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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)

OMB No 1545-0047

Department of the Treasury

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

Open to Public

			·					
<u>A</u>	For the	e 2010 calendar year, or tax year beginningJUL_12010 and	ending Ji	UN 30 2011				
В	Check if applicab	C Name of organization		D Employer identific	cation number			
	Addre	25						
Ļ	chang Name	Christian Leaders for Africa, Inc.						
느	chang	Doing Business As		30-0076632				
Ļ	ireturn	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number	r				
L	Termi. ated	P.O. Box 1642	317-84	6-7249				
L	Amen return	City or town, state or country, and ZIP + 4		G Gross receipts \$	478,299.			
	Application	Indianapolis IN 46206		H(a) is this a group re	eturn			
	pendi	F Name and address of principal officer Paul Heidebrecht		for affiliates? Yes X No				
		same as C above		H(b) Are all affiliates inc	luded? Yes No			
T	Tax-ex	empt status $\boxed{\mathbf{x}}$ 501(c)(3) $\boxed{}$ 501(c) () $\boxed{}$ (insert no.) $\boxed{}$ 4947(a)(1)	or 527	If "No," attach a	list (see instructions)			
		te: www.clafrica.com		H(c) Group exemption				
		organization: x Corporation Trust Association Other	I Year		State of legal domicile: IN			
_	art I	Summary	1 = 1001	5	, otato or logar corrient, III			
_	1	Briefly describe the organization's mission or most significant activities Christ	ian theol	ogical training				
ĕ		and education of local leaders in Kenya and throughout Afric		<u> </u>	• • •			
6016 Activities & Governance	2	Check this box I if the organization discontinued its operations or dispo	•	than 25% of its net as	sets			
Ş	3	Number of voting members of the governing body (Part VI, line 1a)	000 01 111010	3				
တိ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4				
ಿ ರ	-				8			
ţį	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	1			
્ર≅	6	Total number of volunteers (estimate if necessary)		6	10			
₹¥	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
	b	Net unrelated business taxable income from Form 990-T, line 34	——	7b	0.			
3				Prior Year	Current Year			
∌ھ	8	Contributions and grants (Part VIII, line 1h)		480,341.	478,065.			
ויבבר Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.			
~ ~	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		403.	234.			
	111	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
Expenses	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		480,744.	478,299,			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		234 292.	299 296.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
30	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)						
Į Š	16a	Professional fundraising fees (Part IX, column (A), line 11e)		93,792. 0.	95,590. 0.			
be	Ь		170.					
Щ	17	Other expenses (Part IX, column (A), lines 11a 116, TH 241)		33,414.	65,625,			
		Total expenses Add lines 13-17 (must equal Part IX, column (A), ima25)		361 498	460_511.			
	19	Revenue less expenses Subtract Ine 8 from the 820 2012	-					
<u>ار م</u>	3 3	Teveride less expenses outified to from line 02 0 2000	Da	119,246.	17,788.			
sts (200		DE	ginning of Current Year	End of Year			
Net Assets or	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		718,284.	865,713.			
et/	21	·		0.	0.			
F	2 <u> 22</u> art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block	į.	718 284	865,713.			
		<u> </u>						
		Ities of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is			
true	e, correc	t, and complete. Declaration of proparer (other than officer) is based on all information of wi	nich preparer					
		Supplying of officer			,2012			
Sig	ın	Signature of office		Date '				
He	re	Douglas Long Treasurer						
_		Type or print name and title	1.6) - A	T. OTIV			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pai		Todd Ensign	/	2/27/11 self-employe	d			
	parer	Firm's name Capin Crouse LLP		Firm's EIN				
Use	Only	Firm's address > 972 Emerson Parkway-Ste A						
		Greenwood, IN 46143		Phone no. (3	17) 885-2620			
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			x Yes No			
	001 02-2		ons.		Form 990 (2010)			

