS FOR 2014 T OTALLED 27,455,000 FOR THE WEBSITE ACLJ ORG OUR ORGANIZATION'S FACEBOOK LIKES TOTAL OVER 1,844,000 AND WE HAVE OVER 21,000 TWITTER FOLLOWERS
FORM 990, PAGE 2, PART III, LINE 4B	HANNITY, CBN, CBS, ABC, NBC AND OTHER SHOWS JORDAN SEKULOW IS ALSO AN EXPERT IN INTERNAT IONAL HUMAN RIGHTS AND APPEARS REGULARLY ON FOX NEWS, CBN, TBN, HANNITY, FOCUS ON THE FAMILLY AND OTHERS
FORM 990, PAGE 2, PART III, LINE 4C	SLOTS ON THE TRINITY BROADCASTING NETWORK (TBN), DAYSTAR, ANGELTV AND OTHER NETWORKS IN 20 14, OUR SHOW WAS ALSO BEING BROADCASTED INTERNATIONALLY ON BOTH TBN AND DAYSTAR
FORM 990, PAGE 6, PART VI, LINE 2	JAY SEKULOW, PAM SEKULOW JORDAN SEKULOW, LOGAN SEKULOW FAMILY GARY SEKULOW JAY SEKULOW FAMILY GARY SEKULOW ADAM SEKULOW FAMILY
FORM 990, PAGE 6, PART VI, LINE 11B	FORM 990 WILL BE PRESENTED TO THE BOARD VIA VIDEO CONFERENCE ALONG WITH THE BUDGET VARIANCE FOR APPROVAL
FORM 990, PAGE 6, PART VI, LINE 12C	DUTY TO DISCLOSE AND USE OF OUTSIDE EXPERTS
FORM 990, PAGE 6, PART VI, LINE 15A	DIRECTORS AND OFFICERS ARE REVIEWED WITH COMPARABLE DATA AND OUTSIDE FIRMS ARE USED EVERY 3 TO 5 YEARS
FORM 990, PAGE 6, PART VI, LINE 15B	DIRECTORS AND OFFICERS ARE REVIEWED WITH COMPARABLE DATA AND OUTSIDE FIRMS ARE USED EVERY 3 TO 5 YEARS
FORM 990, PAGE 6, PART VI, LINE 17	KENTUCKY, LOUISIANA, MAINE, MARYLAND, MASSACHUSETTS, MICHIGAN, MINNESOTA, MISSISSIPPI, MIS SOURI, NEW HAMPSHIRE, NEW JERSEY, NEW MEXICO, NEW YORK, NORTH CAROLINA, NORTH DAKOTA, OHIO , OKLAHOMA, OREGON, PENNSYLVANIA, RHODE ISLAND, SOUTH CAROLINA, TENNESSEE, UTAH, VIRGINIA, WASHINGTON, WEST VIRGINIA, WISCONSIN
FORM 990, PAGE 6, PART VI, LINE 19	FORM 990 IS POSTED ON GUIDESTAR ALL OTHER FORMS ARE AVAILABLE UPON REQUEST WE HAVE SOME FINANCIAL INFORMATION, INCLUDING OUR ANNUAL REPORT, ON OUR WEBSITE ALL OTHER DOCUMENTS AR E AVAILABLE UPON REQUEST

Schedule G Supplemental

Column v

The 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. 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 2014, the reimbursements and expenses incurred on behalf of the organization were \$126,226.83 and the Professional Fundraising services were \$17,521.02.

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 2014, the reimbursements and expenses incurred on behalf of the organization were \$562,744.82 and the Professional Fundraising services were \$78,112.24.

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 fees for acquisition related telemarketing 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 2014, the reimbursement and expenses incurred on behalf of the organization were \$942,671.81 and the Professional Fundraising services were \$130,848.31.

The vendor, MDS, 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 fees for acquisition related telemarketing 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 2014, the reimbursement and expenses incurred on behalf of the organization were \$1,742,215.05 and the Professional Fundraising services were \$241,829.55.

The vendor, Strategic Fundraising, 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 fees for acquisition related telemarketing 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 2014, the reimbursement and expenses incurred on behalf of the organization were \$234,159.02 and the Professional Fundraising services were \$32,502.63.