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Form **990-EZ**

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A		he 2008 calendar year, or tax year beginning JUL 1, 2008	and en	ding JUN	30,	2009
В	Check i	ble Please C Name of Organization		D Er	nployer i	dentification number
	Addre	use IRS use IRS label or				
[Name	ge print or CHRISTIAN LEADERS FOR AFRICA, INC.		ŀ	30-0	076632
	Initia	Number and street (or P O box, if mail is not delivered to street address)	_,	Room/suite E To	elephone	number
Ē	Term	nin- Specific P.O. BOX 1642		1 1		846-7249
Ī	atior Ame	ended trops City or town, state or country, and 7IP + 4		<u> </u>	roup Exe	
Ē	retur	INDIANAPOLIS, IN 46206			umber 🕨	
		ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a	romnieted	G Accounting		
	-	Schedule A (Form 990 or 990-EZ).	Jompiocou	Other (speci	_	
ī	Websi	nte: ► WWW.CLAFRICA.COM		H Check ►	,	he organization is not
j		ization type (check only one)— X 501(c) (3) ◀ (insert no) 4947(a)(1)	or 52	•		lule B (Form 990, 990-EZ, or 990-PF)
K		If the organization is not a section 509(a)(3) supporting organization and its gross				
		ed, but if the organization chooses to file a return, be sure to file a complete return		•	• •-	io,000 ii iotam io not
ī		nes 5b , 6b, and 7b, to line 9 to determine gross re cei pts, if \$1,000,000 or more, file Form 99	0 instead of	Form 990-EZ	▶ \$	606,806.
F	art I					
	1	Contributions, gifts, grants, and similar amounts received		·	1	592,671.
	2	Program service revenue including government fees and contracts			2	0.
	3	Membership dues and assessments			3	0.
	4	Investment income			4	14,135.
	5a		ia			21/1000
	b	· · · · · · · · · · · · · · · · · · ·	ib		1	
(A)		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (atta			_{5c}	
೦ೄ	6	Special events and activities (complete applicable parts of Schedule G). If any amount is fi	•		1	
₽ã	a		o gag,	0.100K 11010 F]]	
£ è	"		ia			
SCANNED	Ь	· · · · · · · · · · · · · · · · · · ·	ib .		7	
	C		, , , , , , , , , , , , , , , , , , ,		6c	
JAN	7a		'a			
	b		'b		1	
-	C		D		70	
ල	8	Other revenue (describe	•	1	8	
2010	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		/	9	606,806.
3 -	10		rmr 3		10	350,533.
	11	Benefits paid to or for members			11	0.
S	12	Salarias other componention and amployee benefits	***		12	87,866.
penses	13	Professional fees and other payments to independent contractors			13	7,651.
	14	Operander and interest and project departs			14	
Щ	15	Printing, publications, postage, and shaping JAN 1 2 2010 Other expenses (describe ► SE)	•		15	3,689.
	16	Other expenses (describe SE)	STAT	EMENT 1	16	18,440.
	17	Total expenses Add lines 10 through 16		, 	17	468,179.
	18	Excess or (deficit) for the year (Subtract line 17 minutes),			18	138,627.
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A))	•			
1SS		(must agree with end-of-year figure reported on prior year's return)			19	475,618.
Net Assets	20	Other changes in net assets or fund balances (attach explanation) SEI	STAT	EMENT 2	20	<67,875.>
Z	21	Net assets or fund balances at end of year Combine lines 18 through 20	-	•	21	546,370.
F	art II		e, file Form 9	90 instead of Form		
L.E.		(See the instructions for Part II)) Beginning of year		(B) End of year
2:	2 Cas	sh, savings, and investments		475,618		546,370.
2		nd and buildings		.,	23	•
2		ner assets (describe)		24	
2		tal assets	_ ′	475,618		546,370.
2		tal liabilities (describe	,		0 . 26	0.
2		t assets or fund balances (line 27 of column (B) must agree with line 21)	_ '	475,618		546,370.
	2171 -17-08	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for F	orm 99 0.	<u>, </u>		Form 990-EZ (2008)