	990 (2010) Christian Leaders for Africa Inc.	30-0076632	Pag	ge 2
Pa	rt III Statement of Program Service Accomplishments			
	' Check if Schedule O contains a response to any question in this Part !!!			x
1.	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.			
2	Did the organization undertake any significant program services during the year which were not listed on			
	the prior Form 990 or 990-EZ?		Yes 🗓	No
	If "Yes," describe these new services on Schedule O			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes 🗓	No
	If "Yes," describe these changes on Schedule O			
4	Describe the exempt purpose achievements for each of the organization's three largest program services by exp	enses		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of g	rants and		
	allocations to others, the total expenses, and revenue, if any, for each program service reported			
4a	(Code) (Expenses \$130_036, including grants of \$117_536,) (Rev	venue \$)
	Scholarships for PHD and Masters students from numerous African			
	countries.			
	· · · · · · · · · · · · · · · · · · ·			
	Over 50 Africa International University students benefited from CLA			
	scholarship donations during this past academic year. Many received			
	full scholarships of \$3000. These scholarships applied to tuition and			
	in some cases housing costs for the students. The CLA executive			
	director monitored the progress of each of these students, meeting most			
	of them in person during his campus visit in February, and consulted			
	with the Financial Aid director at Africa International University		4.4.	
	about their financial needs. CLA also supports the doctoral students at			
	Africa International University. The current cohort of 12 students is			
4b	(Code) (Expenses \$36_137_ including grants of \$36_137_) (Rev	venue \$)
	Supplement faculty support for 14 full-time African professors			
	One of CLA's priorities is to support the African faculty at Africa			
	International University so that their salaries and living expenses are			
	adequately covered. There are 14 full-time African professors			
	currently, Funds raised by CLA are applied to their compensation, CLA			
	also manages endowment funds for some of these faculty members			
	according to their departments (Biblical Studies, Islamic Studies) that			
	are raised and invested in the U.S.			
4C	(Code) (Expenses \$13,754. including grants of \$13,754.) (Rev	/enue \$		}
	One of CLA's major projects is the expansion of the library resources			
	and capabilities. Matching grants have been obtained by CLA to upgrade			
	the collection in areas where doctoral programs are being developed.			
	The funds raised during this past year were applied to book purchases			
	in areas such as Biblical Studies, Missions and Islamics, journal			
	subscriptions computers tables chairs and book shelves. The			
	furniture items were needed as the Africa International University			
	library expanded into the second floor of its current building.			
		· · · · · · ·		
	Other and the Control of the Control			
4d	Other program services (Describe in Schedule O)			
	(Expenses \$ 161,869, including grants of \$ 131,869,) (Revenue \$)		
<u>4e</u>	Total program service expenses ► 341,796.		- 000	
03300			Form 990 (20	U10)

Form 990 (2010) Christian Leaders

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	N/A	
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
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		X
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		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		ľ	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	X	
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 United States? If "Yes," complete Schedule F, Parts II and IV	15	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	-13	H	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
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	l	x
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	L	х
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	<u> </u>	x
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
þ	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	<u> </u>	

Form 990 (2010) Christian Leaders for Africa Inc.

Part IV Checklist of Required Schedules (continued)

		Γ	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		res	No
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	- <u></u> -		
	column (A), line 2 ⁷ If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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		х
þ	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		X
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		<u> </u>
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			
20	Schedule L, Part III	27		<u> </u>
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)			
9	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		.,
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<u> </u>
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		Х
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x _
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		Ì	
	Schedule N, Part II	32		<u>x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		İ	
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity?		1	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	-	<u> </u>
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of		ļ	
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	,	İ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		İ	
~~	If "Yes," complete Schedule R, Part V, line 2	36		<u>x</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
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	20	_	
	Note: / Will old their are required to complete Schedule O	38 Form	<u>x </u> 990 /	2010

Page 5 Christian Leaders for Africa Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No ٠. 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 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 return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: ▶ See instructions for 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 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5с 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 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a 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 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g N/2h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h N/A 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A 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. Did the organization make any taxable distributions under section 4966? 9a N/A Did the organization make a distribution to a donor, donor advisor, or related person? b 9b N/A 10 Section 501(c)(7) organizations, Enter: a Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a N/A Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11h 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a Is the organization licensed to issue qualified health plans in more than one state? 13a N/A Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

	Check if School to O contains a managed to any quarties in this Part III			x					
San	Check if Schedule O contains a response to any question in this Part VI		•	<u>بها</u>					
50 0	tion A. Governing Body and Management		Vac	Nic					
4			Yes	No					
	Enter the number of voting members of the governing body at the end of the tax year 1a 8								
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8	1							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	ا ا							
_	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			77					
	of officers, directors or trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		<u> </u>					
5	5								
6	Does the organization have members or stockholders?	6		X					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the								
	governing body?	7a		X					
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		_					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
	by the following:								
а	The governing body?	8a	<u>x</u>						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
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		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	-							
			Yes	No					
	Does the organization have local chapters, branches, or affiliates?	10a		X					
b	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 11a	X	<u> </u>					
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?								
Ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	x						
12a	. ,								
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise								
	to conflicts?	12b	X						
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	'	_						
	ın Schedule O how this is done	12c	X						
13	Does the organization have a written whistleblower policy?	13		X					
14	Does the organization have a written document retention and destruction policy?	14		х					
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?	l							
	The organization's CEO, Executive Director, or top management official	15a	X	X					
b	Other officers or key employees of the organization	15b		├^					
40	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	,,							
	taxable entity during the year?	16a		X					
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?	16b							
	tion 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	tor							
	public inspection. Indicate how you make these available. Check all that apply.								
	Own website								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ıncial						
	statements available to the public.								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the person who possesses the books and records of the person of the person who person of the person of t	tion [,]	-						
	Douglas Long, Hall Render Killiam H - 317-696-3540								
	One America Square, Suite 2000, Box 82064, Indianapolis, IN 46282								

Form	990	(2010)

Christian Leaders for Africa, Inc.

