

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

A Fo	r the 2	2009 cal	endar yea	r, or tax year beginning	07-01-2009 and ending 06-30	0-2010			
		pplicable	Please	C Name of organization Christian Leaders for Afric				D Employer id	lentification number
┌ Add	ress ch	ange	use IRS label or		a nc			30-00766	
Гиа	me char	nge	print or	Doing Business As				E Telephone r	number
┌ Init	al retur	rn	type. See Specific	Number and street (or P	O box if mail is not delivered to street	address)	Room/suite	(317) 846	-7249
_	mınated	d	Instruc- tions.	PO Box 1642		addicssy	Room, suite	<b>G</b> Gross receipt	s \$ 480,744
_	ended i			City or town, state or coi Indianapolis, IN 46206	untry, and ZIP + 4				
Арі	olication	pending		, .					
				ne and address of princ eidebrecht	ıpal officer			ıs a group retu	
			PO Box				affilia	ites?	⊤Yes ▼ No
			Indiana	ipolis, IN 46206			H(b) Are al	l affiliates inclu	ded?
	v-evem	nt etatue	<b>反</b> 501(c)	(3) <b>◄</b> (insert no )	047/2\/1\ or				t (see instructions)
			clafrica c		547(a)(1) 01   327	'	H(c) Grou	ıp exemptıon n	umber 📭
				ion Trust Association	Other 🕨	<u> </u>	I Year of fo	rmation 2002	<b>M</b> State of legal domicile IN
		Sumn		ion y Truscy Association	, other P		E rear or ro	indion 2002	Trotate or legal dofficile 11
	1	Briefly d	escribe th		n or most significant activities				
e e		Christiai	n theologic	al training and educati	on of local leaders in Kenya and	l through	out A frica		
Governance									
Ě									
8	2	Check th	nis box 🛏	f the organization dis	continued its operations or disp	osed of	more than	25% of its net	assets
	3	Number	of voting r	nembers of the governi	ng body (Part VI, line 1a)				38
ري دن دن	4	Number	ofındepen	dent voting members o	fthe governing body (Part VI, li	ıne 1b)			4
Ě	5	Total nu	mber of en	nployees (Part V , line 2	(a)				5
Activities &	6	Total nu	mber of vo	lunteers (estimate if n	ecessary)			1	615
Q.	7a	Total gro	ss unrela	7	<b>7</b> a				
	Ь	Net unre	lated busi	ness taxable income fr	om Form 990-T, line 34				<b>7b</b> (
							Prio	r Year	Current Year
횰	8			• • • • • • • • • • • • • • • • • • • •	e 1h)			592,671	480,341
enu	9				e 2g)			44405	0
Rayen	10				A), lines 3, 4, and 7d) nes 5, 6d, 8c, 9c, 10c, and 11e			14,135	403
	11 12		-		must equal Part VIII, column (A	· -			0
	12							606,806	480,744
	13	Grants	and simila	ir amounts paid (Part I	X, column (A), lines 1-3)			350,533	234,292
	14	Benefit	s paid to o	r for members (Part IX	, column (A), line 4)	.			0
SQ.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-						87,866	93,792
Expenses	16a	10) Profess	Professional fundraising fees (Part IX, column (A), line 11e)						0
<b>⊕</b>	ь			enses (Part IX, column (D),		·			
Д	17				nes 11a-11d, 11f-24f)			29,780	33,414
	18				equal Part IX, column (A), line			468,179	361,498
	19				8 from line 12	-		138,627	119,246
<u>क</u>			-	<del>-</del>				g of Current	End of Year
Net Assets or Fund Balances	20	Totala	ceate /Da-	t X, line 16)		}	<u> </u>	<b>'ear</b> 546,370	718,284
AB.	21			Yart X, line 16)		_ }		540,370	710,284
25 25 25	22		•		ne 21 from line 20	· . }		546,370	718,284
Pai	1311		ture Blo			<u> </u>		5 . 5 , 5 . 5	, 10,10
					examined this return, including accompa	anyıng sch	edules and s	tatements, and to	the best of my knowledge
		and belie	f, it is true, o	correct, and complete Decla	ration of preparer (other than officer) i	ıs based oı	n all informat	on of which prepa	arer has any knowledge
							2011-	.05-10	
Siar	1	*****	·*		****** 2011- Signature of officer Date				
Sigr Here		1 <b>B</b>		er			5415		
_		Signa					2410		
_		Signa Dougl	ture of office	asurer					
_		Signa Dougl	ture of office as Long Trea or print nam	asurer e and title	Date		ck ıf		tıfyıng number
_		Signa Dougl Type	ture of office as Long Trea or print nam	asurer e and title	Date	self-	ck ıf	Preparer's iden (see instruction	
Hero		Dougl Type  Preparer's signature  Firm's nai	as Long Trea or print nam  Todd E	asurer e and title insign	Date	self-	ck if	(see instruction	
Hero	e arer's	Dougl Type Preparer's signature Firm's nai	as Long Trea or print nam  Todd E	e and title insign Capin Crouse LLP		self-	ck if		
Paid Preparent	e arer's	Dougl Type Preparer's signature Firm's nai	as Long Treator print nam  Todd E  Todd E  Tody E	asurer e and title insign	-Ste A	self-	ck if	(see instruction	

