

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2022

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation): Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: CHRISTIAN ADVOCATES SERVING EVANGELISM INC. Doing business as: AMERICAN CENTER FOR LAW & JUSTICE. Number and street (or P.O. box if mail is not delivered to street address): 1595 MALLORY LANE. Room/suite: . City or town, state or province, country, and ZIP or foreign postal code: BRENTWOOD, TN 37027

D Employer identification number: 94-3037261. E Telephone number: (770) 414-1404. G Gross receipts \$ 92,231,358

F Name and address of principal officer: GARY SEKULOW CPACGMA PO BOX 450349 ATLANTA, GA 31145

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.ACLJ.ORG

K Form of organization: Corporation

L Year of formation: 1986. M State of legal domicile: TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE CENTER IS SPECIFICALLY DEDICATED TO THE IDEAL THAT RELIGIOUS FREEDOM AND FREEDOM OF SPEECH ARE INALIENABLE, GOD GIVEN RIGHTS. THE CENTER'S PURPOSE IS TO EDUCATE, PROMULGATE, CONCILIATE AND WHERE NECESSARY, LITIGATE, TO ENSURE THAT THOSE RIGHTS ARE PROTECTED UNDER THE LAW.

Table with 2 columns: Description, Amount. Rows 2-7a: 2 Check this box, 3 Number of voting members (8), 4 Number of independent voting members (4), 5 Total number of individuals employed (13), 6 Total number of volunteers (0), 7a Total unrelated business revenue (0).

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12: 8 Contributions and grants (61,035,500), 9 Program service revenue (0), 10 Investment income (459,354), 11 Other revenue (209,223), 12 Total revenue (61,704,077).

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19: 13 Grants and similar amounts paid (24,121,150), 14 Benefits paid (0), 15 Salaries, other compensation (3,020,582), 16a Professional fundraising fees (76,694), 17 Other expenses (33,160,918), 18 Total expenses (60,379,344), 19 Revenue less expenses (1,324,733).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets (88,009,382), 21 Total liabilities (6,135,899), 22 Net assets or fund balances (81,873,483).

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer: GARY SEKULOW CPACGMA CFO/COO. Date: 2023-05-15.

Paid Preparer Use Only: Print/Type preparer's name: CARR RIGGS & INGRAM LLC. Preparer's signature. Date: 2023-05-15. Check self-employed. PTIN: P01069014. Firm's EIN: 72-1396621. Firm's address: 4004 SUMMIT BLVD NE SUITE 800 ATLANTA, GA 30319. Phone no. (770) 394-8000.

May the IRS discuss this return with the preparer shown above? See Instructions. Yes No

Part III 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:

THE CENTER IS SPECIFICALLY DEDICATED TO THE IDEAL THAT RELIGIOUS FREEDOM AND FREEDOM OF SPEECH ARE INALIENABLE, GOD GIVEN RIGHTS. THE CENTER'S PURPOSE IS TO EDUCATE, PROMULGATE, CONCILIATE AND WHERE NECESSARY, 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? Yes No

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? Yes No

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 \$ 7,531,742 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. THE EDUCATIONAL DEPARTMENT SENT OUT 12,675,679 PIECES OF INFORMATIONAL MAIL TO MEMBERS AND INDIVIDUALS WHO REQUESTED INFORMATION REGARDING OUR EXEMPT FUNCTIONS AND PURPOSES. THE WEBSITE IS FOR MEMBERS, PRESS, EDUCATORS, AND THE LEGAL COMMUNITY AS WELL. OVER 516 MILLION INFORMATIONAL EMAILS WERE SENT TO MEMBERS AND INDIVIDUALS. OVER 4,962,857 UNIQUE INTERNET USERS VISITED OUR WEBSITE. PAGE VIEWS FOR 2022 TOTALED 14,640,384 FOR THE WEBSITE ACLJ.ORG. OUR ORGANIZATION'S FACEBOOK LIKES TOTAL OVER 8,404,643 AND WE HAVE OVER 850,407 TWITTER FOLLOWERS. 2022 FACEBOOK LIVE VIEWS WERE OVER 10,449,405. YOUTUBE VIEWS WERE OVER 7.5 MILLION WITH OVER 856,000 HOURS WATCHED. RUMBLE UNIQUE VIEW WAS 2,756,073 WITH OVER 395,000 VIDEO PLAYS.

4b (Code: ) (Expenses \$ 28,199,906 including grants of \$ 24,121,150 ) (Revenue \$ ) 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 TRAINING 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, FOX NEWS BUSINESS, HANNITY, CBN, CBS, ABC, NBC AND OTHER SHOWS. JORDAN SEKULOW IS ALSO AN EXPERT IN INTERNATIONAL HUMAN RIGHTS AND APPEARS REGULARLY ON FOX NEWS, FOX NEWS BUSINESS, CBN, TBN, HANNITY AND OTHERS.

4c (Code: ) (Expenses \$ 19,643,734 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 SEKULOW "LIVE" PROGRAM IS A 30/60 MINUTE DAILY CALL-IN RADIO PROGRAM AND IS HEARD ON OVER 749 OUTLETS NATIONWIDE PLUS XM SATELLITE. THE SEKULOW WEEKEND EDITION IS ALSO A 30 MINUTE PROGRAM AND IT IS BROADCAST ACROSS 520 OUTLETS NATIONWIDE. THE THIRD PROGRAM "LAW AND JUSTICE JOURNAL" IS A SHORT 1 MINUTE SEGMENT THAT IS CARRIED BY OVER 654 RADIO STATIONS. THE PURPOSE OF ALL FOUR RADIO PROGRAMS IS TO EDUCATE THE PUBLIC ON THE MISSION OF THE ORGANIZATION AND ITS EXEMPT FUNCTIONS. THE ORGANIZATION ALSO PRODUCES A WEEKLY TELEVISION PROGRAM. THE ACLJ WEEKLY SHOW "ACLJ THIS WEEK" IS SEEN ON 287 FULL POWER AND LOW POWER STATIONS AS PART OF THE TRINITY BROADCAST NETWORK. IN 2022, OUR SHOW WAS ALSO BEING BROADCASTED INTERNATIONALLY ON THE TRINITY BROADCAST NETWORK'S 78 SATELLITES AND OVER 18,000 TELEVISION AND CABLE AFFILIATES WORLDWIDE.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 55,375,382

