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990-EZ

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)

Sponsoring 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 \$500,000 and total assets less than \$1,250,000 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

OMB No 1545-1150

2009

Open to Public Inspection

A F	or the	2009 calend	lar year,	, or tax year beginning	January 1	, 200	9, and	ending	Dec	ember	31	, 20 09
Во	heck if a	pplicable	Please	C Name of organization					D Empl	oyer ide	ntıfı	cation number
	Address c	change	use IRS	Come & See Africa Interna	ational					20	35	11372
	Name cha	label of 1							E Telep	phone number		
=	nitial retu		type	25912 Hayward Blvd			`	#211		510 276-7331		
Η.	Terminate	ed	See Specific	1	and ZIP ± 4			## III				
=	Amended		Instruc-	Only of town, state of country,	and 211 + 4					ıp Exen	nptie	on
<u>'</u>	Application	on pending	tions	Hayward, CA 94542						nber 🕨	_	
	• Sect	tıon 501(c)(3,	_	zations and 4947(a)(1) none	•	trusts must atta	ch	G Accou	nting Me	ethod	\square	Cash
			a co	mpleted Schedule A (Form	990 or 990-EZ).			Other	(specify	<u> </u>		
								H Check	. ▶ 🔲	ıf the oi	gan	ization is not
ı V	Vebsit	te:▶ com	eandse	eafrica org				require	ed to att	ach Sc	hed	ule B (Form 990,
JΤ	ax-exe	mpt status	(check o	only one) — 🗸 501(c) ()		4947(a)(1) or	527	990-E	Z, or 99	0-PF)		
	Check ▶ ☐ If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A											
	Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return											
	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ \$											
	art I			penses, and Changes							for	Part I)
	T					- Taria Baia		(000 1110	1110110	Г. І		54612
	1		_	fts, grants, and similar am						1-1-		
	2	_		revenue including governi	ment fees and co	ntracts				2		<u> </u>
	3	Membersl	hip due	s and assessments						3		0
	4	Investmer	nt incon	ne						4		24
	5a	Gross am	ount fro	om sale of assets other that	an inventory	5	a	_				
	b	Less cost	t or oth	er basis and sales expens	es .	5	b					
	С	Gain or (lo	oss) fror	m sale of assets other that	n inventory (Subt	ract line 5b froi	n line	5a)		5c		
ne	6	Special even	its and ac	ctivities (complete applicable part	s of Schedule G) If ar	ny amount is from g	amıng,	check here I	▶ 🔲			
Revenue	а			ot including \$		ntributions	-					
ě	_	reported of		· —		ı	a					
Œ	h	•		יי enses other than fundraisir	a avnonces		b	·		1 1		
	b		•		• ,	·		60\	-	6c		
	C			ss) from special events ar		I _		oa)		100		
	7a			ventory, less returns and a	allowances		a			1		
	b	Less cos	•			1	b			1_1		
	C			oss) from sales of inventor	y (Subtract line 7	b from line /a)				7c		
	8	Other reve	•						}}	8		
	9	Total reve	enue. A	<u> Add lines 1, 2, 3, 4, 5c. 6c,</u>	7c, and 8	RECEI	/EC		<u> </u>	9		54636
	10	Grants an	d sımıla	ar amounts paid (attach sc	chedule)		v L L	'		10		62540
	11	Benefits p	aid to	or for members	101			70		11		0
S	12	Salaries, o	other co	ompensation, and employe	ee benefits	MAY 03	2010	RS-OSC		12		0
us	13	Profession	nal fees	and other payments to in		actors	L 0 10	8		13		0
Expenses	14	Occupand	cy, rent.	, utilities, and maintenance	e '	~~~		_] 뜻		14		0
ŭ	15	Printing, p	oublicat	ions, postage, and shippi	na 🔔	OGDEM	, UT	-		15		490
	16			describe Mission Fee	•)	16		3000
	17			Add lines 10 through 16		_				17		66030
	18			t) for the year (Subtract lin	e 17 from line 9)		-			18		(11394)
Net Assets	19		•	nd balances at beginning	•	a 27 column	(Δ)) (m	ust anree	with			<u> </u>
SS	'`			e reported on prior year's	•	ie 27, column	(uot ug.oc	•••••	19		17169
۲	-	-	•	· · ·	•	>				20	_	
Š	20		-	net assets or fund balance	•				_	21		5775
	21	Net asset	s or tun	d balances at end of year	Combine lines	18 through 20		a fila Far	m 000		<u></u>	
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1.250,000 or more, file Form 990 in (See the instructions for Part II.) (A) Beginning of your									<u>. 0</u>	(B) End of year		
				(See the instructions for	or Part II)			(A) Bed			<u></u> 1	
22		_		nvestments			-			17169		5775
23	3 La	and and bui	Idings								23	
24	• 0	ther assets	(descril	be ►)				24	
25	5 To	otal assets								17169	\rightarrow	5775
26	6 To	otal liabilite	es (des	cribe ▶)				26	
27				balances (line 27 of colur	nn (B) must agre	e with line 21)				17169	27	5775