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

CLA promotes christian theological training and education of local leaders in Kenya and throughout Africa. It invests in scholarships for masters and phd scholars, faculty support for full time africian professors, and funds for library and seminary expansion programs.

					Form <b>990</b> (2009)
4e	Total program service expenses►\$	281,18	88		
	(Expenses \$ 10,800	including grants o	of \$	) (Revenue \$	)
4d	Other program services (Describe	ın Schedule O ) <b>See</b>	also Additional Da	ata for Description	
	One of CLA's major projects is the expansio where doctoral programs are being develop Islamics, journal subscriptions, computers, tits current building	ed The funds raised duri	ng this past year wer	e applied to book purchases in areas	such as Biblical Studies, Missions and
4c	(Code ) (Expenses s	4,268	ıncludıng grants of	\$ ) (Revenue s	<b>)</b>
40	Supplement faculty support for 14 full-time expenses are adequately covered. There are endowment funds for some of these faculty	African professorsOne of e 14 full-time African pro	CLA's priorities is to si fessors currently Fun	upport the African faculty at NEGST so ds raised by CLA are applied to their o	that their salaries and living compensation CLA also manages
4b	(Code ) (Expenses s	15,861	ıncludıng grants of	\$ ) (Revenue s	<u> </u>
	Scholarships for PHD and Masters students f academic year Many received full scholarsh director monitored the progress of each of t director at NEGST about their financial need of which was funded earlier by CLA donors	nips of \$3000 These school hese students, meeting r s CLA also supports the o	plarships applied to tui nost of them in perso doctoral students at N	ition and in some cases housing costs n during his campus visit in February, EGST The current cohort of 12 stude	for the students The CLA executive and consulted with the Financial Aid
4a	(Code ) (Expenses s	250,259	ıncludıng grants of	\$ 234,292 ) (Revenue	\$ )
4	Describe the exempt purpose achiev Section 501(c)(3) and 501(c)(4) org allocations to others, the total expen	anızatıons and sectı	on 4947(a)(1) tru	ists are required to report the a	•
	If "Yes," describe these changes on S	Schedule O			
3	Did the organization cease conducting services?	0,	nt changes in how	ıt conducts, any program	┌ Yes ┌ No
	If "Yes," describe these new services	on Schedule O			
2	Did the organization undertake any s the prior Form 990 or 990-EZ? .	ignificant program se	ervices during the	year which were not listed on	┌ Yes ┌ No

Part TV	Checklist	of Requir	red Sch	edules
4: I L T L T	CHECKHSL	UI KEUUII	eu stii	cuules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,		Yes	
	Parts VI, VIII, VIII, IX, or X as applicable	11	163	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νο
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		ĺ	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Yes	
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νο
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		N o
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		N o
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N o
30	conservation contributions? If "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		N o
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		N o
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>990</b>	(2009)

Form	990 (2009)			Page \$
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
	1a	8		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		
_	<b>1b</b> 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
h	return	1		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		110
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7b		
·	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	Yes	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	Yes	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		

 $\boldsymbol{b}$  . If "Yes," enter the amount of tax-exempt interest received or accrued during the

year

12b

Indianapolis, IN 46282 (317) 696-3540

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.