Form 990-EZ (2008) CHRISTIAN LEADERS FOR	AFRICA, INC.		30-0	0766	32 Page 2
Part III Statement of Program Service Accomplish		Part III)		Ex	penses
What is the organization's primary exempt purpose? SEE STATEM			(Required	for 501(c)(3) ganizations and
Describe what was achieved in carrying out the organization's exempt purpos provided, the number of persons benefited, or other relevant information for e	es. In a clear and co nci se manner, deach program title	lescribe the services	4) trusts, optional
28 SEE STATEMENT 5					
				İ	
157 027					160 005
(Grants \$ 157,837.) If this amount includes for SEE STATEMENT 6	reign grants, check here		2	:8a	163,887.
29 SEE STATEMENT 6					
					
(Grants \$ 29,063.) If this amount includes for	reign grants, check here			9a	29,063.
30 SEE STATEMENT 7					
(Grants \$ 75,075.) If this amount includes for	reign grants, check here		<u> </u>	0a	_75,075.
31 Other program services (attach schedule) SEE STATEME		_			00 550
(Grants \$ 88,558.) If this amount includes for Total program service expenses (add lines 28a through 31a)	reign grants, check here			1a	<u>88,558.</u> 356,583.
Part IV List of Officers, Directors, Trustees, and K	ev Employees, List sech one a	von if not componented	(San thaun	32	330,363.
rate iv j	List each one e			tributions	or Partiv)
(a) Name and address	(b) Title and average hours	(c) Compensation	to em	ployee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter -0)		plans & erred	account and other allowances
	position	5.,	ı	nsation	other anowances
LYNN COHICK	BOARD CHAIRMA	N AND PRE	SIDE	NT	
	5 .0 0	0.		0.	0.
PAUL HEIDEBRECHT	EXECUTIVE DIF	1	ı		
	40.00	60,000.	27,	866.	0.
MARK FACKLER	DIRECTOR				
EDWIN ELCHED	0.50	0.		0.	0.
EDWIN FISHER	DIRECTOR, AUD	O.	TEE	^	0
DON HARDAMON	DIRECTOR			0.	0.
DON HARDAHON	0.50	0.		0.	0.
DAVID HOLST		IT COMMIT	TEE	- •	•
	1.00	0.		0.	0.
DOUG LONG	DIRECTOR, TRE	ASURER			
	5 .0 0	0.		0.	0.
DARCY WEAVER	DIRECTOR				
	0.50	0.		0.	0.
SCOTT SWIMM	DIRECTOR, VIC	1			•
KEITH KRISPIN	0.00 DIRECTOR	0.		0.	0.
KEIIH KRISPIN	0.00	0.		0.	0.
	0.00	0.			
				•	
		ļ			
				1	
]			
	i	, l		I	

Pa	If V Other Information (Note the statement requirements in the instructions for Part VI)			
	•		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy	[1
	tax requirements?	35a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	A
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still unpaid at the start of the period covered by this return?	38a	ĺ [X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter:			ĺ
a	Initiation fees and capital contributions included on line 9			į
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			Ė
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ► 0 . , section 4912 ► 0 . , section 4955 ► 0 .			Ĺ
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or			
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	L	X
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			ĺ
	sections 4912, 4955, and 4958 D			į
đ	Enter amount of tax on line 40c reimbursed by the organization			į
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			į
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed IN			
42 a	The books are in care of ▶ BALE B. LUTHER DOJGLAS P. LONG, ONE Ange Telephone no ▶ 317-84			
	List the states with which a copy of this return is filed IN The books are in care of BALE B. LUTHER DOJGLAS P. LONG, ONE Angel Telephone no 317-84 Located at P-O. BOX 1642, INDIANAPOLIS, IN 46204 ZIP+4 4	<u>620</u>	6	
b	At any time during the calendar year, the digalization have an interest in or a signature or other authority	ſ		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
		42b	·······.	X
	If "Yes," enter the name of the foreign country			:
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	/-		Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		ı		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			٠,
45	Form 990-EZ	44		<u>X</u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be		-	v
	completed instead of Form 990-EZ	45	00-E7 /	<u>X</u>