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

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 [ ]

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Form W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 17, including sub-questions and input fields for 'Yes', 'No', and numerical values.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (8), 1b (4), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 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
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 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.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: GARY SEKULOW CFO PO BOX 450349 ATLANTA, GA 31145 (770) 414-5701

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

Check if Schedule O contains a response or note to any line in this Part VII

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and title                           | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                        |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|------------------------|---------|--------------|------------------------------|---------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee; | Officer | Key employee | Highest compensated employee | Former  |   |  |   |
| (1) JORDAN SEKULOW ESQ<br>DIRECTOR              | 10.00  | X   |                        |         |              |                              | 28,834  | 0   | 0  |   |
| (2) JOE DAVIS<br>DIRECTOR                       | 1.00   | X   |                        |         |              |                              | 0       | 0   | 0  |   |
| (3) CAROLYN DAVIS<br>DIRECTOR                   | 1.00   | X   |                        |         |              |                              | 0       | 0   | 0  |   |
| (4) JOHN SCHLITT<br>DIRECTOR                    | 1.00   | X   |                        |         |              |                              | 0       | 0   | 0  |   |
| (5) DANIEL DONNELLY<br>DIRECTOR                 | 1.00   | X   |                        |         |              |                              | 0       | 0   | 0  |   |
| (6) DR JAY SEKULOW ESQ<br>PRESIDENT & DIRECTOR  | 15.00  | X   |                        |         | X            |                              | 36,253  | 0   | 11,289   |   |
| (7) PAM SEKULOW<br>SEC/TREAS & DIRECTOR         | 1.00   | X   |                        |         | X            |                              | 0       | 0   | 11,357   |   |
| (8) LOGAN SEKULOW<br>DIRECTOR OF MEDIA SERVICES | 32.00  | X   |                        |         |              |                              | 288,735 | 0   | 59,157   |   |
| (9) GARY SEKULOW CPACGMA<br>CFO/COO             | 38.00  |   |                        |         | X            |                              | 543,180 | 0   | 61,000   |   |
| (10) COLBY MAY ESQ<br>ASSISTANT SECRETARY       | 1.00   |   |                        |         | X            |                              | 0       | 0   | 0  |   |
| (11) ANDREW EKONOMOU ESQ<br>VICE PRESIDENT      | 1.00   |   |                        |         | X            |                              | 4,115   | 0   | 0  |   |
| (12) ADAM SEKULOW MBA<br>VP OF FINANCE          | 35.00  |   |                        |         |              | X                            | 344,497 | 0   | 29,883   |   |
| (13) SHARON ALFORD<br>CONTROLLER                | 30.00  |   |                        |         |              | X                            | 128,607 | 0   | 23,111   |   |
| (14) BEN ARCHULETA<br>DIRECTOR OF SECURITY      | 40.00  |   |                        |         |              | X                            | 127,350 | 0   | 34,866   |   |
| (15) ROBYN ARCHULETTA<br>EXEC ASST CHIEF COUN   | 40.00  |   |                        |         |              | X                            | 121,240 | 0   | 12,424   |   |
| (16) AARON LYNCH<br>ADMINISTRATIVE EXECUTIVE    | 40.00  |   |                        |         |              | X                            | 151,854 | 0   | 20,072   |   |



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

|   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
|---|----------------------|--|---|--|
| Contributions, Gifts, Grants, and Other Similar Amounts   |                      |  |   |  |
| <b>1a</b> Federated campaigns . . . . .   |                      | <b>1a</b>  |   |  |
| <b>b</b> Membership dues . . . . .  |                      | <b>1b</b>  |   |  |
| <b>c</b> Fundraising events . . . . .   |                      | <b>1c</b>  |   |  |
| <b>d</b> Related organizations . . . . .  |                      | <b>1d</b>  |   |  |
| <b>e</b> Government grants (contributions) . . . . .  |                      | <b>1e</b>  |   |  |
| <b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . . |                      | <b>1f</b>  | 61,035,500                              |  |
| <b>g</b> Noncash contributions included in lines 1a - 1f:\$ . . . . .                             |                      | <b>1g</b>  | 195,706                                 |  |
| <b>h Total.</b> Add lines 1a-1f . . . . .   |                      |  |   | 61,035,500   |

| Program Service Revenue                              | 2a | Business Code |  |  |  |
|--|----|---------------|--|--|--|
|  |    |               |  |  |  |
| <b>b</b>   |    |               |  |  |  |
| <b>c</b>   |    |               |  |  |  |
| <b>d</b>   |    |               |  |  |  |
| <b>e</b>   |    |               |  |  |  |
| <b>f</b> All other program service revenue . . . . . |    |               |  |  |  |
| <b>g Total.</b> Add lines 2a-2f. . . . .             |    |               |  |  |  |

|  |  |                |            |          |          |           |
|--|--|----------------|------------|----------|----------|-----------|
| Other Revenue  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .  |                | 1,207,942  |          |          | 1,207,942 |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .  |                |            |          |          |           |
|  | <b>5</b> Royalties . . . . .   |                | 17,141     |          |          | 17,141    |
|  | <b>6a</b> Gross rents . . . . .  | (i) Real       | 14,292     |          |          |           |
|  | <b>b</b> Less: rental expenses . . . . .   | (ii) Personal  | 0          |          |          |           |
|  | <b>c</b> Rental income or (loss) . . . . .   |                | 14,292     |          |          |           |
|  | <b>d</b> Net rental income or (loss) . . . . .   |                |            | 14,292   |          | 14,292    |
|  | <b>7a</b> Gross amount from sales of assets other than inventory . . . . .   | (i) Securities | 29,778,693 |          |          |           |
|  | <b>b</b> Less: cost or other basis and sales expenses . . . . .  | (ii) Other     | 30,527,281 |          |          |           |
|  | <b>c</b> Gain or (loss) . . . . .  |                | -748,588   |          |          |           |
|  | <b>d</b> Net gain or (loss) . . . . .  |                |            | -748,588 | -748,588 |           |
|  | <b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . |                |            |          |          |           |
|  | <b>b</b> Less: direct expenses . . . . .   |                |            |          |          |           |
|  | <b>c</b> Net income or (loss) from fundraising events . . . . .  |                |            |          |          |           |
|  | <b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .  |                |            |          |          |           |
| <b>b</b> Less: direct expenses . . . . .                                   |  |                |            |          |          |           |
| <b>c</b> Net income or (loss) from gaming activities . . . . .             |  |                |            |          |          |           |
| <b>10a</b> Gross sales of inventory, less returns and allowances . . . . . |  |                |            |          |          |           |
| <b>b</b> Less: cost of goods sold . . . . .                                |  |                |            |          |          |           |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .            |  |                |            |          |          |           |