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Par	Statement of Program Service Accom	plishments (See the instri	uctions for Part II	I)]	Expenses
Nha	t is the organization's primary exempt purpose?	Christian Missionary Work	n Africa			ired for section
	cribe what was achieved in carrying out the org)(3) and 501(c)(4)
man	ner, describe the services provided, the number of	of persons benefited, and o	other relevant info	rmation for		a)(1) trusts, optional
each	program title				for otl	
28	Support campus missionary work at the University of	of Rwanda through Christian	Student House			

	***************************************			•••••		
	(Grants \$ 27510) If this amount	includes foreign grants, ch	eck here	▶ 🗸	28a	27510
29	Support of American missionary workers while in Ry	vanda				
			• • • • • • • • • • • • • • • • • • • •	••••••		
	•					
	(Grants \$ 1700) If this amount	includes foreign grants, ch	ock horo	▶ 🗸	29a	1700
30	Capital building for new Christian Student House				1200	
30	Capital building for new Critistian Student rouse					
	10				00.	20020
		includes foreign grants, ch	eck here	▶ ☑	30a	36820
31	Other program services (attach schedule)				l	
		includes foreign grants, ch	eck here	<u> </u>	31a	
	Total program service expenses (add lines 28a		, .		32	66030
Par	t IV List of Officers, Directors, Trustees, and Ke			(d) Contribution		(e) Expense
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	employee benefit	plans &	account and
		devoted to position	enter -0-)	deferred compe	nsation	other allowances
	s A Foreman	President / 10 hours	_			1
2591	2 Hayward Blvd #211, Hayward. CA 94542		0	ļ .		
	g Singleton	Vice President / 1 hour				
16 G	loucester Cove, San Rafael, CA 94901		0			
Kım	Foreman	Treasurer / 1 hour				
2591	2 Hayward Blvd #211, Hayward. CA 94542	Trada are transaction	0			
Cod	y Winkler	Secretary / 1 hour				
9708	NW 9th Ave, Vancouver, WA 98665		0	_	_	
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Part	V Other Information (Note the statement requirements in the instructions for Part V.)		- +	age 3
rait	Other information (Note the statement requirements in the instructions for Part V.)		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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
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 why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		_
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	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 outstanding at the end of the period covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9	-		
40a	Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	-	l	
40a	section 4911 ▶ , section 4912 ▶, section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912. 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of P or other incomments of the organization is books are in care of P or other incomments.	510-27		1
	Located at ► 25912 Hayward Blvd #211, Hayward, CA ZIP + 4 ►	94	542	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	N ₀
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	162	140
	If "Yes," enter the name of the foreign country	420	-	 •
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country	42c	<u> </u>	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44	-	├ ✓
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 completed instead of Form 990-EZ	45		✓
		rm 990	0-F7	(2000)

Part VI

Part V	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49- and complete the tables for lines 50 ar	section 4947(a)(1) non 47(a)(1) nonexempt cha nd 51.	exempt charita critable trusts m	able trusts only. A ust answer question	II sect Ins 46	tion i–49b)
46	Did the organization engage in direct or indirect	t political campaign activi	ities on behalf of	or in opposition to		Yes	No
	candidates for public office? If "Yes," complete	Schedule C, Part I .			46		✓
47	Did the organization engage in lobbying activitie	s? If "Yes," complete Sch	edule C, Part II		47		√
	s the organization a school as described in section			ile E .	48		√
49a	Did the organization make any transfers to an ex	cempt non-charitable rela	ted organization?		49a		✓
	f "Yes," was the related organization a section s				49b		✓
	Complete this table for the organization's five hi						d key
	employees) who each received more than \$100,		n the organization (c) Compensation				
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Compensatio	employee benefit plans &	acc	Expens ount ar	nd
NONE	than \$100,000	devoted to position		deferred compensation	other	allowar	nces
NONE		-					
					-		
		1	1				
			<u> </u>				
		1					
]					
					<u> </u>		
	Complete this table for the organization's five \$100,000 of compensation from the organization			actors who each rec	eived	more	than
	(a) Name and address of each independent contractor	paid more than \$100,000	(b)	Type of service	(c) Con	npensa	tion
NONE							
							