· ·	tables for lines 50 and 51	oo r(c)(o) organizations mus	answer question	5 40-49 and cc	unbiere m	3
46 Did th		n habalf of or in appacition to	andidates for public		Vo	s No
	le organization engage in direct or indirect political campaign activities or ? If "Yes," complete Schedule C, Part I	n benan of or in opposition to t	andidates for public	1	46	X
	ie organization engage in lobbying activities? If "Yes," complete Sche	adula C. Part II			47	$+\frac{x}{x}$
	organization operating a school as described in section 170(b)(1)(A)(ii)		ula E		48	$\frac{1}{X}$
		· ·	ule c			$\frac{X}{X}$
	ie organization make any transfers to an exempt non-charitable related o	rganization			49a	 ^
	s," was the related organization(s) a section 527 organization?	##			49b	
	olete this table for the five highest compensated employees (other than o mpensation from the organization. If there is none, enter "None."	micers, directors, trustees and	key employees) wno	each received m	ore than \$1	00,000
0,00	impensation from the organization in there is notice, enter notice					
				(D) Contribution	s	
		(b) Title and average hours	(c) Compensation	to employee	(E) Ex	
	(a) Name and address of each employee paid more than \$100,000	per week devoted to		benefit plans &		
	NONE	position		deferred compensation	other allo	wances
	NONE	 		Compondation		
		-				
 		4				
					-	
		4				
				}		
Total numb	er of other employees paid over \$100,000	<u> </u>		L		
51 Comp	elete this table for the five highest compensated independent contractors	who each received more than	\$100,000 of compen	sation from the	organization	If there
is nor	ne, enter "None "					
	NONE					
	(a) Name and address of each independent contractor paid more to	han \$100,000	(b) Type of ser	vice (c) Compens	ation
					-	
		·				
				ĺ		

<u> </u>						
						
	<u></u>					
	6.11				· · · · ·	
otal numb	er of other independent contractors each receiving over \$100,000 Under penalties of Denury, I declare that I have examined this return, including acc	ompanying schedules and statemen	ts and to the hest of my	knowledge and be	ef it is true	
N:	correct, and complete Declaration of preparer (other than officer) is based on all in	formation of which preparer has any	knowledge		ici, it is ade,	
Sign Here	Signature of officer			1/3/1	0	
1010				Date		
		ig ireasures	<u> </u>			
	Type or print name and title	/				
Paid	Preparer's signature	Date Che	ck if self-	arer's Identifying Ni	ımber (See ın	str)
Preparer's	Stew K. Malley (PD	12-21-29 emp	loyed			
Jse Only	Firm's name (or yours CAPIN CROUSE LLP		EIN D	>		
	of self-employed), 972 EMERSON PARKWAY-STE	E A	Phone			
	address, and ZIP+4 GREENWOOD, IN 46143	:=	no	(317)	885-2	2620
May the IDS					- r	
viay tile IRS	S discuss this return with the preparer shown above? See instructions					No No
				F	orm 990-E 2	. (2008)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