Se	ection A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body 1a 8							
b	Enter the number of voting members that are independent 1b 7							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		N o				
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No				
6	Does the organization have members or stockholders?	6		No				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the							
<i>,</i>	governing body?	7a		Νo				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo				
	ection B. Policies (This Section B requests information about policies not required by the Internal							
ке	venue Code.)		<b>v</b>	NI-				
10-	Done the augustion have local chantens burnels an efficience?	10-	Yes	No No				
	Does the organization have local chapters, branches, or affiliates?	10a		No_				
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b						
11	L Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?							
11A	A Describe in Schedule O the process, if any, used by the organization to review the Form 990							
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	120	163					
	to conflicts?	12b	Yes					
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes					
13	Does the organization have a written whistleblower policy?	13		Νο				
14	Does the organization have a written document retention and destruction policy?	14	Yes					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
	Other officers or key employees of the organization	15b		 N o				
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο				
b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?							
Se	ction C. Disclosure							
17	List the States with which a copy of this Form 990 is required to be filed▶IN							
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply							
19	Own website Another's website Vupon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ie orda	nization	ı <b>▶</b> -				
	Douglas Long Hall Render Killiam Heath & Lyman One America Square Suite 2000 Box	.c orga		. F				

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

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

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

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

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

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(B) (C) A verage Position (check all that apply)					II		(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other
per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	rrom related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
40 00	Х		х				60,000	0	29,202
5 00	х		х				0	0	0
5 00	Х		х				0	0	0
50	Х						0	0	0
1 00	х						0	0	0
1 00	Х						0	0	0
1 00	Х						0	0	0
50	х						0	0	0
	A verage hours per week 40 00 5 00 5 00 1 00 1 00	Average hours per week	A verage hours per week  A verage hours per we	A verage hours per week    Position (check that apply)   Office	Average hours per week  40 00	Average hours per week    Position (check all that apply)   Rep employee   Position (check all that apply)   Posit	A verage hours per week    Position (check all that apply)   Highest compensated   Officel   Officel   Followse	Average hours per week	Average hours per week    Position (check all that apply)   Position (chec

For	n 990 (2009)			Page <b>8</b>
<b>1</b> b	Total	0		29,202
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶0			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
_	(A) Name and business address  (B) Description of services		(C Compe	
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization \( \mathbb{E} \) 0			
		F	orm <b>99</b>	<b>0</b> (2009)

Form 9								Page <b>9</b>
Part V	<b>VIIII</b>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
##	1a	Federated cam	paigns 1a					
를 를	Ь	Membership du	ıes <b>1b</b>					
ું ⊞	c	Fundraising ev	ents <b>1c</b>					
<u>#</u>	d	Related organiz	zations 1d					
ξĒ.	e	Government grant						
er.	f	All other contribution similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	480,341				
들	g	Noncash contr	ibutions included in					
Contributions, gifts, grants and other similar amounts	h		s 1a-1f	🕨	480,341			
<u> </u>				Business Code				
e III	2a							
28	b							
M C e	C							
S.	d							
Program Serwce Revenue	e	A.II						
ؼٙ	f	All other progra	am service revenue					
	g	Total. Add line:	s 2a-2f					
	3		ome (including dividen	· · · · · · · · · · · · · · · · · · ·	403			402
	_		ar amounts) stment of tax-exempt bond		403			403
	4 5							
		Royalties :	(ı) Real	(II) Personal				
	6a	Gross Rents		,				
	Ь	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other						
	١.	than inventory Less cost or						
	Ь	other basis and						
	c	sales expenses Gaın or (loss)						
	d	Net gaın or (los	ss)	►				
e	8a	Gross income f events (not inc	from fundraising luding					
Other Revenue			s reported on line 1c)					
<u>-</u>	١.		a					
듔	b c		penses <b>b</b> (loss) from fundraising	events 🟲				
_	9a	Gross income f	from gaming activities					
	ь		a penses b					
	С		(loss) from gaming acti	vities 🕨				
	10a	Gross sales of returns and allo						
	b c	_	oods sold <b>b</b> (loss) from sales of inve	entory ►				
		Miscellaneou		Business Code				
	11a							
	Ь							
	С							
	d	All other reven						
	e	Total. Add line:	s 11a-11d					
	12	Total revenue.	See Instructions .	▶	480,744	0	0	403