30-0076632

Page 7

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See 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, and 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

(A)	(B)	organization compensat (C)						(D)	(E)	(F)	
Name and Title	Average	,	Position (check all that apply)					Reportable	Reportable	Estimated	
	hours per week		neci	(all '	that	app T	iy)	compensation from	compensation from related	amount of other	
	(describe	individual trustee or director						the	organizations	compensation	
	hours for	P o	皇		l	sated		organization	(W-2/1099-MISC)	from the	
	related	ruste	T fus	1	8	mpen		(W-2/1099-MISC)		organization	
	organizations	gal	Institutional trustee	_	Key employee	st co	ا ا			and related	
	in Schedule O)	.pu	Instit	Office.	Ř.	Highest compensated employee	Form			organizations	
1 Lynn H. Cohick	·					Г					
Director	1.00	x						0.	0.	0	
2 Doug Long											
Treasurer	2.00	x		x			Ĺ	0.	0.	0	
3 Mark Fackler											
Director	0.50	x						0.	0.	0	
4 Don Hardamon											
Director	1.00	X		L	L		<u> </u>	0.	0.	0	
5 David Holst		ĺ	1		ŀ		ļ				
Director	1.00	X	<u></u>			<u> </u>		0.	0.	0	
6 Edwin Fisher			1]	1					
Board Chairman & President	5,00	X	<u> </u>	X	<u> </u>	┖		0.	0.	0	
7 Keith Krispin			l			ı					
Director	0.50	X	<u> </u>	_	<u> </u>	_	L	0.	0.	0	
8 Dwight Jessup			l	l	l	l	1	_	_	_	
Director	0.50	X	Ļ	ļ	ļ.,	<u> </u>	┖	0.	0.	0	
9 Paul Heidebrecht		1	}	1	}	}	ļ	1	}		
Executive Director	40.00	┡	├-	X	1	┞-	<u> </u>	60,000.	0.	31,000	
		ļ									
						1	1		· · · · · · · · · · · · · · · · · · ·		
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	990 (2010) Christian Lea	ders for A	<u>fri</u>	ca.	Inc	z				30-0076	632		P	age 8
Par	t VII Section A. Officers, Directors, Tru		nple	yee			ligh	est		ees (continued)				
	· (A)	(B)			(0				(D) (E)				(F)	
- :	· Name and title	Average hours per	(6)		Posi all t			LA.	Reportable	Reportable	compensation amount			
		week	-(0)	T	l I	iiai	app	יעי	compensation	from related				or
		(describe	ctor					Ī	the	organizations			other npensation	
		hours for	ě	ده			ated	ļ	organization	(W-2/1099-MIS			om th	
		related	ıstee	truste			pens		(W-2/1099·MISC)			orga	anızat	ion
		organizations	ual tr	nonat		ploye	t com	_					relat	
		in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			ļ	orga	nızatı	ons
			=	<u>-</u>	-	~	Τ. 0	ι.	<u> </u>					
			}											
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				L				L						
	Sub-total								60,000.		_0.		31	000.
	Total from continuation sheets to Part VII	I, Section A							0.		0.			0.
	Total (add lines 1b and 1c)						\triangleright		60,000.		0.		31,	000.
2	Total number of individuals (including but no	ot limited to th	ose	liste	eo ac	oove	e) wr	10 re	eceived more than \$100	,000 in reportable	•			•
	compensation from the organization			_									Yes	No
3	Did the organization list any former officer,	director or tru	etee	, ko	v em	nlo	, AA	or h	nighaet compensated or	nnlovee on	ſ			
3	line 1a? If "Yes," complete Schedule J for su		3166	, KO	y Cili	pio	y C G ,	01 1	iighest compensated er	iipioyee on		3		x
4	For any individual listed on line 1a, is the su		le co	amo	ensa	tion	and	l otl	her compensation from	the organization				
•	and related organizations greater than \$150									and organization		4		x
5	Did any person listed on line 1a receive or a									dual for services	ľ			
	rendered to the organization? If "Yes," comp	-				-						5		x
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest cor	mpensated inc	depe	ende	nt c	ontr	acto	rs t	that received more than	\$100,000 of comp	ensa	ation fr	om	
	the organization. NONE	·												
	(A)								(B)		_	(C		
	Name and business	address				_			Description of s	ervices	C	omper	satio	n
								\dashv						
								1						
								\dashv					-	
	<u> </u>		-					-						
								- {		1				
								\dashv						
2	Total number of independent contractors (in	ncludina but n	ot lu	mite	d to	thos	se lis	sted	d above) who received m	ore than				
_	\$100,000 in compensation from the organiz		•••				0			· - ·				
										<u> </u>		Form §	990 c	2010)