-			AN LEADERS E							0-0076	<u>6</u> 32	
Part I	Reason	for Public Char	rity Status (All organi	zations mi	ust comple	te this pai	t) (see ins	tructions)				
The organ	nization is not	a private foundation	because it is. (Please ch	heck only	one organi	zation)						
1 🖳	A church, co	nvention of churche	s, or association of chui	rches desc	cribed in se	ection 170)(b)(1)(A) (ī) .				
2	A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach Sc	chedule E.)							
3 🖳	A hospital or	a cooperative hospi	ıtal service organization	described	ın section	170(b)(1)	(A)(iii). (At	tach Sche	edule H.)			
4 📖	A medical re	search organization	operated in conjunction	with a ho	spital desc	ribed in s e	ection 170)(b)(1)(A)(i	ii). Enter t	he hospital'	's nam	ıe,
	city, and stat	te:										
5	An organizat	ion operated for the	benefit of a college or u	iniversity o	wned or o	perated by	y a gove rn	mental un	it describe	ed in		
	section 170	(b)(1)(A)(iv) . (Compl	ete Part II.)									
6 🖳	A federal, sta	ate, or local governm	ent or governmental un	it describe	d in sectio	n 170(b)(1)(A)(v).					
7 X	An organizat	on that normally rec	eives a substantial part	of its supp	oort from a	governme	ental uni t d	or from the	general p	oublic desci	rıbed ı	n
		(b)(1)(A)(vi). (Comple	·									
8 🖳			section 170(b)(1)(A)(vi).									
9 📖	An organizat	ion that normally rec	eives. (1) more than 33	1/3% of its	s support f	rom contr	ibutions, n	nembershi	p fees, an	d gross rec	elpts	from
	activities rela	ted to its exempt ful	nctions - subject to c ert a	aın except	ions, and (2) no more	e than 33	1/3% of its	support	from gross	ınvest	ment
			axable income (less sec	tion 511 ta	ax) from bu	sinesses	acquired b	y the orga	anization a	after June 3	0, 197	′5.
—		509(a)(2). (Complete	•									
10			perated exclusively to te									
11 📖			perated exclusively for the									or
			ations described in secti				2). See se e	ction 509(a)(3). Che	ck the box	that	
		r-	organization and compl							ı <u> </u>		
. 🗀	a Type				e III - Fund	-	-		d []	Type III • C		
e			at the organization is not									
			han one or more publicl						9(a)(1) or s	section 509	(a)(2).	
f			ten determination from	tne IHS tn	atitisa iy	ре і, туре	ii, or iype	e III				
_		rganization, check th					- £ 45 - £-N		0			L
9			organization accepted a			•		• •		f	V	
			lirectly controls, either a	lione or tog	getner with	persons o	Jescribed	ın (II) and (iii) below,	44 (3)	Yes	No
		- •	upported organizatio n? n described in (i) abo ve ?)						11g(i)		
	-	•	person described in (i)		۵2		-			11g(ii) 11g(iii)		
h		-	about the organizations	• •		norte				L.19(0)/1		<u> </u>
••	Trovido ano r	Ono wing information	about the organizations	s inc organ	nzation sup	J PO/13.						
(i) Nama	of cupported	/ii\ EINI	(iii) Type of	(iv) is the	organization	(v) Did vo	u notify the	(vi) Is	the	(-i-) A		
	of supported anization	(ii) EIN	organization		sted in your		ion in col.	organization	on in col	(viı) Am supp		I
v. 9.			(described on lines 1-9 above or IRC section	governing	document?	(ı) of you	r support?	(i) organiz U S	2 111 (116	Jupt	,,,,,	
			(see instructions))	Yes	No	Yes	No	Yes	No			
							<u></u>					
							1					
							ļ					
			Ī				1					
Total	<u>, </u>			<u> </u>	1			<u> </u>				
LHA For P	Privacy Act an	d Paperwork Redu	ction Act Notice, se e tl	he Instruc	tions for F	orm 990.		Schedul	e A (Form	990 or 990	0-EZ)	2008

	edule A (Form 990 or 990-EZ) 2008 C rrt II Support Schedule for					30-007	6632 Page 2
	(Complete only if you checke			ocotions iro		a 110(b)(1)(\)	•••,
Sec	ction A. Public Support		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 	- <u></u>		·
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Gifts, grants, contributions, and	(a) 2004	(b) 2003	(6) 2000	(u) 2001	(6) 2000	(i) Total
•	membership fees received. (Do not						
	include any "unusual grants ")	285.803.	630.423.	482,021.	428.757.	592.671.	2419675.
2	Tax revenues levied for the organ-	2037003.	030,423.	102,021.	420,131.	332,011.	2417013.
-	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
·	furnished by a governmental unit to						
	the organization without charge						
А	Total. Add lines 1 · 3	285.803.	630,423.	482.021	428,757.	592,671.	2419675.
	The portion of total contributions	203,003.	030/123.	402,021.	420,131	332,011.	2417073.
·	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)						233,410.
6	Public Support. Subtract line 5 from line 4						2186265.
	ction B. Total Support	I					21002031
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 4	285,803.	630,423.	482,021.	428,757.	592,671.	2419675.
	Gross income from interest,						
•	dividends, payments received on					į	
	securities loans, rents, royalties						•
	and income from similar sources	615.	2,744.	7,642.	11,094.	14,135.	36,230.
9	Net income from unrelated business	-	······································	•		,	
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	İ					
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10					****	2455905.
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First five years. If the Form 990 is for	•	-	d, fourth, or fifth ta	ıx year as a sectio		
	organization, check this box and stop	here					ightharpoons
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2008 (ine 6, column (f) di	vided by line 11, c	olumn (f))		14	89.02 %
15	Public support percentage from 2007	Schedule A, Part	IV-A, line 26f		-	15	85.61 %
16a	33 1/3% support test - 2008. If the c	organization did n o	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				$\triangleright X$
b	33 1/3% support test - 2007. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a public ly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes	t - 2008. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	ns box and stop h	ere. Explain in Par	t IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	organization		
b	10% -facts-and-circumstances tes	t - 2007. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the				- •		-
	organization meets the "facts-and-circ		_	•			▶∐
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instruction	s ▶∐