| Other Revenue Misc Amt                              | 11a OTHER INCOME | Business Code |            |          |           |
|---|------------------|---------------|------------|----------|-----------|
|   |                  |               |            |          |           |
|   |                  | 900099        | 177,790    | 177,790  |           |
| <b>b</b>  |                  |               |            |          |           |
| <b>c</b>  |                  |               |            |          |           |
| <b>d</b> All other revenue . . . . .                |                  |               |            |          |           |
| <b>e Total.</b> Add lines 11a-11d . . . . .         |                  |               | 177,790    |          |           |
| <b>12 Total revenue.</b> See instructions . . . . . |                  |               | 61,704,077 | -570,798 | 0         |
|   |                  |               |            |          | 1,239,375 |

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 24,121,150                   | 24,121,150                             |   |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   |                              |  |   |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.   |                              |  |   |                                    |
| <b>4</b> Benefits paid to or for members   |                              |  |   |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 1,800,508                    | 1,033,254                              | 428,732                                       | 338,522                            |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                              |  |   |                                    |
| <b>7</b> Other salaries and wages  | 238,481                      | 136,857                                | 56,786  | 44,838                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 802,636                      | 460,607                                | 191,122                                       | 150,907                            |
| <b>9</b> Other employee benefits   | 74,977                       | 43,027                                 | 17,853  | 14,097                             |
| <b>10</b> Payroll taxes  | 103,980                      | 59,671                                 | 24,759  | 19,550                             |
| <b>11</b> Fees for services (non-employees):   |                              |  |   |                                    |
| <b>a</b> Management  |                              |  |   |                                    |
| <b>b</b> Legal   | 84,559                       |  | 46,292  | 38,267                             |
| <b>c</b> Accounting  | 38,000                       |  | 38,000  |                                    |
| <b>d</b> Lobbying  | 35,943                       | 35,938                                 |   | 5                                  |
| <b>e</b> Professional fundraising services. See Part IV, line 17   | 76,694                       |  |   | 76,694                             |
| <b>f</b> Investment management fees  | 341,753                      |  | 341,753                                       |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  | 603,172                      | 346,141                                | 143,626                                       | 113,405                            |
| <b>12</b> Advertising and promotion  |                              |  |   |                                    |
| <b>13</b> Office expenses  | 113,778                      | 107,586                                | 4,128   | 2,064                              |
| <b>14</b> Information technology   |                              |  |   |                                    |
| <b>15</b> Royalties  |                              |  |   |                                    |
| <b>16</b> Occupancy  | 575,436                      | 566,799                                | 4,079   | 4,558                              |
| <b>17</b> Travel   | 995,317                      | 796,665                                | 79,181  | 119,471                            |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                              |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings   |                              |  |   |                                    |
| <b>20</b> Interest   | 108,692                      | 108,692                                |   |                                    |
| <b>21</b> Payments to affiliates   |                              |  |   |                                    |
| <b>22</b> Depreciation, depletion, and amortization  | 1,068,941                    | 975,985                                |   | 92,956                             |
| <b>23</b> Insurance  | 239,497                      | 228,220                                | 9,196   | 2,081                              |
| <b>24</b> 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.)  |                              |  |   |                                    |
| <b>a</b> MEDIA AIRTIME   | 9,021,655                    | 9,021,655                              |   |                                    |
| <b>b</b> EDUCATIONAL COSTS AND M   | 7,148,429                    | 6,626,005                              |   | 522,424                            |
| <b>c</b> MEDIA PRODUCTION  | 3,415,073                    | 3,415,073                              |   |                                    |
| <b>d</b> SHIPPING AND POSTAGE  | 3,139,838                    | 2,808,431                              | 3,350   | 328,057                            |
| <b>e</b> All other expenses  | 6,230,835                    | 4,483,626                              | 51,858  | 1,695,351                          |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 60,379,344                   | 55,375,382                             | 1,440,715                                     | 3,563,247                          |
| <b>26</b> 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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). | 12,395,609                   | 11,382,832                             | 3,350   | 1,009,427                          |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year    |
|---|--|--------------------------|------------|-----------------------|
| <b>Assets</b>   | <b>1</b> Cash-non-interest-bearing . . . . .   | 16,608,463               | <b>1</b>   | 14,145,504            |
|   | <b>2</b> Savings and temporary cash investments  |                          | <b>2</b>   |                       |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 56,994                   | <b>3</b>   | 126,996               |
|   | <b>4</b> Accounts receivable, net . . . . .  | 20,500                   | <b>4</b>   | 2,756                 |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons |                          | <b>5</b>   |                       |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   |                          | <b>6</b>   |                       |
|   | <b>7</b> Notes and loans receivable, net . . . . .   |                          | <b>7</b>   |                       |
|   | <b>8</b> Inventories for sale or use . . . . .   |                          | <b>8</b>   |                       |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 447,958                  | <b>9</b>   | 437,111               |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 47,012,732    |            |                       |
|   | <b>b</b> Less: accumulated depreciation  | <b>10b</b> 10,589,380    | 15,675,081 | <b>10c</b> 36,423,352 |
|   | <b>11</b> Investments—publicly traded securities . . . . .   | 58,608,578               | <b>11</b>  | 35,376,913            |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   | 187,500                  | <b>12</b>  |                       |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  |                          | <b>13</b>  |                       |
|   | <b>14</b> Intangible assets . . . . .  |                          | <b>14</b>  |                       |
|   | <b>15</b> Other assets. See Part IV, line 11   | 1,196,963                | <b>15</b>  | 1,496,750             |
| <b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . . | 92,802,037   | <b>16</b>                | 88,009,382 |                       |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 2,341,811                | <b>17</b>  | 2,695,463             |
|   | <b>18</b> Grants payable . . . . .   |                          | <b>18</b>  |                       |
|   | <b>19</b> Deferred revenue . . . . .   |                          | <b>19</b>  |                       |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                          | <b>20</b>  |                       |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  |                          | <b>21</b>  |                       |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons     |                          | <b>22</b>  |                       |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 3,975,000                | <b>23</b>  | 3,075,000             |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                          | <b>24</b>  |                       |
|   | <b>25</b> 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 D  | 20,226                   | <b>25</b>  | 365,436               |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 6,337,037                | <b>26</b>  | 6,135,899             |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>   |                          |            |                       |
|   | <b>27</b> Net assets without donor restrictions . . . . .  | 86,465,000               | <b>27</b>  | 81,873,483            |
|   | <b>28</b> Net assets with donor restrictions   |                          | <b>28</b>  |                       |
|   | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>  |                          |            |                       |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b>  |                       |
|   | <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                          | <b>30</b>  |                       |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>31</b>  |                       |
|   | <b>32</b> Total net assets or fund balances  | 86,465,000               | <b>32</b>  | 81,873,483            |
| <b>33</b> Total liabilities and net assets/fund balances                      | 92,802,037   | <b>33</b>                | 88,009,382 |                       |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 61,704,077 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 60,379,344 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 1,324,733  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 86,465,000 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | -5,374,383 |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | -541,867   |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A)) | <b>10</b> | 81,873,483 |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant?<br>If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | Yes |    |
| <b>c</b>  | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  | Yes |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |     | No |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.   |     |    |

