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Form 990

Department of the Treasury Internal Revenue Service

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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)

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

OMB No. 1545-0047 **2008** 

Open to Public

A	For the	2008 calendar year, or tax year beginning Oct 01, 2008, and	ending	Sep 30,2009
В	Check (f	Please C Name of organization, number and street, city, town, state, and ZIP code	D Employer in	dentification number
	applicable Address cl	luse IRS label or	35-	-2076939
Н	Name cha	pont or STRATEGIC GLOBAL ASSISTANCE INC	E Telephone	number
H	Initial retur	type.	574	4-295-4357
H	Terminatio	Specific 2601 BENHAM AVENUE	G Gross receipts	\$
Н	Amended	insuc-		a group return
Н	Application		for affili	· — —
Ш	pending	58896 TIMBER T GOSHEN IN 46528-		iliates included?
$\overline{}$	Tay-eyer	mpt status: X 501(c)( 3 ) ◀ (insert no.) 4947(a)(1) or 527	If "No", att	tach a list
	Website			emption number
_	Type of org			M State of legal domicile
	art I	Summary		1
		riefly describe the organization's mission or most significant activities.		<del></del>
	1	DEVELOPING, TRANSLATING, AND PRINTING LEADERS	HIP TRAIN	JING MATERIALS
æ	-	OR LEADERS IN VARIOUS NATIONS AND TRAINING N		
Activities & Governance	_	HELP THEM TO ESTABLISH THEIR OWN LEADER DEVEL		
er.		theck this box   If the organization discontinued its operations or disposed of more the		<del></del>
હુ		lumber of voting members of the governing body (Part VI, line 1a)		1 1
જ		lumber of independent voting members of the governing body (Part VI, line 1b)		<del></del>
ies		otal number of employees (Part V, line 2a)		1 - 1 - 1 - 1
Ž	1	otal number of volunteers (estimate if necessary)		6
AC	1		· · · · · · · · · · · · · · · · · · ·	7a
	1			7b
	<b>D</b>  \	et unrelated business taxable income from Form 990-T, line 34	Prior Year	Current Year
		contributions and grants (Part VIII. line 1b)	133176	
Revenue	1	contributions and grants (Part VIII, line 1h)		75. 1072313.
ΛĐ	1	evestment income (Part VIII, column (A), lines 3, 4, and 7d)	2238	30. 11812.
&	1			11012.
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	135414	9. 1084361.
	1 .	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	133414	<u>J.</u> 1004301.
	i	rants and similar amounts paid (Part IX, column (A), lines 1-3)		
	1	enefits paid to or for members (Part IX, column (A), line 4)		636588.
98	ı	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<del></del>	030300.
Expenses		rofessional fundraising fees (Part IX, column (A) line 11e)	(> h	
滋	D 1		/> "	393975.
	17 0	ther expenses (Part IX, column (A), lines 11a-1 d, 111-241)		1030563.
	18 1	otal expenses - Add lines 13-17 (must equal Part & column (A), line 25)	135414	
	13 1	evenue less expenses. Subtract line 18 from line 12 MAY 49 (411)		
Net Assets or Fund Balances			Beginning of Yea 87038	
sset. 3alar	20 T	otal assets (Part X, line 16)	1468	
et A	21 To	otal liabilities (Part X, line 26)	85570	
		et assets or fund balances. Subtract line 21 from line 20	83370	3.1 909303.
Fe	irt II			
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements	-	_
		and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which	r preparer has any know	neage
Sig	n	malch Weben	(	112/10
He		Signature of officer	Date	<del></del>
He	•	MALCOLM WEBBER PRESIDENT	Date	<i>;</i>
				<del></del>
Dala		Type or print name and title  Preparer's Date  Date	Check If	Preparer's identifying number
Paid			elf- 🗂	(see instructions) P00018654
	parer's		mployed ►	35-2041906
use	Only	Firms name (or yours if self-employed),	EIN ►	574-534-6580
N4=	the IDO	addies, and zir va v 213 4 1119	Phone no.▶	L T
		discuss this return with the preparer shown above? (See instructions)		X Yes No
ror	rrivacy	Act and Paperwork Reduction Act Notice, see the separate instructions.	$\sim$	[ COIN 330 (2008)