Sch Pa	edule A (Form 990 or 990-EZ) 2008 art III Support Schedule for (Organizations	Described in	Section 509(a)	(2) (Complete only	y if you checked the bo	Page 3
Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513					1	
4	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to		Ì				
	or expended on its behalf						
5	The value of services or facilities					-	
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 · 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c	Add lines 7a and 7b						-
	Public support (Subtract line 7c from line 6)			-			
	ction B. Total Support					-h	
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6					1	17 : 5 15:
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12)			1.0			
	First five years. If the Form 990 is for	the organization's	s first second thin		y vear as a section	on 501(c)(3) organiz	ation
• •	check this box and stop here	the organization	s mat, second, tim	a, louitii, or ilitii ta	ix year as a section	on 30 r(c)(3) organiza	ation,
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2008 (·	column (fl)		15	
	Public support percentage from 2007			Oldfill (i))		16	% %
	ction D. Computation of Inves				<u> </u>	110 1	
	Investment income percentage for 20			a 13 column 60		17	
	, ,	•	•	ie 13, column (i))		· · · · · · · · · · · · · · · · · · ·	%
18 10a	investment income percentage from 2			n line 14 end line	15 in mare +ha= 1	18 33 1/3% and line 1	%
198	33 1/3% support tests - 2008. If the						r is not
1.	more than 33 1/3%, check this box at			•			~
Ö	33 1/3% support tests - 2007. If the						ına ► —
20	line 18 is not more than 33 1/3%, che			·			
20	Private foundation. If the organization	n did flot Check a	DOX OF HIR 14, 198	<u>1, or 190, check th</u>		structions hedule A (Form 990	or 990-EZ) 2008

FORM 990-EZ'	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
PR TAXES OFFICE ADVERTISING INFORMATION TECHNOLOGY TRAVEL INVESTMENT MANAGEMENT FEE OTHER OPERATIONS		1,08 4,02 3,05	19. 83. 87. 27.
TOTAL TO FORM 990-EZ, LINE 16		18,44	10.
FORM 990-EZ OTHER CHANGES IN	N NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION		AMOUNT	
UNREALIZED LOSS ON INVESTMENTS		<67,87	 75.>
TOTAL TO FORM 990-EZ, LINE 20		<67,87	— 75.>

FORM 990-EZ	CASH GRANTS AND ALLOCA	ATIONS	STATEMENT	3
CLASS OF ACTIVITY/DON	EE'S NAME AND ADDRESS	DONEE'S RELATIONSHIP	AMOUN	T
STUDENT AND FACULTY PI ST. NAIROBI EVANGELICA PO BOX 24686 00502, KAREN NAIROBI,	AL GRADUATE SCHOOL OF TH	NONE	350,5	33.
TOTAL INCLUDED ON FORM	4 990-EZ, LINE 10		350,5	33.