	990 (t VII		an Leaders fo	or Africa In	c		30-0076632	Page 9
	:	Otatement of Fieve	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributed all other contributions, gifts, grants)	nts, and					
Sontrib and oth	_	Similar amounts not included about the Noncash contributions included in lines		478,065.				
	2 a			Business Code	478,065.			
Program Service Revenue	c d e							
4		All other program service reve Total. Add lines 2a-2f	enue	>				
	3 4 5	Investment income (including other similar amounts) Income from investment of tal Royalties		>	234.			234.
	6 a b c	Less: rental expenses	(i) Real	(ii) Personal				
	d		(i) Securities	(II) Other				
	С	Less. cost or other basis and sales expenses Gain or (loss) Net gain or (loss)						
Other Revenue	8 a	Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 Less direct expenses	of					
°	с 9 а	Net income or (loss) from fund Gross income from gaming ad Part IV, line 19	draising events ctivities. See	>				
	С	Less: direct expenses Net income or (loss) from gan Gross sales of inventory, less and allowances	-	>				
		Less: cost of goods sold Net income or (loss) from sale Miscellaneous Revenu	b es of inventory	Business Code				
	11 a b c							
032009	e 12	All other revenue Total. Add lines 11a-11d Total revenue. See instructions.	•	>	478,299,	0,	0.	234. Form 990 (2010)

Form 990 (2010) Christian Leaders for Africa, Inc. Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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 US				
	See Part IV, lines 15 and 16	299,296.	299,296.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	95,590.	42,500.	29,340.	23,750.
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 .				
b	Legal				
С	Accounting	9,230.		9,230.	
d	Lobbying			•	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	5,806.		5,806.	
g	Other	33,086.	·	33,086.	
12	Advertising and promotion	4.709.		•	4,709.
13	Office expenses	4,237.	:	4,237.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	7,711.			7,711.
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. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
а	Board activities	846.		846,	
b					
C					
d					
е					
f	All other expenses				
25_	Total functional expenses. Add lines 1 through 24f	460,511.	341,796.	82,545,	36,170,
26	Joint costs Check here ▶ ☐ If following SOP				
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Balance Sheet Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 114,387 1 95,304. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 10c Investments - publicly traded securities 11 11 12 Investments - other securities See Part IV, line 11 603,897 12 770,409. Investments - program-related See Part IV, line 11 13 13 14 intangible assets 14 15 Other assets See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 718 284 865 713 17 Accounts payable and accrued expenses 17 Grants payable 18 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 25 25 26 Total liabilities. Add lines 17 through 25 0 26 0. Organizations that follow SFAS 117, check here > x and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 76,821 27 118,114. 28 Temporarily restricted net assets 35,807 28 52,273. Permanently restricted net assets 605,656 29 695,326, Organizations that do not follow SFAS 117, check here
and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 33 Total net assets or fund balances 718,284 865,713, 34 Total liabilities and net assets/fund balances 718,284 865 713.

Form 990 (2010)

	990 (2010) Christian Leaders for Africa Inc.	<u>3</u> 0-007663	2	Pa	ge 12		
Рa	rt XI Reconciliation of Net Assets						
_	· Check if Schedule O contains a response to any question in this Part XI				_x_		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		478	299.		
2	Total expenses (must equal Part IX, column (A), line 25)						
3	Revenue less expenses Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		718	284.		
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-		641.		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		865	713.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				\mathbf{x}		
				Yes	No		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		:			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	Were the organization's financial statements audited by an independent accountant?		2b		х		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a					
	separate basis, consolidated basis, or both						
	x Separate basis Consolidated basis Both consolidated and separate basis						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audıt					
	Act and OMB Circular A-133?		За		х_		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990 (2010)		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

2010

Open to Public Inspection

Name of the organization **Employer identification number** Christian Leaders for Africa Inc 30-0076632 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 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. a Type I b Type II c Type III - Functionally integrated d Type III · Other 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, Type III, 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? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes Nο the governing body of the supported organization? 11g(i) 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) h Provide the following information about the supported organization(s). (iii) Type of (vi) Is the organization in col. (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. (i) listed in your organization in col. organization (i) organized in the support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes No Yes No

Schedule A (Form 990 or 990-EZ) 2010 Christian Leaders for Africa, Inc.

| Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning ın)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and			1			<u>(7)</u>
	membership fees received. (Do not						
	include any "unusual grants ")	482 021	428 757	592,671.	480 341.	478.065.	2,461,855.
2	Tax revenues levied for the organ-	402,021.	420.737.	352,071.	400,541.	470,003.	2,401,655,
_	ization's benefit and either paid to						
	or expended on its behalf					ľ	
•	The value of services or facilities						
3							
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3	482,021,	428,757.	592,671.	480,341.	478,065.	2,461,855.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)		,,,				255,659.
	Public support. Subtract line 5 from line 4						2 206 196
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	482,021.	428,757.	592,671.	480,341.	478,065.	2,461,855.
8	Gross income from interest,			i			
	dividends, payments received on						
	securities loans, rents, royalties			i			
	and income from similar sources	7,642.	11,094.	14,135.	403.	234.	33,508.
9	Net income from unrelated business		•				
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital	İ					
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						2,495,363.
	Gross receipts from related activities,	etc (see instructio	ns)	L		12	2,455,505.
	First five years. If the Form 990 is for			fourth or fifth tax	ו vear as a section		·
	organization, check this box and stop	here		, ,	. ,		ightharpoons
Sec	tion C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2010 (li	ine 6, column (f) div	rided by line 11, co	olumn (f))		14	88.41 %
15	Public support percentage from 2009	Schedule A, Part I	l, line 14	1,7		15	88.83 %
16a	33 1/3% support test - 2010. If the or	rganization did not	check the box on	line 13, and line 14	l is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		,	•			▶ x
b	33 1/3% support test - 2009.If the or		_	e 13 or 16a, and li	ne 15 is 33 1/3%	or more, check this	
	and stop here. The organization quali					.,	▶□
17a	10% -facts-and-circumstances test	-	· ·	-	13. 16a. or 16b. ai	nd line 14 is 10% or	more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶ □
b	10% -facts-and-circumstances test					7a and line 15 is 10	% or
_	more, and if the organization meets th						OI
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						
		and mot one on a D	CA OTTAINE TO, TOA	100, 11a, 01 11b,	OTTOOK IT ITS DOX A	in see instructions	

Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")					<u> </u>	
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ū	are not an unrelated trade or bus-			ļ			
	iness under section 513						
_					 		
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to				1		
	or expended on its behalf						
5	The value of services or facilities				1	+	
	furnished by a governmental unit to			1			
	the organization without charge					<u> </u>	
6	Total. Add lines 1 through 5					1	
7a	Amounts included on lines 1, 2, and					1	-
	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	i					
	amount on line 13 for the year				1		
	Add lines 7a and 7b	<u> </u>	ļ-				
	Public support (Subtract line 7c from line 6)				<u>.l</u>		
	tion B. Total Support	1		1			
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,	ĺ			li di di di di di di di di di di di di di	1	
	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						
_	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		<u></u>				
12	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV)				ļ		
13	Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	r the organization'	s first, second, thir	d, fourth, or fifth t	tax year as a section	on 501(c)(3) orga	nization,
	check this box and stop here						
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2010 (line 8, column (f) d	livided by line 13, o	column (fl)		15	%
	Public support percentage from 2009			("	•	16	%
	tion D. Computation of Inve					110 1	
	Investment income percentage for 20			20 13 column (f)		47	
	· · · · · · · · · · · · · · · · · · ·	•	•	ie 13, column (i))		17	%
	Investment income percentage from:	•	•		, 4 <i>6 .</i>	18	. 17
туа	33 1/3% support tests - 2010. If the						e i / is not
	more than 33 1/3%, check this box a	·	•	, ,			
b	33 1/3% support tests - 2009. If the	-					
	line 18 is not more than 33 1/3%, che		-			-	on ► 🔛
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions .	▶∟_
					0	L 1 - 1 - A /F	000 000 ETI 0040

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.

2010
Open to Public Inspection

Name of the organization

Employer identification number

Pa	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		7 1000 di ita. Complete il trie
	organization answered Test to Form 550, Fart IV, mile	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) sons devised tames	(b) and and other accounts
2	Aggregate contributions to (during year)	·	
		·	
3	Aggregate grants from (during year)	-	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w		
_	are the organization's property, subject to the organization's	•	Yes No
6	Did the organization inform all grantees, donors, and donor ac		· ·
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpose cor	
Pa	impermissible private benefit? rt II Conservation Easements. Complete if the organization	1 N/ T = 000 D	Yes No
			IV, line /
1	Purpose(s) of conservation easements held by the organization	·	
	Preservation of land for public use (e.g., recreation or ed		• •
	Protection of natural habitat	Preservation of a certified	d historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form of a	a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the org	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation easi	ement is located >	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements durin	g the year
7	Amount of expenses incurred in monitoring, inspecting, and e	5	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expense sta	atement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes the	organization's accounting for
	conservation easements		
Pai	rt III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue statemen	t and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	ibition, education, or research in furtherance	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describ	pes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edit	ucation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		. > \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical trea	isures, or other similar assets for financial ga	ın, provide
	the following amounts required to be reported under SFAS 11		•
а	Revenues included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		\$