US990\$\$1

Forr	n 990 (2008	) STRATEGIC GI	LOBAL ASSIS	STANCE INC		35-207	6939	Page 2
-		tement of Program			nstructions)			
1		scribe the organization's m						
	TO SU	PPORT LEADER	DEVELOPMEN	T IN VARIOU	S COUNTE	RIES		
					<del></del>	<del></del>		
2	Did the or	ganization undertake any	significant program s	ervices during the year	which were not	listed on		<del></del>
•		form 990 or 990-EZ?					Yes	X No
	If "Yes," d	escribe these new service	s on Schedule O.				_	_
3	Did the or	ganization cease conducti	ng, or make significa	nt changes in how it co	nducts any prog	ram services?	Yes	⊠ No
		escribe these changes on						
4		the exempt purpose achieve						
		01(c)(3) and 501(c)(4) orga					d	
	allocations	s to others, the total expen	ses, and revenue, if a	any, for each program s	service reported	•		
	(Code	) (Expenses \$	942581	including grants of \$	<del></del>	) (Revenue \$		<del></del> -
4a	(Code	) (Expenses a	742301.	including grants of \$		) (I/evenue w		
	SGA S	ERVES EXISTIN	IG AND EMER	GING LEADER	S IN DEV	ELOPING NATIO	ONS	
		VERAL NATIONS						
	TRANS	LATION, PRINT	ING, AND D	ISTRIBUTION	OF LEAD	ERSHIP TRAIN	ING	
	MATER	IALS, LEADERS	HIP TRAINI	NG EVENTS D	ESIGNED	TO BETTER EQU	JIP	
	NATIO	NAL LEADERS,	AND HELPIN	G NATIONAL	LEADERS	TO ESTABLISH	THEIR	OWN
	LEADE	R DEVELOPMENT	PROCESS					
						<del></del>		
						<del> </del>		
4b	(Code:	) (Expenses \$		including grants of \$	· · · · · · · · · · · · · · · · · · ·	) (Revenue \$		<del></del>
70	(Oode.	/ (Expenses w		modeling grants or w		) (A CO V C H G C V V		,
							_	
					<del></del>		-	
		· · · · · · · · · · · · · · · · · · ·			<del></del> -	····	<del>-</del>	
 4с	(Code	) (Expenses \$	<del>\</del>	including grants of \$		) (Revenue \$		
	(5555	, (=-+=		moraumy granne or v		, (		,
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		<del> </del>	<u> </u>			<del> </del>	<del>.</del>	
4 .			<u> </u>				<del></del>	
4d	. •	ram services. (Describe in	•	•	\/O+	•	,	
	(Expenses	····	including grants of		)(Revenue		<u>)</u>	
.0	rotal progi	ram service expenses \$	942581	L •	(Must equa	al Part IX, Line 25, column	(B) ) Form <b>99</b> (	(2009)
								<b>y</b> (4000)

Га	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	Х	
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	3		х
	California Control in 1991 Control Con	<b> </b>		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4		X
_	Part II	-		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	5		,
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	-3	<del> </del>	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete	6	1	х
-	Schedule D, Part I	·	<del> </del>	
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
		<del> </del>	<del></del>	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		X
	complete Schedule D, Part III	<b>                                     </b>	<del> </del>	
9				
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	9	ļ	х
40	complete Schedule D, Part IV	10		X
10	Did the organization root assets in term, permanent, or quasi-endownents in ites, complete Schedule D, Part V	10		Λ
11	Parts VI, VIII, IX, or X as applicable	11	х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return	<u> </u>	- 23	
12	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	~	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	144		
U	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	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	140		
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	х	
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 United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	_	X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	<del>- 1</del>	X
20	Did the organization operate one or more hospitals? If "Yes." complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	·		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? if "Yes," complete Schedule I, Parts I and III			X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
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 question 25.	24a		Х
ь	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	}	Х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			
	person from a prior year? If "Yes," complete Schedule L, Part I	25b		Х
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			<del></del>
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х