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

**Employer identification number**  
94-3037261

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

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- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . \_\_\_\_\_
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
|                                    |          |  | Yes   | No |   |   |
|                                    |          |  |   |    |   |   |
|                                    |          |  |   |    |   |   |
| <b>Total</b>                       |          |  |   |    |   |   |

**Part II 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 failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2018   | (b) 2019   | (c) 2020   | (d) 2021   | (e) 2022   | (f) Total   |
|--|------------|------------|------------|------------|------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .   | 52,495,249 | 53,103,154 | 62,348,372 | 70,888,645 | 60,839,794 | 299,675,214 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |            |            |            |            |            |             |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..   |            |            |            |            |            |             |
| <b>4 Total.</b> Add lines 1 through 3  | 52,495,249 | 53,103,154 | 62,348,372 | 70,888,645 | 60,839,794 | 299,675,214 |
| <b>5</b> 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) . . . |            |            |            |            |            |             |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |            |            |            |            |            | 299,675,214 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2018   | (b) 2019   | (c) 2020   | (d) 2021   | (e) 2022   | (f) Total   |
|---|------------|------------|------------|------------|------------|-------------|
| <b>7</b> Amounts from line 4. . . . .   | 52,495,249 | 53,103,154 | 62,348,372 | 70,888,645 | 60,839,794 | 299,675,214 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . | 720,724    | 794,068    | 736,625    | 1,282,244  | 1,225,083  | 4,758,744   |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .                              |            |            |            |            |            |             |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .                                | 73,529     | 69,480     | 11,310     | 10,211     | 177,790    | 342,320     |
| <b>11 Total support.</b> Add lines 7 through 10   |            |            |            |            |            | 304,776,278 |

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12**

**13 First 5 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**

|  |           |          |
|--|-----------|----------|
| <b>14</b> Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) . . . . . | <b>14</b> | 98.330 % |
| <b>15</b> Public support percentage for 2020 Schedule A, Part II, line 14 . . . . .                        | <b>15</b> | 98.490 % |

**16a 33 1/3% support test—2022.** 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—2021.** 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—2022.** 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—2021.** 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 supported organization . . . . .

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

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

(Complete only if you checked the box on line 10 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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2022; Row 16: Public support percentage from 2021 Schedule A.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2022; Row 18: Investment income percentage from 2021 Schedule A; Row 19a: 33 1/3% support tests-2022; Row 19b: 33 1/3% support tests-2021; Row 20: Private foundation.

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|            |   | Yes | No |
|------------|---|-----|----|
| <b>1</b>   | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  |     |    |
| <b>2</b>   | 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).   |     |    |
| <b>3a</b>  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.   |     |    |
| <b>b</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 <b>Part VI</b> when and how the organization made the determination.   |     |    |
| <b>c</b>   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  |     |    |
| <b>4a</b>  | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.   |     |    |
| <b>b</b>   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  |     |    |
| <b>c</b>   | 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)? If "Yes," explain in <b>Part VI</b> 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.   |     |    |
| <b>5a</b>  | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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). |     |    |
| <b>b</b>   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| <b>c</b>   | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| <b>6</b>   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .   |     |    |
| <b>7</b>   | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).  |     |    |
| <b>8</b>   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).   |     |    |
| <b>9a</b>  | 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 <b>Part VI</b> .   |     |    |
| <b>b</b>   | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .   |     |    |
| <b>c</b>   | Did a disqualified person (as defined on line 9a) 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 <b>Part VI</b> .  |     |    |
| <b>10a</b> | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.   |     |    |
| <b>b</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).  |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described on 11a above?   |     |    |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI</i>                                    |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the officers, 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? <i>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.</i> |     |    |
| <b>2</b> 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? <i>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.</i>  |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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)? <i>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).</i> |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> By reason of the relationship described in line 2 above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>   |     |    |

**Section 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 instructions**):

- a**  The organization satisfied the Activities Test. Complete **line 2** below.
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c**  The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

**2** Activities Test. **Answer lines 2a and 2b below.**

|   | Yes | No |
|---|-----|----|
| <b>a</b> 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? <i>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.</i> |     |    |
| <b>b</b> Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>   |     |    |

**3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

|   | Yes | No |
|---|-----|----|
| <b>a</b> 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? <i>If "Yes" or "No", provide details in Part VI.</i>                            |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i> |     |    |

**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 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A - Adjusted Net Income**

(A) Prior Year

(B) Current Year  
(optional)

- |   |          |  |  |
|---|----------|--|--|
| <b>1</b> Net short-term capital gain  | <b>1</b> |  |  |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b> |  |  |
| <b>3</b> Other gross income (see instructions)  | <b>3</b> |  |  |
| <b>4</b> Add lines 1 through 3  | <b>4</b> |  |  |
| <b>5</b> Depreciation and depletion   | <b>5</b> |  |  |
| <b>6</b> 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) | <b>6</b> |  |  |
| <b>7</b> Other expenses (see instructions)  | <b>7</b> |  |  |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)  | <b>8</b> |  |  |