d	Total number of other independent contractors	each receiving over \$100,	000 ▶				
	Under penalties of perjury I declare that I have examin and belief, it is true, correct and complete. Declaration	ed this return, including accomp n of preparer (other than officer) is	anying schedules and s based on all informat	statements, and to the be tion of which preparer has	st of my any kno	knowle wledge	edge !
Sign Here	Signature of officer	M-		April 2	·3,	20	10
	Chris A. Forem	an President	CASA				
	Type or print name and title		Charlist	Preparer's identifying nu	mber (Sec	— e instruct	tionsl
Paid	Preparer's signature	Date	Check if self-employed >	Treparer s identifying flor	1000		
Prepare	r's Firm's name (or		employed P	□ □ □ □			
Use On	y yours if self-employed), address, and ZIP - 4			Phone no		—	
May th	e IRS discuss this return with the preparer show	n above? See instructions		► [Yes	□ N	No.
<u> </u>					000		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

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. ▶ See separate instructions.

OMB No 1545-0047 Open to Public

Inspection

Employer identification number

Come & See Africa International 20 3511372 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 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 ☐ 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) R A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33\% 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 331/3 % 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h d Type III-Other a Type I **b** Type II c Type III-Functionally integrated e D By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Nο (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(n) (ii) A family member of a person described in (i) above?

	(ni) A 35% c	ontrolled entity	of a person described	d in (i) or	(II) above	?				11g(III)
h		-	ation about the suppo							
(i) Ni	ame of supported organization	(u) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	of organization (iv) is the organization (v) Did you notify the organization in col (i) listed in your the organization in governing document? col (i) of your		organizat (i) organi	s the ion in col zed in the S?	(vii) Amount of support		
				Yes	No	Yes	No	Yes	No	
			-							
									,	
								-		
Total	:									

Scnedule A (Form 990 or 990-EZ) 2009 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Partin (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) > (a) 2005 **(b)** 2006 (d) 2008 (e) 2009 (f) Total (c) 2007 Gifts, grants, contributions, and membership fees received (Do not 70277 54612 61999 70676 257567 include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 0 0 ıts behalf The value of services or facilities furnished by a governmental unit to the 0 0 organization without charge 61999 70676 54612 257567 70277 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 97853 shown on line 11 column (f) Public support. Subtract line 5 from line 4 160751 Section B. Total Support (c) 2007 (a) 2005 **(b)** 2006 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) 257567 70676 70277 54612 61999 Amounts from line 4 Gross income from interest, dividends. payments received on securities loans. rents, royalties and income from similar 284 692 37 24 1037 sources Net income from unrelated business activities whether or not the business is 0 0 0 0 0 regularly carried on Other income Do not include gain or 10 loss from the sale of capital assets 0 0 0 0 0 (Explain in Part IV) 258604 11 Total support. Add lines 7 through 10 0 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 59% 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33%% support test-2009. If the organization did not check the box on line 13, and line 14 is 33%% or more, check this box \mathbf{Z} and stop here. The organization qualifies as a publicly supported organization

b	331/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this	
	box and stop here. The organization qualifies as a publicly supported organization	1
17a	10%-facts-and-circumstances test - 2009. 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 IV how the	
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	Ш
h	10%-facts-and-circumstances test 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 1 more and if the organization meets the 'facts-and-circumstances' test check this box and stop here Explain in Part IV 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 ▶ □