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.						
	l other organizations must complete column (A) but are not required to co	omplete columr	(B), (C), and (B)	(D). (C)	(D)	
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses	
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22					
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	234,292	234,292			
4	Benefits paid to or for members					
5	Compensation of current officers, directors, trustees, and key employees	93,792	46,896	14,069	32,827	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$					
7	Other salaries and wages					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)					
9	Other employee benefits					
10	Payroll taxes					
11	Fees for services (non-employees)					
а	Management					
ь	Legal					
_	Accounting	7,973		7,973	_	
d	Lobbying	1,515		1,513		
e	Professional fundraising See Part IV, line 17					
		4.636		4.626		
f	Investment management fees	4,626		4,626		
g	Other	9,593		9,593		
12	Advertising and promotion	1,356			1,356	
13	Office expenses	3,159		3,159		
14	Information technology					
15	Royalties					
16	Occupancy					
17	Travel	5,359			5,359	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials					
19	Conferences, conventions, and meetings					
20	Interest					
21	Payments to affiliates					
22	Depreciation, depletion, and amortization					
23	Insurance					
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)					
а	Dues & subscriptions	775		775		
ь	Bank & service charges	573		573		
c		3.3		3,3		
d				+		
e						
f	All other expenses					
	·	264.46-	201.10-	10.755	20.510	
25	Total functional expenses. Add lines 1 through 24f	361,498	281,188	40,768	39,542	
26	Joint costs. Check here ►  If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation					

Pa	rt X	Balance Sheet				
				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing		64,721	1	114,387
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, directors, trustees, highest compensated employees. Complete Part II of	key employees, and			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of	tion 4958(f)(1)) and			
		Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
Š	8	Inventories for sale or use			8	
A	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>				
	ь	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities		11		
	12	Investments—other securities See Part IV, line 11	481,649	12	603,897	
	13	Investments—program-related See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	546,370	16	718,284	
	17	Accounts payable and accrued expenses .			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
<u></u>	21	Escrow or custodial account liability Complete Part IV of Schedule I	o		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
-5		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties .			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0	26	0
<u>س</u>		Organizations that follow SFAS 117, check here ▶ 🔽 and comple	te lines 27			
Balance		through 29, and lines 33 and 34.				
<u> </u>	27	Unrestricted net assets		3,214	27	76,821
Ö	28	Temporarily restricted net assets		7,080		35,807
Fund	29	Permanently restricted net assets		536,076	29	605,656
Ξ.		Organizations that do not follow SFAS 117, check here ► and	complete			
ō	30	lines 30 through 34.			30	
sets	30	Capital stock or trust principal, or current funds				
Ass	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32 33	Retained earnings, endowment, accumulated income, or other functional net assets or fund balances	15	546,370	32	718,284
Net	34	Total liabilities and net assets/fund balances		546,370	-	718,284
		i viai naviilles aliu nei assels/lullu valalices		1 34b.3/U		/ 10.284

## Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Yes	
b	Were the organization's financial statements audited by an independent accountant?	2b		Νo
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

### OMB No 1545-0047

OMB No 1545-004

2000

Open to Public Inspection

### SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

Name of the organization Christian Leaders for Africa Inc Employer identification number

30-0076632 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 section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 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) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 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 Type III - Other ┌ Type I **b** Type II c Type III - Functionally integrated 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 I, 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? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is th organizat col (i) lis your gove docume	e tion in ted in erning	Did you no organiza col (i) o	otify the tion in f your	(v) Is t organiza col (i) or	he ation in ganized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
						+			_
Total									