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

- |  |           |  |  |
|--|-----------|--|--|
| <b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | <b>1</b>  |  |  |
| <b>a</b> Average monthly value of securities   | <b>1a</b> |  |  |
| <b>b</b> Average monthly cash balances   | <b>1b</b> |  |  |
| <b>c</b> Fair market value of other non-exempt-use assets  | <b>1c</b> |  |  |
| <b>d Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b> |  |  |
| <b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):   |           |  |  |
| <b>2</b> Acquisition indebtedness applicable to non-exempt use assets  | <b>2</b>  |  |  |
| <b>3</b> Subtract line 2 from line 1d  | <b>3</b>  |  |  |
| <b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | <b>4</b>  |  |  |
| <b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)  | <b>5</b>  |  |  |
| <b>6</b> Multiply line 5 by 0.035  | <b>6</b>  |  |  |
| <b>7</b> Recoveries of prior-year distributions  | <b>7</b>  |  |  |
| <b>8 Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>  |  |  |

**Section C - Distributable Amount**

Current Year

- |  |          |  |
|--|----------|--|
| <b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)   | <b>1</b> |  |
| <b>2</b> Enter 85% of line 1   | <b>2</b> |  |
| <b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)  | <b>3</b> |  |
| <b>4</b> Enter greater of line 2 or line 3   | <b>4</b> |  |
| <b>5</b> Income tax imposed in prior year  | <b>5</b> |  |
| <b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | <b>6</b> |  |

- 7**  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

(continued)

| Section D - Distributions  |           | Current Year |
|--|-----------|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity             | <b>2</b>  |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets   | <b>4</b>  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )  | <b>5</b>  |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions   | <b>6</b>  |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.  | <b>7</b>  |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions | <b>8</b>  |              |
| <b>9</b> Distributable amount for 2022 from Section C, line 6  | <b>9</b>  |              |
| <b>10</b> Line 8 amount divided by Line 9 amount   | <b>10</b> |              |

| Section E - Distribution Allocations<br>(see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2022 | (iii)<br>Distributable<br>Amount for 2022 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2022 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.   |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2022:  |                             |  |   |
| <b>a</b> From 2017. . . . .  |                             |  |   |
| <b>b</b> From 2018. . . . .  |                             |  |   |
| <b>c</b> From 2019. . . . .  |                             |  |   |
| <b>d</b> From 2020. . . . .  |                             |  |   |
| <b>e</b> From 2021. . . . .  |                             |  |   |
| <b>f Total</b> of lines 3a through e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2022 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2017 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                             |  |   |
| <b>4</b> Distributions for 2022 from Section D, line 7:<br>\$  |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2022 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |  |   |
| <b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.  |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2018. . . . .   |                             |  |   |
| <b>b</b> Excess from 2019. . . . .   |                             |  |   |
| <b>c</b> Excess from 2020. . . . .   |                             |  |   |
| <b>d</b> Excess from 2021. . . . .   |                             |  |   |
| <b>e</b> Excess from 2022. . . . .   |                             |  |   |

**Part VI 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   |
|--|---|
| SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME: | OTHER INCOME - 2018 AMOUNT: \$ 73,529. 2019 AMOUNT: \$ 69,480. 2020 AMOUNT: \$ 11,310. 2021 AMOUNT: \$ 10,211. 2022 AMOUNT: \$ 177,790. |

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Political Campaign and Lobbying Activities**  
**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes" on 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" on 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" on 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.

|   |   |
|---|---|
| Name of the organization<br>CHRISTIAN ADVOCATES SERVING<br>EVANGELISM INC | <b>Employer identification number</b><br>94-3037261 |
|---|---|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities. See instructions .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 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) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| <b>1</b> |             |         |   |  |
| <b>2</b> |             |         |   |  |
| <b>3</b> |             |         |   |  |
| <b>4</b> |             |         |   |  |
| <b>5</b> |             |         |   |  |
| <b>6</b> |             |         |   |  |

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)  | (a) Filing organization's totals                         | (b) Affiliated group totals        |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|--|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is:          | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:  | The lobbying nontaxable amount is:                       |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000   | 20% of the amount on line 1e.                            |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000  | \$100,000 plus 15% of the excess over \$500,000.         |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000  | \$175,000 plus 10% of the excess over \$1,000,000.       |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000   | \$225,000 plus 5% of the excess over \$1,500,000.        |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000  | \$1,000,000.   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>      |          |          |          |          |           |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                      | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                             |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                             |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                            |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                        |          |          |          |          |           |

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Table with 3 main columns: Question (1-11), (a) Yes/No, and (b) Amount. Includes questions about lobbying activities like volunteers, staff, media, mailings, etc.

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

Table with 3 columns: Question (1-3), Yes, No. Includes questions about dues, lobbying expenditures, and carryover.

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

Table with 5 main rows and 3 columns: Question (1-5), Yes/No, Amount. Focuses on nondeductible lobbying and political expenditures.

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Table with 2 columns: Return Reference, Explanation.

**Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

Supplemental Financial Statements

2022

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization CHRISTIAN ADVOCATES SERVING EVANGELISM INC

Employer identification number

94-3037261

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Description, Held at the End of the Year. Rows 2a, 2b, 2c, 2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 7/25/06.

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$
(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$
b Assets included in Form 990, Part X \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses               |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            |                  |                |                    |                      |                     |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ .....
  - b** Permanent endowment ▶ .....
  - c** Term endowment ▶ .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> Unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      | 20,444,504                      |                              | 20,444,504     |
| <b>b</b> Buildings . . . . .   |                                      | 15,424,885                      | 4,262,814                    | 11,162,071     |
| <b>c</b> Leasehold improvements  |                                      | 6,634,004                       | 2,646,821                    | 3,987,183      |
| <b>d</b> Equipment . . . . .   |                                      | 2,650,650                       | 2,080,580                    | 570,070        |
| <b>e</b> Other . . . . .   |                                      | 1,858,689                       | 1,599,165                    | 259,524        |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 36,423,352     |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .                                       |                |  |
| (2) Closely-held equity interests . . . . .                               |                |  |
| (3) Other _____   |                |  |
| (A)   |                |  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) |                |  |

**Part VIII Investments - Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment  | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|--|----------------|--|
| (1)  |                |  |
| (2)  |                |  |
| (3)  |                |  |
| (4)  |                |  |
| (5)  |                |  |
| (6)  |                |  |
| (7)  |                |  |
| (8)  |                |  |
| (9)  |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.) |                |  |