		Leaders for Afri						<u>00766</u>		Page 2
Pai	t III Organizations Maintaining C	Collections of A	rt <u>,</u> Histo	rical Tr	easures, or Ot	her S	Similar A	Asset	ts (contil	nued)
3	Using the organization's acquisition, access	on, and other record	ls, check a	any of the	following that are a	signif	īcant use	of its o	collection	ıtems
	(check all that apply):									
· a	Public exhibition	d	ı 🔲 Lo	an or exc	hange programs					
b	Scholarly research	е	Ct Ct	her						
c	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explain	n how they	y further tl	he organization's e	xempt	purpose i	n Part	XIV	
5	During the year, did the organization solicit of	or receive donations	of art, histo	orical trea:	sures, or other sim	lar ass	sets			
	to be sold to raise funds rather than to be m	aintained as part of t	he organiz	zation's co	ollection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arran					to For	m 990, Pa	rt IV, I	ne 9, or	
•	reported an amount on Form 990, Pa			•						
1a	Is the organization an agent, trustee, custod	ian or other intermed	lary for co	ntribution	is or other assets n	ot incl	uded	_		
	on Form 990, Part X?		,						Yes	□ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing tab	ole						
_						ſ			Amount	
С	Beginning balance						1c			
d	Additions during the year					ı	1d			
-	Distributions during the year	•					1e			
f	Ending balance					Ì	1f			
	Did the organization include an amount on F	orm 990. Part X. line	212						Yes	□ No
	If "Yes," explain the arrangement in Part XIV	•								
Pai			swered "Y	es" to Fo	rm 990. Part IV. line	10				
		(a) Current year	(b) Pric		(c) Two years back		Three years	back	(e) Four	years back
1a	Beginning of year balance	603,897.		81,649.	348 616		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	107.00.	Jours Buon
b	Contributions	50,960.		69 580.	187,460					
_	Net investment earnings, gains, and losses	122 582.		52,668.	<54,427				-	
d	Grants or scholarships	15,371.		32,000.	\J <u>1,12</u>	ή_				
	Other expenditures for facilities	13,5,1				1				
·	and programs									
-	Administrative expenses	5,806.								
g	End of year balance	756,262,		03.897.	481,649	+				
2	Provide the estimated percentage of the year			103,037.	401,042	•1				
a	Board designated or quasi-endowment	5.00	%							
b	Permanent endowment > 3.00	%	_′°							
		<u></u> %								
32	Are there endowment funds not in the posse	•	ation that a	are held a	nd administered fo	r the o	rnanizatio	ın		
-	by.	rooton or the organize	20011 0100	are riole a	na danimisterea io		-gu-nzano	••	Г	Yes No
	(i) unrelated organizations								3a(i)	x x
	(ii) related organizations		•						3a(ii)	X
h	If "Yes" to 3a(ii), are the related organization:	s listed as required o	n Schedul	le R?					3b	-
4	Describe in Part XIV the intended uses of the							•	L OD	
	t VI Land, Buildings, and Equipm									
L	Description of investment	(a) Cost or of	i i	(b) Cost	or other	Accur	nulated	T^{-}	(d) Book	value
		basis (investin		basis (1	leprec			,u, 200K	- 4.40
12	Land				` ,			+		
b	Buildings							+-		
_	Leasehold improvements									
ď	Equipment							+-		
_	Other .							+	_	
	Add lines 1a through 1e (Column (d) must e	equal Form 900 Port	X column	(R) line 1	(O(c))			+		
, vid	. Add mod to undagn to (Column ta) inust o	<u>.quari Omi 330, rail</u>	A, COIGITITI	ו פוווי ונים	<u> </u>					0.