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

	(Complete only if yo	ou checked the	box on line 5,	7, or 8 of Part I.	.)			
	ection A. Public Support	1			ı		<del></del>	
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	<b>(e)</b> 2	009	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	630,42	3 482,02	1 428,757	592,671		480,341	2,614,213
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities							
3	furnished by a governmental unit to the organization without charge							
4	<b>Total.</b> Add lines 1 through 3	630,42	3 482,02	1 428,757	592,671		480,341	2,614,213
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included or line 1 that exceeds 2% of the amount shown on line 11, column							259,980
6	(f) Public Support. Subtract line 5 from	1						2,354,233
5	line 4 ection B. Total Support							-
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
7	A mounts from line 4	630,423	7,642	428,757	592,671		480,341	2,614,213
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	2,744	7,642	11,094	14,135		403	36,018
9	sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income (Explain in Part							
	IV ) Do not include gain or loss from the sale of capital assets						$\longrightarrow$	
L1 L2	Total support (Add lines 7 through 10) Gross receipts from related activiti	es.etc (See inst	ructions )			12		2,650,231
13	First Five Years If the Form 990 is check this box and stop here			, thırd, fourth, or fı	fth tax year as a		3) organiz	ration,
S	ection C. Computation of Pub	olic Support P	ercentage					
14	Public Support Percentage for 2009			11 column (f))		14		88 830 %
<b>L</b> 5	Public Support Percentage for 2008	8 Schedule A , Pa	t II, line 14			15		89 020 %
L6a	33 1/3% support test—2009. If the and stop here. The organization qua	-		•	ine 14 is 33 1/3%	or more	, check t	his box <b>▶</b>  ✓
	33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test-is 10% or more, and if the organization meeorganization	organization did n qualifies as a pu — <b>2009.</b> If the orga tion meets the "fa	not check the bo iblicly supported anization did not acts and circums	x on line 13 or 16; organization check a box on line tances" test, chec	e 13, 16a, or 16b k this box and <b>st</b>	and line	e 14 Explain	▶┌
ь 18	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization Private Foundation If the organizat	nization meets the tion meets the "fa	e "facts and circu acts and circums	ımstances" test, c tances" test The	heck this box and organization qual	d <b>stop he</b> Ifies as a	e <b>re.</b> a publicly	<b>▶</b> ┌
	instructions				,			<b>▶</b> □

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

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

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

Part IV

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

Schedule A (Form 990 or 990-EZ) 2009

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493130015261

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

Name of the organization **Employer identification number** Christian Leaders for Africa Inc

				0076632
Part I	Organizations Maintaining Donor Acorganization answered "Yes" to Form 99			<u> </u>
		(a) Donor advised funds	(	(b) Funds and other accounts
. Total	number at end of year			
. Aggre	egate contributions to (during year)			
8 Aggre	egate grants from (during year)			
l Aggre	egate value at end of year			
	he organization inform all donors and donor advi are the organization's property, subject to the		nor adv	rsed Yes N
used	he organization inform all grantees, donors, and only for charitable purposes and not for the ben erring impermissible private benefit			
Part II	<b>Conservation Easements.</b> Complete	ıf the organızatıon answered "Yes"	to Forn	n 990, Part IV, line 7.
	ose(s) of conservation easements held by the or Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space plete lines 2a-2d if the organization held a quali	on or pleasure)  Preservation of a Preservation of a	certifie	d historic structure
easer	ment on the last day of the tax year			
				Held at the End of the Year
<b>a</b> Total	number of conservation easements		2a	
<b>b</b> Total	acreage restricted by conservation easements		2b	
: Numb	ber of conservation easements on a certified his	toric structure included in (a)	2c	
d Numb	ber of conservation easements included in (c) a	equired after 8/17/06	2d	
	ber of conservation easements modified, transfe axable year ▶	rred, released, extinguished, or terminat	ed by th	ne organization during
Numb	ber of states where property subject to conserva	ation easement is located 🛌		
	the organization have a written policy regarding cement of the conservation easements it holds?		ndling of	f violations, and <b>Yes N</b>
Staff	and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation ease	ments d	uring the year ►
A mou	unt of expenses incurred in monitoring, inspectii	ng, and enforcing conservation easemen	ts durin	g the year ►\$
	each conservation easement reported on line 2 h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of se	ction	┌ Yes ┌ N
balan	ort XIV, describe how the organization reports co nce sheet, and include, if applicable, the text of t rganization's accounting for conservation easen	he footnote to the organization's financia	•	•
art III	Organizations Maintaining Collectio Complete if the organization answered '		or Ot	her Similar Assets.
art, h	e organization elected, as permitted under SFAS historical treasures, or other similar assets held de, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resea	rch ın fu	
histo	e organization elected, as permitted under SFAS rical treasures, or other similar assets held for j de the following amounts relating to these items	oublic exhibition, education, or research		
(i) <sub>Re</sub>	evenues included in Form 990, Part VIII, line 1			<b>▶</b> \$
(ii) A	ssets included in Form 990, Part X			<b>▶</b> \$
Ifthe	organization received or held works of art, history organization required to be reported under SFA:		for finan	
a Reve	nues included in Form 990, Part VIII, line 1			<b>►</b> \$
<b>b</b> Asse	ts included in Form 990, Part X			<b>▶</b> - \$