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.) |                |

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability  | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 365,436        |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |  |           |            |
|----------|--|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       | <b>1</b>  | 57,352,471 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |            |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> | -5,374,383 |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> | 1,297,025  |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .   | <b>2d</b> | 67,505     |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> | -4,009,853 |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  | 61,362,324 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :                             |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> | 341,753    |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b> |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> | 341,753    |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . | <b>5</b>  | 61,704,077 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |   |           |            |
|----------|---|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      | <b>1</b>  | 61,402,121 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |           |            |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> | 1,297,025  |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> |            |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> | 67,505     |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> | 1,364,530  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  | 60,037,591 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                                |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> | 341,753    |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> | 341,753    |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . | <b>5</b>  | 60,379,344 |

**Part XIII Supplemental Information**

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

| Return Reference                       | Explanation   |
|--|---|
| PART X, LINE 2:                        | UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE CENTER IS EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME. FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021, THE CENTER DID NOT HAVE ANY UNRELATED BUSINESS INCOME, AND ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS NECESSARY. THE CENTER UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. AS OF DECEMBER 31, 2022 AND 2021, THE CENTER HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. |
| PART XI, LINE 2D - OTHER ADJUSTMENTS:  | ADVERTISING EXPENSES 67,505.  |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | ADVERTISING EXPENSES 67,505.  |

**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**  
  
Complete if the organization answered "Yes" on 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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**Employer identification number**  
94-3037261

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |   |   |
|---|---|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations          |   |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser)  | (ii) Activity         | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|--|-----------------------|--|----|-----------------------------------|---|---|
|  |                       | Yes  | No |                                   |   |   |
| 1<br>BBS & ASSOCIATES<br>130 SPRINGSIDE<br>AKRON, OH 44333 | DIRECT MAIL AND EMAIL |  | No | 28,687,236                        | 69,987  | 28,617,249  |
| 2<br>INFOCISION<br>325 SPRINGSIDE<br>AKRON, OH 44333       | INFO SERVICES         |  | No | 228,815                           | 6,707   | 222,108   |
| 3  |                       |  |    |                                   |   |   |
| 4  |                       |  |    |                                   |   |   |
| 5  |                       |  |    |                                   |   |   |
| 6  |                       |  |    |                                   |   |   |
| 7  |                       |  |    |                                   |   |   |
| 8  |                       |  |    |                                   |   |   |
| 9  |                       |  |    |                                   |   |   |
| 10   |                       |  |    |                                   |   |   |
| <b>Total</b>   |                       |  |    | <b>28,916,051</b>                 | <b>76,694</b>   | <b>28,839,357</b>                                 |

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

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, TN, UT, VA, WA, WV, WI

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|  |   | (a)Event #1  | (b) Event #2 | (c)Other events | (d) Total events                |
|--|---|--------------|--------------|-----------------|---------------------------------|
|  |   | (event type) | (event type) | (total number)  | (add col. (a) through col. (c)) |
| <b>Revenue</b>   | <b>1</b> Gross receipts . . . . .   |              |              |                 |                                 |
|  | <b>2</b> Less: Contributions . . . . .  |              |              |                 |                                 |
|  | <b>3</b> Gross income (line 1 minus line 2) . . . . .                             |              |              |                 |                                 |
| <b>Direct Expenses</b>   | <b>4</b> Cash prizes . . . . .  |              |              |                 |                                 |
|  | <b>5</b> Noncash prizes . . . . .   |              |              |                 |                                 |
|  | <b>6</b> Rent/facility costs . . . . .  |              |              |                 |                                 |
|  | <b>7</b> Food and beverages . . . . .   |              |              |                 |                                 |
|  | <b>8</b> Entertainment . . . . .  |              |              |                 |                                 |
|  | <b>9</b> Other direct expenses . . . . .  |              |              |                 |                                 |
|  | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶ |              |              |                 |                                 |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |   |              |              |                 |                                 |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|   |   | (a) Bingo   | (b) Pull tabs/Instant bingo/progressive bingo                       | (c) Other gaming | (d) Total gaming (add col.(a) through col.(c)) |
|---|---|---|---|------------------|--|
|   |   | <b>1</b> Gross revenue . . . . .                                    |   |                  |  |
| <b>Direct Expenses</b>  | <b>2</b> Cash prizes . . . . .                                      |   |   |                  |  |
|   | <b>3</b> Noncash prizes . . . . .                                   |   |   |                  |  |
|   | <b>4</b> Rent/facility costs . . . . .                              |   |   |                  |  |
|   | <b>5</b> Other direct expenses . . . . .                            |   |   |                  |  |
| <b>6</b> Volunteer labor . . . . .  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |                  |  |
| <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶        |   |   |   |                  |  |
| <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶ |   |   |   |                  |  |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
 

|                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

**16** Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

- Director/officer
- Employee
- Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

| Return Reference            | Explanation   |
|-----------------------------|---|
| PART I, LINE 2B, COLUMN (V) | THE VENDOR, BERKEY, BRENDEL, SHELIN, 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 2022, THE REIMBURSEMENTS AND EXPENSES INCURRED ON BEHALF OF THE ORGANIZATION WERE \$627,093.56 AND THE PROFESSIONAL FUNDRAISING SERVICES WERE \$69,987.                            |
| PART I, LINE 2B, 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 2022, THE REIMBURSEMENTS AND EXPENSES INCURRED ON BEHALF OF THE ORGANIZATION WERE \$34,216.74 AND THE PROFESSIONAL FUNDRAISING SERVICES WERE \$6,707. |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I  
(Form 990)**

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization  
CHRISTIAN ADVOCATES SERVING  
EVANGELISM INC

**Employer identification number**

94-3037261

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance                               |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|--|
| (1) AMERICAN CENTER FOR LAW AND JUSTICE<br>PO BOX 64429<br>VIRGINIA BEACH,VA<br>23467 | 54-1586817 | 501(C)(3)                       | 22,967,000               | 0                                 |   |                                       | LITIGATION/LEGAL RES   |
| (2) LAW & JUSTICE INSTITUTE<br>PO BOX 65037<br>VIRGINIA BEACH,VA<br>23467             | 20-2487980 | 501(C)(3)                       | 698,868                  | 0                                 |   |                                       | EDUCATION  |
| (3) ACLJ ACTION INC<br>PO BOX 90728<br>WASHINGTON,DC 20090                            | 88-1120466 | 501(C)(4)                       | 300,000                  | 0                                 |   |                                       | PRO-LIFE RESEARCH,<br>POLICY RESEARCH,<br>LOBBYING<br>ACTIVITIES |