Par	t IV Checklist of Required Schedules (Continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity	١.		
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,	<u></u>		
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? 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		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?		ĺ	
	If "Yes," complete Schedule N, Part II	32		_ X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	
	section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_ X
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		X
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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	Ī		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

	Statements Regarding Other IKS Filings and Tax Compliance		```	Т
1.	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Yes	No
Id	U.S. Information Returns. Enter -0- if not applicable			
ь		1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
·	gaming (gambling) winnings to prize winners?	1c	X	
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	<del>  ••</del>		Ь
24	1 1 1 1 1			
		2b	X	]
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			L
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	1	<del></del>	X
	this return?	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<del> </del>
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4.		v
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
D	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.		~	ı. V
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b		5b		<del></del>
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			İ
<b>6</b> -	Prohibited Tax Shelter Transaction?	5c		X
	Did the organization solicit any contributions that were not tax deductible?	6a		
D		6ь		
7	gifts were not tax deductible?	OD		
7	Organizations that may receive deductible contributions under section 170(c).	<u> </u>		***************************************
d	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	76		
·	required to file Form 8282?	7c		
А	If "Yes," indicate the number of Forms 8282 filed during the year	, <u>, , , , , , , , , , , , , , , , , , </u>	······································	'n
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		, -^	.,
•	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
b h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	79 7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and Section 509(a)(3)	<del>///</del> -		,
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have	3	×. ,	
	excess business holdings at any time during the year?	8		<u> </u>
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		<u> </u>	Z
a	Did the organization make any taxable distribution 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	<u> </u>	l	
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		is.	, o &
11	Section 501(c)(12) organizations. Enter:			,
a	Gross income from members or shareholders	*	٠, .	
b	Gross income from other sources (Do not net amounts due or paid to other sources			,
	against amounts due or received from them )		• ;	, ,
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<del>اُ ` ` - ` أ</del>	
		128		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b		n gan	(2008)
		LOU	ロラブリ	(2000)

<u>35-2076939</u>

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not Part VI ' required by the Internal Revenue Code.)

Sec	ion A. Governing Body and Management		Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O See instructions			
1a				
b	Enter the number of voting members that are independent	<u>)</u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	نفشا		<u> ئىنى ئىر</u>
	any other 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 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 organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	Ĺ	X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one of more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		, , «	
	the year by the following?		150	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		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?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or 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	11		X
Sect	ion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	12a	X	
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 in 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	X	
15	Did the process for determining compensation of the following persons include a review and approval by	ire.	, J.	1 - 2 E - 2 E
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		igeneral ma	(100 Annual )
а	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	Х	
	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	سندها	عها والس المنشد كام	
	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		
Secti	on C. Disclosure			·
	List the States with which a copy of this Form 990 is required to be filed ▶			
	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			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of interest			
. •	policy, and financial 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			
		-43		

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

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

- 1a Complete this table for all persons required to be listed. 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 the organization's fivecurrent 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)	(C)						(D)	(E)	(F)	
Name and Title	Average					hat ap	ply)	Reportable	Reportable	Estmated	
	hours per week			Officer	Key employee	Highest compensated employee	$\overline{}$	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
MALCOLM WEBBER											
PRESIDENT	60	Х		X				77977.		62361.	
SHARON CHUPP											
SECRETARY		Х		Х							
GARY YORDY											
TREASURER		Х		X							
LISA NAGLE	_										
DIRECTOR	10	X		1				20766.			
DOUGLAS RASSI											
DIRECTOR		X									
GORDON MYLCREE	1										
DIRECTOR		Х									
ROGER CHRISTOP							-				
DIRECTOR		Х									
JAMES WALTER				·			$\neg$				
DIRECTOR		Х									
KEN STARKEY	-										
DIRECTOR		x									
PAUL GILBERT				H							
DIRECTOR		х									
DAVID YEGHNAZA				$\vdash$			-				
DIRECTOR	<del> </del>	X									
DIRECTOR		^		-							
		ļ									
				-			$\dashv$	<del></del>			
	<del></del>		_								
							}				
				$\vdash$	-		$\dashv$				
	<del></del>						l				
				<b></b>			_	- · · · -			
							ŀ				
				<u> </u>			_				
					ŀ						