Part	Organizations Maintaining Co	llections of Art	<u>, His</u> t	<u>tori</u>	<u>cal Tre</u>	<u>easur</u>	es, or (	<u> Othe</u> r	r Simil	ar Ass	ets (c	ontınued)
3	Using the organization's accession and other items (check all that apply)	records, check any	y of the	e foll	owing th	nat are	a sıgnıfıc	ant us	se of its	collectio	n	
а	Public exhibition		d	Γ	Loan o	rexcha	ange prog	ı rams				
b	Scholarly research		e	$\Gamma$	Other							
с	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	llections and expla	ın how	/ they	, further	r the org	ganızatıo	n's ex	empt pu	rpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					ılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	ed "Ye	es" to F	orm 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontribut	ions or	other as	sets r	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	' and complete the	followi	ng ta	able		ſ			A mo		
с	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
	•	orm ago Bart V I	0 717				ı				Yes	┌ No
2a L	Did the organization include an amount on Fo		= 21'							,	1 65	j NO
	If "Yes," explain the arrangement in Part XIV  rt V Endowment Funds. Complete i			WO 55	ad "Voc	" to E	orm 000	Dor	t T\/ _lin	o 10		
Pal	Endowment Funds. Complete i	(a)Current Year		Prior Y			Years Bac				e)Four Y	'ears Back
1a	Beginning of year balance	481,649	<u> </u>		348,616						7	
b	Contributions	69,580			187,460			+				
c	Investment earnings or losses	52,668			-54,427			+				
d	Grants or scholarships							+				
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance	603,897			481,649							
2	Provide the estimated percentage of the yea	r end balance held a	as							<u> </u>		
а	Board designated or quasi-endowment	0 %										
ь	Permanent endowment • 100.000 %											
c	Term endowment ► 0 %											
3a	Are there endowment funds not in the posses	ssion of the organiza	ation †	hat a	are held	and ad	minister	ed for	the			
	organization by		•								Yes	No
	(i) unrelated organizations									. 3a(i)		Νο
	(ii) related organizations									3a(ii)	<del> </del>	No
	If "Yes" to 3a(II), are the related organization	•						•		. 3b		
4	Describe in Part XIV the intended uses of th					<u></u>		10				
Pair	t VI Investments—Land, Buildings	i, and Equipme	<u>nt. 56</u>								$\neg$	
	Description of investment				a) Cost or isis (inves		(b)Cost o basis (o			cumulated eciation	(d) E	Book value
1a	Land	• • • • •	•	$\perp$			<u> </u>					
Ь	Buildings		•				<u> </u>				$\bot$	
	Leasehold improvements			1		I					1	
C				-							+-	
	Equipment										$\pm$	
d l	Equipment		· -									

Part VII Investments—Other Securities. See  (a) Description of security or category			d of valuation
(including name of security)	(b)Book value		-year market value
Financial derivatives  Closely, held agouty interests			
Closely-held equity interests Other			
Endowment Investments	603,897		F_
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	603,897		
Part VIII Investments—Program Related. See	'		
(a) Description of investment type	( <b>b</b> ) Book value	(c) Metho	d of valuation
		Cost or end-o	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, lin			
(a) Descrip	tion		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1			
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability			
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	, line 25.		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	480,744
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	361,498
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	119,246
4	Net unrealized gains (losses) on investments	4	52,668
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	52,668
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	171,91
	Reconciliation of Revenue per Audited Financial Statements With Revenue p		,
1	Total revenue, gains, and other support per audited financial statements	1	533,412
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	52,668
3	Subtract line <b>2e</b> from line <b>1</b>	3	480,74
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	(
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	480,74
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial	1	361,498
2	statements		
2	Donated services and use of facilities		
a b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	(
3	Subtract line 2e from line 1	3	361,498
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		301,130
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	ſ
-			
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	361,498