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

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

| <b>(a)</b> Type of grant or assistance | <b>(b)</b> Number of recipients | <b>(c)</b> Amount of cash grant | <b>(d)</b> Amount of noncash assistance | <b>(e)</b> Method of valuation (book, FMV, appraisal, other) | <b>(f)</b> Description of noncash assistance |
|--|---------------------------------|---------------------------------|---|--|--|
| (1)                                    |                                 |                                 |   |  |  |
| (2)                                    |                                 |                                 |   |  |  |
| (3)                                    |                                 |                                 |   |  |  |
| (4)                                    |                                 |                                 |   |  |  |
| (5)                                    |                                 |                                 |   |  |  |
| (6)                                    |                                 |                                 |   |  |  |
| (7)                                    |                                 |                                 |   |  |  |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

| Return Reference | Explanation   |
|------------------|---|
| PART I, LINE 2:  | REVIEW OF ANNUAL FINANCIALS AND AUDITED FINANCIAL STATEMENTS WHERE AVAILABLE OR REQUIRED. |

**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CHRISTIAN ADVOCATES SERVING  
EVANGELISM INC

Employer identification number

94-3037261

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel            | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                               | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account                      | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on 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

**2** 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 on Line 1a?

**3** 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.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> | Yes |    |
| <b>2</b>  | Yes |    |
| <b>4a</b> |     | No |
| <b>4b</b> |     | No |
| <b>4c</b> |     | No |
| <b>5a</b> |     | No |
| <b>5b</b> |     | No |
| <b>6a</b> |     | No |
| <b>6b</b> |     | No |
| <b>7</b>  |     | No |
| <b>8</b>  |     | No |
| <b>9</b>  |     |    |

**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 on 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)(i)-(iii) 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, 1099-MISC compensation, and/or 1099-NEC |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|---|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation   | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| <b>1</b> GARY SEKULOW CPACGMA<br>CFO/COO             | (i)  | 449,739   | 17,298                              | 76,143                              | 61,000   | 0                       | 604,180                         | 0   |
|  | (ii) | -----<br>0  | -----<br>0                          | -----<br>0                          | -----<br>0                                     | -----<br>0              | -----<br>0                      | -----<br>0  |
| <b>2</b> ADAM SEKULOW MBA<br>VP OF FINANCE           | (i)  | 260,584   | 75,339                              | 8,574                               | 0  | 29,883                  | 374,380                         | 0   |
|  | (ii) | -----<br>0  | -----<br>0                          | -----<br>0                          | -----<br>0                                     | -----<br>0              | -----<br>0                      | -----<br>0  |
| <b>3</b> LOGAN SEKULOW<br>DIRECTOR OF MEDIA SERVICES | (i)  | 113,533   | 134,521                             | 40,681                              | 29,274   | 29,883                  | 347,892                         | 0   |
|  | (ii) | -----<br>0  | -----<br>0                          | -----<br>0                          | -----<br>0                                     | -----<br>0              | -----<br>0                      | -----<br>0  |
| <b>4</b> AARON LYNCH<br>ADMINISTRATIVE EXECUTIVE     | (i)  | 123,179   | 6,538                               | 22,137                              | 0  | 20,072                  | 171,926                         | 0   |
|  | (ii) | -----<br>0  | -----<br>0                          | -----<br>0                          | -----<br>0                                     | -----<br>0              | -----<br>0                      | -----<br>0  |
| <b>5</b> BEN ARCHULETA<br>DIRECTOR OF SECURITY       | (i)  | 121,507   | 5,051                               | 792                                 | 13,338   | 21,528                  | 162,216                         | 0   |
|  | (ii) | -----<br>0  | -----<br>0                          | -----<br>0                          | -----<br>0                                     | -----<br>0              | -----<br>0                      | -----<br>0  |
| <b>6</b> SHARON ALFORD<br>CONTROLLER                 | (i)  | 103,887   | 24,503                              | 217                                 | 23,111   | 0                       | 151,718                         | 0   |
|  | (ii) | -----<br>0  | -----<br>0                          | -----<br>0                          | -----<br>0                                     | -----<br>0              | -----<br>0                      | -----<br>0  |
|  |      |   |                                     |                                     |  |                         |                                 |   |
|  |      |   |                                     |                                     |  |                         |                                 |   |
|  |      |   |                                     |                                     |  |                         |                                 |   |
|  |      |   |                                     |                                     |  |                         |                                 |   |
|  |      |   |                                     |                                     |  |                         |                                 |   |
|  |      |   |                                     |                                     |  |                         |                                 |   |
|  |      |   |                                     |                                     |  |                         |                                 |   |
|  |      |   |                                     |                                     |  |                         |                                 |   |
|  |      |   |                                     |                                     |  |                         |                                 |   |
|  |      |   |                                     |                                     |  |                         |                                 |   |
|  |      |   |                                     |                                     |  |                         |                                 |   |

**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 |
|------------------|-------------|
|------------------|-------------|

## **Additional Data**

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**Software ID:**

**Software Version:**

**Schedule L**  
**(Form 990)**

**Transactions with Interested Persons**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

▶ **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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CHRISTIAN ADVOCATES SERVING  
EVANGELISM INC

**Employer identification number**

94-3037261

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).  
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

| 1 | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|---|---------------------------------|---|--------------------------------|----------------|----|
|   |                                 |   |                                | Yes            | No |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |
|   |                                 |   |                                |                |    |

**2** Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. \_\_\_\_\_

**3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. . . . ▶ \$ . ▶ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? |    | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|----|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No | Yes                                 | No | Yes                    | No |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |

**Total** . . . . . ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|-------------------------------|---|--------------------------|------------------------|---------------------------|
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |
|                               |   |                          |                        |                           |