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

	(Complete only if you checke	a the box of	n line 9 of Pa	rt 1 }	<u></u>				
	tion A. Public Support				F	T	<u> </u>		
Ca	ilendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")								
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7a	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 \$5.000 or 1% of the amount on line 13 for the year								
С	Add lines 7a and 7b								
8	Public support (Subtract line 7c from line 6)								
	tion B. Total Support			,					
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
9 10a	Amounts from line 6 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								
с 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 assets (Explain in Part IV)								
13	Total support (Add lines 9, 10c, 11, and 12)						5047 7/07		
14	organization, check this box and stop here ▶ □								
Sec	tion C. Computation of Public Su								
15	Public support percentage for 2009 (lin			ne 13, column	(f))	15			
16	Public support percentage from 2008 S					16	%		
Sec	tion D. Computation of Investmen					147	<u></u> %		
17	Investment income percentage for 200				olumn (f)) .	17			
18	Investment income percentage from 20								
19a	17 is not more than 331/3 %, check this b	ox and stop h	ere. The organ	ization qualifie:	s as a publicly	supported org	anization ► ⊔		
b	33%% support tests – 2008. If the organine 18 is not more than 33%%, check this	nization did not s box and stop	check a box o here. The orga	n line 14 or line inization qualifie	19a, and line 1 s as a publicly	6 is more than supported orga	33½%, and anization ► □		
20 _	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	o, check this b	ox and see ins	tructions > L		

	orm 990 or 990-EZ) 2009				Page 4
Part V	Supplemental Information. Part II, line 17a or 17b; and	Complete this Part III, line 12.	part to provide t Provide any othe	he explanations required er additional information	by Part II, line 10, See instructions
Nama					
None	••••••••••••••••				

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		*******	*		

2. ACHIEVEMENTS for 2009

A. Maintain the Christian Student House in Butare, Rwanda (\$ 27510)

CASA maintains a house in Butare, Rwanda, year-round near the National University of Rwanda (NUR). This is our base of operation in Africa. CASA supports this house with about \$2000 per month. This cost covers personnel, rent, supplies, and materials. In addition we support house activities with about \$3000 during each mission to Rwanda. In 2009, there was one mission. These are six Major achievements of the Christian Fellowship house in 2009.

- (1) About 35 NUR students drop by the house daily for counsel, prayer, & study.
- (2) About 16 students per week spend the night in one of two guest rooms at no charge. Many of these visits are overnight prayer sessions.
- (3) There are Bible Study classes held in the house 5 days a week. There are ablut 124 students over the course of a week.
- (4) In the morning the house is open to local farmers for devotions. There are typically 10 women and 30 children in house between 6 and 7 AM.
- (5) During the June/July Mission Trip, five classes were offered by visiting missionaries based in the house:
 - 1. A Pastor Seminar (27 local pastors)
 - 2. A Ladies Seminar (22 women)
 - 3. A Guitar class (6 students)
 - 4. A Student Seminar (80 NUR Students)

B. Support of Christian missionaries while in Africa (\$ 1700)

Only two missionaries traveled to Africa with CASA in 2009. Each was supported with \$800 for in and around expenses: mostly food, lodging and transportation. In addition to teaching the four classes listed above in (5)1-4, the missionaries visited orphanages, hospitals, and assisted in some rural development.

C. Constructing a new campus house in Butare, called the LightHouse (\$ 36820)

The house is about one-half completed. We build as funds become available and the past year was difficult year for fund-raising. This house is intended to be a resource and refuge for university students.

Statement of Program Service Accomplishments

1. PURPOSE: The charitable purpose of Come & See Africa International (CASA) is to provide a structured missionary experience in East Africa. We do this in the following 7 ways:

<u>Recruit</u>: We speak at churches, send out flyers, and advertise in other ways to encourage people to join us on our missions to Africa. (9%)

Equip: We meet with volunteers who are committed to joining us. We do some preparation beforehand in America and some in Africa. We equip them with knowledge and skill for evangelism in Africa. It is a spiritual, physical, and, emotional, mental equipping. If some have an area of expertise (teaching, medical, counseling) we help them to prepare their specific activities. (5%)

Accompany: Most volunteers will travel with us to Entebbe Airport in Uganda. We then are with them the whole time until they return to Entebbe. Most of the volunteers' time is spent in Rwanda, but time may be spent visiting sites in Uganda, Burundi, and Congo.(20%)

<u>Send</u>: Some volunteers will travel unaccompanied to Entebbe Airport in Uganda. We arrange for their travel and other logistics. (1%)

<u>Introduce</u>: We bring volunteers into native churches, orphanages, hospitals, refugee camps, and other places that help the needy of Africa. Our hope is that they make a connection with some organization that they can support upon their return to America. (23%)

<u>Support</u>: We meet all the needs of the volunteers while in Africa. We provide them with food, transportation, and lodging. We also provide interpreters. We maintain a house in Butare, Rwanda, for the express purpose of supporting volunteers. (40%)

Follow up: We keep in touch with all those who have accompanied us to Africa (2%)