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

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

Ident if ier	Return Reference	Explanation
Part X	Positions Under FIN 48	On January 1, 2010, CLA adopted the new provisions of the Income Tax Topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) These provisions clarify the accounting for uncertainty in tax positions and prescribe guidance related to the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. The tax benefit from an uncertain tax position is only recognized in the statement of financial position if the tax position is more likely than not to be sustained upon an examination, based on the technical merits of the position. Interest and penalties, if any, are included in expenses in the statement of activities. As of June 30, 2010 CLA had no uncertain tax positions that qualify for recognition or disclosure in the financial statements.

efile GRAPHIC print - DO NOT PROCESS

SCHEDULE F

Department of the Treasury

(Form 990)

As Filed Data -

DLN: 93493130015261

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number Christian Leaders for Africa Inc 30-0076632 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. 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 For grant makers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed) (d) Activities conducted in (e) If activity listed in (d) (f) Total expenditures (a) Region (b) Number of (c) Number of region (by type) (ie, is a program service, for region fundraising, program services, offices in the employees or describe specific type of grants to recipients located in agents in region region service(s) in region the region) 234,292 Sub-Saharan Africa 2 0 Grants to Recipients

Totals . . . .

234,292

Part IV	, line 15, for an	ssistance to Orga y recipient who rec m 990) if additional	<b>nizations or Entiti</b> eived more than \$5, space is needed.	<b>es Outside the Ur</b> 000. Check this box	nited States. Composite of the composite	plete if the organiza received more that	tion answered "Yes n \$5,000	' to Form 990, ► 厂
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Student and Faculty Programs	234,292	wire transfer			
			sted above that are i se or counsel has pro					1
3 Enter total n	umber of other	organizations or er	ntities					(Form 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Schedule F (Form 990) 2009		Page 4
Part IV Supplemental Infor		
		ın Part I, line 2, and any additional information.
Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants Outside the U S		Schedule F, Part I, Line 2 One of the US director's main responsibilities is to monitor the use of grant monies outside the United States CLA requires an annual financial statement review or audit from the receiving organization's accountants and the director makes an on-site visit at least once a year CLA also regularly brings the Vice Chancelor or NEGST to the US to attend CLA board meetings and give updates to the board
Method Used to Acccount for Expenditures		Schedule F, Part I, Line 3 Cash method of accounting is used Foreign expenses are tracked by acknowledgement by the grant recipient that approved projects have been completed Also, on site inspections by the employee are made at least once a year and by board members when possible

Software ID: Software Version:

**EIN:** 30-0076632

Name: Christian Leaders for Africa Inc

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493130015261

OMB No 1545-0047

Open to Public

Inspection

Complete to provide information for responses to specific questions on

**SCHEDULE 0** 

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization Christian Leaders for Africa Inc

**Employer identification number** 

30-0076632

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Form 990 is prepared by an independent accountant and review ed by the organization's top management. The review ed Form 990 is then forwarded to the Board of Directors for review and approval prior to filing.

**Supplemental Information to Form 990** 

Form 990 or to provide any additional information.

► Attach to Form 990.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Directors report on their activities involving the organization at board meetings

ldentifier	Return Reference	Explanation	
Form 990, Part VI, Section B, line 15a		Executive director compensation is deliberated and approved at the board meetings. The director's salary is compared to that of other missionaries, and the process is recorded in the minutes.	

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request

ldentifier	Return Reference	Explanation	
Form 990, Part XI, Line 2c	Responsibility	The organization has a committee that assumes responsibility for oversight of the compilation of its financial statements and selection of an independent accountant. This process has not changed since the prior year.	

#### **Additional Data**

Software ID: Software Version:

**EIN:** 30-0076632

Name: Christian Leaders for Africa Inc

#### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other prograi	m services			
(Code	) (Expenses \$	10,800 including grants of \$	) (Revenue \$	)
university charter safety, asbestos	r, NEGST had to add building spac	cional land for NEGST's future expansion Ir e for administration and housing as well as rage treatment CLA joined with NEGST in s s required by the government	make improvements in such are	as as fire