**Part IV Business Transactions Involving Interested Persons.**

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| (1) JAY SEKULOW               | OWNER - REGENCY PRODUCTIONS, INC.                               | 2,088,647                 | MOVIE/TV/RADIO PRODUCTION      |   | No |
| (2) KIM SEKULOW               | OWNER - PFMS OF GEORGIA, INC.                                   | 1,389,570                 | RADIO & TV AGENCY FEES         |   | No |
| (3) ADAM SEKULOW              | SON OF CFO/COO  | 344,497                   | VP OF FINANCE - COMPENSATION   |   | No |
| (4) AMANDA SEKULOW            | WIFE OF DIRECTOR  | 36,088                    | EVENT COORD. - COMPENSATION    |   | No |
| (5) JENNIFER STRINGFELLOW     | DAUGHTER OF CFO/COO   | 35,772                    | ASST. PROD. - COMPENSATION     |   | No |
|                               |   |                           |                                |   |    |

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

| Return Reference                | Explanation  |
|---------------------------------|--|
| PART V - ADDITIONAL INFORMATION | AS TO #1, 2 & 3 ABOVE, THE GOODS PROVIDED AND THE SERVICES PERFORMED BY THESE ENTITIES AND PERSONS HAVE BEEN REVIEWED BY AN EXPERT INDEPENDENT THIRD PARTY AND WERE FOUND TO BE REASONABLE FOR THE TYPES OF GOODS AND SERVICES PROVIDED TO THE ORGANIZATION. |

## **Additional Data**

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**Software ID:**

**Software Version:**

# Noncash Contributions

## 2022

**Open to Public Inspection**

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CHRISTIAN ADVOCATES SERVING  
EVANGELISM INC

**Employer identification number**

94-3037261

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art . . . . .   |                            |   |  |   |
| 2 Art—Historical treasures . . . . .                                 |                            |   |  |   |
| 3 Art—Fractional interests . . . . .                                 |                            |   |  |   |
| 4 Books and publications . . . . .                                   |                            |   |  |   |
| 5 Clothing and household goods . . . . .                             |                            |   |  |   |
| 6 Cars and other vehicles . . . . .                                  |                            |   |  |   |
| 7 Boats and planes . . . . .   |                            |   |  |   |
| 8 Intellectual property . . . . .                                    |                            |   |  |   |
| 9 Securities—Publicly traded . . . . .                               | X                          | 60  | 195,706  | FAIR VALUE  |
| 10 Securities—Closely held stock . . . . .                           |                            |   |  |   |
| 11 Securities—Partnership, LLC, or trust interests . . . . .         |                            |   |  |   |
| 12 Securities—Miscellaneous . . . . .                                |                            |   |  |   |
| 13 Qualified 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 . . . . .                                 |                            |   |  |   |
| 25 Other ▶ ( _____ )   |                            |   |  |   |
| 26 Other ▶ ( _____ )   |                            |   |  |   |
| 27 Other ▶ ( _____ )   |                            |   |  |   |
| 28 Other ▶ ( _____ )   |                            |   |  |   |

**29** Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

**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 isn't required to be used for exempt purposes for the entire holding period?

|            | Yes | No |
|------------|-----|----|
| <b>30a</b> |     | No |
| <b>31</b>  |     | No |
| <b>32a</b> |     | No |

**b** If "Yes," describe the arrangement in Part II.

**31** Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

**32a** Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

**b** If "Yes," describe in Part II.

**33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

**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 |
|------------------|-------------|
|------------------|-------------|

## **Additional Data**

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**Software Version:**

**SCHEDULE O**  
**(Form 990)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization  
CHRISTIAN ADVOCATES SERVING  
EVANGELISM INC

**Employer identification number**

94-3037261

| Return Reference                       | Explanation  |
|--|--|
| FORM 990, PART VI, SECTION A, LINE 2   | JAY SEKULOW, PAM SEKULOW & JORDAN SEKULOW, LOGAN SEKULOW: FAMILY GARY SEKULOW & JAY SEKULOW: FAMILY GARY SEKULOW & ADAM SEKULOW: FAMILY JOE DAVIS & CAROLYN DAVIS: FAMILY JASON & AARON LYNCH: FAMILY  |
| FORM 990, PART VI, SECTION B, LINE 11B | PRIOR TO FILING, THE FORM 990 DRAFT IS SENT OUT TO ALL BOARD MEMBERS FOR THEIR REVIEW AND QUESTIONS.   |
| FORM 990, PART VI, SECTION B, LINE 12C | PRIOR TO BOARD MEETING, GENERAL COUNSEL WILL SURVEY THE BOARD FOR ANY CONFLICTS OF INTEREST.   |
| FORM 990, PART VI, SECTION B, LINE 15  | WRITTEN CONTRACTS, INDEPENDENT COMPENSATION CONSULTANTS, AND COMPENSATION SURVEYS ARE USED TO DETERMINE COMPENSATION WHICH IS APPROVED BY THE BOARD ANNUALLY.  |
| FORM 990, PART VI, SECTION C, LINE 19  | SOME FINANCIAL INFORMATION, INCLUDING OUR ANNUAL REPORT, IS ON OUR WEBSITE. ALL OTHER INFO IS AVAILABLE UPON REQUEST OR IN CERTAIN STATES REGISTRATIONS.   |
| FORM 990, PART IX, LINE 24E            | WEBSITE MANAGEMENT: PROGRAM SERVICE EXPENSES 2,301,393. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 81,947. TOTAL EXPENSES 2,383,340. DATABASE MANAGEMENT: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 1,230,000. TOTAL EXPENSES 1,230,000. RENT AND LEASE EXPENSE: PROGRAM SERVICE EXPENSES 945,633. MANAGEMENT AND GENERAL EXPENSES 45,959. FUNDRAISING EXPENSES 46,700. TOTAL EXPENSES 1,038,292. FINANCIAL SERVICES: PROGRAM SERVICE EXPENSES 797,393. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 140,929. TOTAL EXPENSES 938,322. MAINTENANCE: PROGRAM SERVICE EXPENSES 393,198. MANAGEMENT AND GENERAL EXPENSES 773. FUNDRAISING EXPENSES 193,016. TOTAL EXPENSES 586,987. OTHER EXPENSES: PROGRAM SERVICE EXPENSES 34,678. MANAGEMENT AND GENERAL EXPENSES 1,848. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 36,526. BOOKS, DUES AND SUBSCRIPTIONS: PROGRAM SERVICE EXPENSES 11,331. MANAGEMENT AND GENERAL EXPENSES 3,278. FUNDRAISING EXPENSES 2,759. TOTAL EXPENSES 17,368. |

## **Additional Data**

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