chedule D (Form 990) 2010 Christian Leaders Part VII Investments - Other Securities. See	Form 990, Part X, line 12			0076632 Page
(a) Description of security or category (including name of security)	(b) Book value	C	(c) Method of valuates or end-of-year man	
) Financial derivatives				
Closely-held equity interests				_
) Other				
(A) Endowment Investments	756,262.		Market Value	
(B) General Investments (C)	14,147.	End-of-Year	Market Value	
(D)				
(E)				
(F)				
(G)				
(H)				
(1)				
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.) Part VIII Investments - Program Related. Se	770 409			
		•	(c) Method of valua	ition.
(a) Description of investment type	(b) Book value	C	ost or end-of-year mar	
(1)				-
(2)				
(3)				
(4)				
(5)	-			
(6)		 		
(7)				
(8)				
(10)				
otal. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15			
(a) [Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5) (6)		·		
(7)				
(8)				
(9)				
(10)				
otal. (Column (b) must equal Form 990, Part X, col (B) line	15.)			
Part X Other Liabilities. See Form 990, Part X, I			,	
(a) Description of liability	_	(b) Amount	4	
(1) Federal income taxes			4	
(2)			_	
(3)			-	
(5)			-	
(6)			1	
(7)			1	
(8)			1	
(9)				
(10)				
110)			i	
(11) tal. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to FIN 48 (ASC 740)			_	

	rt XI Reconciliation of Change in Net Assets from Form 990	to Audi	tod Einancia	State	30-00766	32 Page 4
<u>-</u> -		to Audi		State	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			478,299.
.2	Total expenses (Form 990, Part IX, column (A), line 25)		2	Ti T		460,511.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3	-		17,788.
4	Net unrealized gains (losses) on investments		4			129,641.
5	Donated services and use of facilities		_5			
6	Investment expenses		6	-		
7	Prior period adjustments		_ 7	4		
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net). Add lines 4 through 8		9			129,641.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and Audit Description of Branch and Audit D		10			147,429.
Pa	rt XII Reconciliation of Revenue per Audited Financial Statem	nents v	ith Revenue	per H	<u>keturn</u>	
1	Total revenue, gains, and other support per audited financial statements				1	607,940.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1	1			
а	Net unrealized gains on investments	2a	12	9,641.		
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c			1	
d	Other (Describe in Part XIV)	_2d				
е	Add lines 2a through 2d				2e	129,641.
3	Subtract line 2e from line 1				3	478,299.
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	İ			
b	Other (Describe in Part XIV)	4b				
С	Add lines 4a and 4b				4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)				5	478 299
Pa	rt XIII Reconciliation of Expenses per Audited Financial Stater	ments \	With Expense	s per	Return	
1	Total expenses and losses per audited financial statements	•			1	460,511.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
С	Other losses	2c			1	
d	Other (Describe in Part XIV)	2d				
e	Add lines 2a through 2d		·		2e	0.
3	Subtract line 2e from line 1				3	460 511.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					400,511.
·	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1			
b	Other (Describe in Part XIV.)	4b			1 1	
	Add lines 4a and 4b	1 40			40	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				4c 5	0.
Pa	rt XIV Supplemental Information				1 3 1	460 511.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part	III linos	1a and 4: Part IV	lines 1	h and 2h B	Port V. Inno. 4. Port
	e 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also con					
	V, line 4: AIU faculty chairs and AIU student tuition	iipiete ti ii	s part to provide	arry aut	ditional lino	imation.
rait	. V. line 4: Alb lacuity chairs and Alb student tuition			•		
S	. W. Tina A. Min Strand, T					
Part	X, Line 2: The financial statement effects of a tax position					· · · · · · · · · · · · · · · · · · ·
take	en or expected to be taken are recognized in the financial sta	tements				
_						
wher	it is more likely than not, based on the technical merits, t	hat the				
posi	tion will be sustained upon examination. Interest and penalt	ies, if				
any,	are included in expenses in the statement of activities, As	of Jun	ıe			
_						
30	2011 and 2010, CLA had no uncertain tax positions that qualif	y for				
					Schedule (O (Form 990) 2010

Christian Leaders for Africa Inc.	30-0076632	Page 5
Part XIV Supplemental Information (continued)		
recognition or disclosure in the financial statements.		
		-
	 	
		
	· · · · · · · · · · · · · · · · · · ·	·
	 -	
	 	
		_

SCHEDULE F (Form 990)

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
2010
Open to Public

Department of the Treasury Internal*Revenus Service

Name of the organization

Employer identification number

	-6.					
Christian Leaders for Part I General Info	rmation on A	Activities Ou	tside the United States. Comple	te if the organ	30-0076632	Voc"
to Form 990, Pa			torac and critical states. Compile	ne ii tile orgai	iization answered	163
1 For grantmakers. Does	s the organization	n maintain recor	ds to substantiate the amount of the gr	ants or assista		
grantees' eligibility for t	he grants or assi	stance, and the	selection criteria used to award the gra	nts or assistai	nce? x	Yes No
			procedures for monitoring the use of gr		side the United Sta	tes
			an be duplicated if additional space is n			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
Sub-Saharan Africa	0	0	Grants to Recipients		·-	299,296.
			7.1817		, .	
						