FORM 990-EZ'	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		STATE	MENT	4
DIRECTLY OF	SANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, REC	[] YES	[X]	NO
•	SANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	• [] YES	[X]	NO

990-EZ .PG 2'

STATEMENT

5

SCHOLARSHIPS FOR PHD AND MASTERS STUDENTS FROM NUMEROUS AFRICAN COUNTRIES.

OVER 50 NEGST STUDENTS BENEFITED FROM CLA SCHOLARSHIP DONATIONS DURING THIS PAST ACADEMIC YEAR. MANY RECEIVED FULL SCHOLARSHIPS OF \$3000. THESE SCHOLARSHIPS APPLIED TO TUITION AND IN SOME CASES HOUSING COSTS FOR THE STUDENTS. THE CLA EXECUTIVE DIRECTOR MONITORED THE PROGRESS OF EACH OF THESE STUDENTS, MEETING MOST OF THEM IN PERSON DURING HIS CAMPUS VISIT IN FEBRUARY, AND CONSULTED WITH THE FINANCIAL AID DIRECTOR AT NEGST ABOUT THEIR FINANCIAL NEEDS. CLA ALSO SUPPORTS THE DOCTORAL STUDENTS AT NEGST. THE CURRENT COHORT OF 12 STUDENTS IS IN ITS FINAL YEAR OF STUDY, MUCH OF WHICH WAS FUNDED EARLIER BY CLA DONORS. A NEW PH.D. COHORT WILL BEGIN IN JANUARY, 2010.

990-EZ PG 2'

STATEMENT

SUPPLEMENT FACULTY SUPPORT FOR 14 FULL-TIME AFRICAN PROFESSORS

ONE OF CLA'S PRIORITIES IS TO SUPPORT THE AFRICAN FACULTY AT NEGST SO THAT THEIR SALARIES AND LIVING EXPENSES ARE ADEQUATELY COVERED. THERE ARE 14 FULL-TIME AFRICAN PROFESSORS CURRENTLY. FUNDS RAISED BY CLA ARE APPLIED TO THEIR COMPENSATION. CLA ALSO MANAGES ENDOWMENT FUNDS FOR SOME OF THESE FACULTY MEMBERS ACCORDING TO THEIR DEPARTMENTS (BIBLICAL STUDIES, ISLAMIC STUDIES) THAT ARE RAISED AND INVESTED IN THE U.S.

990-EZ PG 2'

STATEMENT

ADDITIONAL EXPANSION FOR LIBRARY TOWARD MATCHING GIFT OF \$100,000

ONE OF CLA'S MAJOR PROJECTS IS THE EXPANSION OF THE LIBRARY RESOURCES AND CAPABILITIES. MATCHING GRANTS HAVE BEEN OBTAINED BY CLA TO UPGRADE THE COLLECTION IN AREAS WHERE DOCTORAL PROGRAMS ARE BEING DEVELOPED. THE FUNDS RAISED DURING THIS PAST YEAR WERE APPLIED TO BOOK PURCHASES IN AREAS SUCH AS BIBLICAL STUDIES, MISSIONS AND ISLAMICS, JOURNAL SUBSCRIPTIONS, COMPUTERS, TABLES, CHAIRS AND BOOK SHELVES. THE FURNITURE ITEMS WERE NEEDED AS THE NEGST LIBRARY EXPANDED INTO THE SECOND FLOOR OF ITS CURRENT BUILDING.

CHRISTIAN	LEADERS	FOR	AFRICA.	TNC
CHILIDITIM	TITITIO	LOI	ALINICA,	TINC

30-0076632

990-EZ PG 2'

STATEMENT

8

PROMOTE AWARENESS AND FURTHERANCE OF CHRISTIAN THEOLOGICAL TRAINING AND EDUCATION OF LOCAL LEADERS IN KENYA AND THROUGHOUT AFRICA.