3 a Sub-total	0	0				299,296.
b Total from continuation						
sheets to Part I	0	. 0				0.
c Totals (add lines 3a		_				
and 3b) LHA For Paperwork Reduct	tion Act Notice.	see the Instruc	tions for Form 990.		Schedule F (299 296. Form 990) 2010

(I) Method of valuation (book, FMV, appraisal, other) Page 2 Schedule F (Form 990) 2010 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any (h) Description of non-cash assistance (g) Amount of non-cash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax exempt by cash disbursement 299,296, wire transfer (f) Manner of of cash grant (e) Amount recipient who received more than \$5,000 Check this box if no one recipient received more than \$5,000 the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Student and Faculty (d) Purpose of grant Christian Leaders for Africa, Inc. Programs (c) Region Part II can be duplicated if additional space is needed Sub-Saharan Enter total number of other organizations or entities Africa and EIN (if applicable) (b) IRS code section Schedule F (Form 990) 2010 (a) Name of organization Part II 0 ო

Schedule F (Form 990) 2010 Christian Leaders for Africa Inc.

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

Page 3

30-0076632

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					
(g) Description of non-cash assistance					
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant			:		
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance					

Schedule F (Form 990) 2010

	ule F (Form 990) 2010 Christian Leaders for Africa Inc.	30-0076632	Page 4
Part	IV Foreign Forms		
1.	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With		
	a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to		
	Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	x No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	x No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain		
	Foreign Partnerships. (see Instructions for Form 8865)	Yes	x No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions		
	for Form 5713)	Yes	x No

Schedule F (Form 990) 2010

Schedule F (Form 990) 2010 Christian Leaders for Africa Inc.	30-0076632	Page 5
Part V Supplemental Information		
. Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line	e 3, column (f) (account	ng method),
Part II, line 1 (accounting method), Part III (accounting method); and Part III, column (c) (estimated nu		
Also complete this part to provide any additional information		• •
Schedule F. Part I. Line 2: The recipients are asked to account for all		
funds transferred. On site visits to verify fund usage are made twice a		
	··	
year on average.		
Schedule F. Part I. Line 3: Accrual 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.		
** * **		
	·····	
		. =
		_

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ. Name of the organization

Christian Leaders for Africa Inc.	
Form 990 Part III Line 4a, Program Service Accomplishments:	
in its final year of study, much of which was funded earlier by CLA	
donors. A new Ph.D. cohort began in January, 2010.	
Form 990, Part III, Line 4d, Other Program Services:	
Proceeds toward \$300,000 needed to acquire additional land for NEGST's	
future expansion.	
In order to meet government requirements for a university charter,	
NEGST had to add building space for administration and housing as well	
as make improvements in such areas as fire safety, asbestos removal in	
older buildings and sewage treatment, CLA joined with NEGST in seeking	
funds to purchase four acres of land adjacent to the campus and to	
complete the projects required by the government.	
Expenses \$ 161,869, including grants of \$ 131,869. Revenue \$ 0.	
Form 990, Part VI, Section B, line 11: Form 990 is prepared by an	
independent accounting firm and reviewed by the organization's top	
management. The reviewed Form 990 is then forwarded to the Board of	
Directors for review and approval prior to filing.	
Form 990 Part VI Section B, Line 12c: Directors report on their	
activities involving the organization at board meetings.	
Form 990 Part VI Section B Line 15a: Executive director compensation is	
deliberated and approved at the board meetings. The director's salary is	

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization Christian Leaders for Africa, Inc.	Employer identification number 30~0076632
set in light of amounts paid to similarly situated individuals, and the	
process is recorded in the minutes.	
	·····
Porm 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.	
Form 990, Part XI, line 5, Changes in Net Assets:	
Net unrealized gains on investments: 129,541.	.
Form 990, Part XI, Line 2c	
Explanation for 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.	
	

Form **8868** (Rev January 2011)

(Rev January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No 1545-1709

Form 8868 (Rev 1-2011)

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 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form. visit www.irs gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization Type or **Employer identification number** print Christian Leaders for Africa Inc 30-0076632 File by the Number, street, and room or suite no. If a P.O. box, see instructions due date for filing your P.O. Box 1642 return See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions Indianapolis IN 46206 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Code Is For Code Form 990 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 80 Form 990-EZ 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 Douglas Long, Hall Render Killiam H The books are in the care of Done America Square, Suite 2000, Box 82064 - Indianapolis, IN 46282 Telephone No. ► 317-696-3540 FAX No If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this If it is for part of the group, check this box > and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until February 15, 2012 , to file the exempt organization return for the organization named above. The extension is for the organization's return for 」 calendar year ► x tax year beginning JUL 1 , and ending **JUN** 30, 2011 2010 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3b Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Caution, If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Paperwork Reduction Act Notice, see Instructions.