FORM 990-EZ'	OTHER PROGRAM SERVICES	S7	PATEMENT 9
DESCRIPTION		GRANTS	EXPENSES
PROCEEDS TOWARD \$300, LAND FOR NEGST'S FUTUR	000 NEEDED TO ACQUIRE ADDITIONAL RE EXPANSION.		
UNIVERSITY CHARTER, NOT FOR ADMINISTRATION AND IMPROVEMENTS IN SUCH A REMOVAL IN OLDER BUILD JOINED WITH NEGST IN STATEMENT OF THE PROPERTY OF	RNMENT REQUIREMENTS FOR A EGST HAD TO ADD BUILDING SPACE D HOUSING AS WELL AS MAKE AREAS AS FIRE SAFETY, ASBESTOS DINGS AND SEWAGE TREATMENT. CLA SEEKING FUNDS TO PURCHASE FOUR I TO THE CAMPUS AND TO COMPLETE BY THE GOVERNMENT.	88,558.	88,558.
TOTAL TO FORM 990-EZ,	LINE 31	88,558.	88,558.

Form (Rev April 2009) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev 4-2009)

If you are	filing for an Automatic 3-Month Extension, complete only Part I and check this box filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	► X form).
o not com	plete Part II unless you have already been granted an automatic 3-month extension on a previously fil	ed Form 8868.
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).	
orporation of the control of the con	on required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete
	porations (including 1120-C filers), p art nerships, REMICs, and trusts must use Form 7004 to request an e tax returns.	extension of time
ioted bel ow not au to ma ou mu <mark>st</mark> su	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronicatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consistent the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file (refile and click on e-file for Chanties & Nonprofits.	cally if (1) you want the additional assolidated Form 990-T. Instead.
ype or	Name of Exempt Organization	Employer identification number
	CHRISTIAN LEADERS FOR AFRICA, INC.	30-0076632
ing your	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 1642	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions INDIANAPOLIS, IN 46206	
heck ty pe	of return to be filed (file a separate application for each return).	
X Form	990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52 990-EZ Form 990-T (trust other than above) Form 60 990-PF Form 1041-A Form 88	69
Telephon	BALE B. LUTHER DOUGLAS A. LONG, OUE AMEEN AS are in the care of ► P.O. BOX 1642 — INDIANAPOLIS, IN 46206 He No. ► 317-846-7249 633-4884 FAX No. ► anization does not have an office or place of business in the United States, check this box	¥620¥
Telephon If the organizer If this is for	anization does not have an office or place of business in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this	¥626¥ ► □ s is for the whole group, check this
Telephon If the org. If this is foox I reque F is for t	anization does not have an office or place of business in the United States, check this box	s is for the whole group, check this members the extension will cover.
Telephon If the org If this is foox I reque F Is for t X	is are in the care of P.O. BOX 1642 — INDIANAPOLIS, IN 46206 The No. 317 —846—7249 633—4884 — FAX No. Parization does not have an office or place of business in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box and attach a list with the names and EINs of all sets an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until EBRUARY 15, 2010, to file the exempt organization return for the organization named at the organization's return for or	s is for the whole group, check this members the extension will cover.
Telephon If the org If this is foox I reque F Is for t X I fthis If this	as are in the care of ▶ P.O. BOX 1642 — INDIANAPOLIS, IN 46206 The No. ▶ 317 —846—7249 ∠33 ~ 4884 FAX No. ▶ anization does not have an office or place of business in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all is est an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until EBRUARY 15, 2010, to file the exempt organization return for the organization named all the organization's return for and ending or tax year beginning ULL 1, 2008, and ending UN 30, 2009 tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any fundable credits. See instructions	s is for the whole group, check this members the extension will cover.
Telephon If the org If this is foox I reque F Is for t X If this If this If this If this If this If this If this	anization does not have an office or place of business in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	s is for the whole group, check this members the extension will cover. Change in accounting period 3a \$
Telephon If the org If this is foox I reque F Is for t X If this If	as are in the care of ▶ P.O. BOX 1642 — INDIANAPOLIS, IN 46206 The No. ▶ 317 —846—7249 ∠33 ~ 4884 FAX No. ▶ anization does not have an office or place of business in the United States, check this box for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all is est an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until EBRUARY 15, 2010, to file the exempt organization return for the organization named all the organization's return for and ending or tax year beginning ULL 1, 2008, and ending UN 30, 2009 tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any fundable credits. See instructions	s is for the whole group, check this members the extension will cover. Change in accounting period

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.