**BCA** 

	VIII	Statement of Reven			(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	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, grifts, grants, and similar amounts not included above Noncash contributions	1a	19.				·
ರಿ ಕ್ಷ	h	Included in lines 1a-1f  Total. Add lines 1a-1f			1072549.			• • • • • •
Program Service Revenue	2a _ b _ c _		Business	S Code	Star 18 or 1 year			-
Se	d _			_			<del></del>	
Program	e_ f g			▶		3)		,
	3	Investment income (includir other similar amounts) Income from investment of tax-exempt		, and ▶	11812.	11812.		
	5	·	Real (ii) Pers	<b>▶</b> onal	*	, was a	» ÷	X
	6a b c	Gross Rents Less rental expenses			A second		* *	
	7a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less cost or other	curities (II) Oth	. ▶		3	- w <sup>2</sup> 2 *	· · · · · · · · · · · · · · · · · · ·
	b	basis and sales expenses Gain or (loss)				: '%,	, i.	
	d	Net gain or (loss)		<b>•</b>		and the second second		
e	8a	Gross income from fundraising events (not including \$	f			<b>₩</b> 4	i ii,	. Ž
Other Revenue	_	of contributions reported on line 1c)  See Part IV, line 18	<del></del>					
Ę	b c	Less direct expenses  Net income or (loss) from fu		. •				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
_	9a	Gross income from gaming activities. See Part IV, line 1	9 <b>a</b>		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	15 15 15 15 15 15 15 15 15 15 15 15 15 1		·
	С	Less direct expenses Net income or (loss) from ga Gross sales of inventory, les	aming activities .	▶		h h	. , , ,	, 4,
	l .	returns and allowances Less: cost of goods sold . Net income or (loss) from sa	b	. >	The same of the sa	(a)	* * ***	- A. Jan Ive
	Ľ	Miscellaneous Reven						3
	11a b c							
	d e 12	All other revenue Total. Add lines 11a-11d Total Revenue. Add lines 11 9c, 10c, and 11e	n, 2g, 3, 4, 5, 6d, 7d,		1084361.	11812.		

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete				
Do n	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	( <b>D</b> ) Fundraising
7b, 8	Bb, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	·	<u> </u>		
2	Grants and other assistance to individuals in	No.			
	the U.S. See Part IV, line 22			4	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16	·		4	
4	Benefits paid to or for members			``	
5	Compensation of current officers, directors,				
	trustees, and key employees	98743.	98743.		
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	465668.	429773.	35895.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	62361.	62361.		
10	Payroll taxes	9816.		9816.	
11	Fees for services (non-employees):				
а	Management	2485.		2485.	
b	Legal				
С	Accounting	1800.		1800.	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17		1 '	*	
f	Investment management fees	1148.		1148.	
g	Other				
12	Advertising and promotion	5870.		5870.	
13	Office expenses	3430.		3430.	
14	Information technology				· · · · · · · · · · · · · · · · · · ·
15	Royalties				
16	Occupancy	6000.		6000.	
17	Travel				
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	4969.		4969.	
23	Insurance	1996.		1996.	
24	Other expenses. Itemize expenses not	,		<del> </del>	*
	covered above (Expenses grouped together	The street of th	and the second	ê 5 m 💌 🧸 . 🦜	. «» -
	and labeled miscellaneous may not exceed	14 31 4 A. 1		A	; `. 🦟
	5% of total expenses shown on line 25 below )	2 4 5	to S	* *	· •
а	LEADER DEVELOPMENT	273028.	273028.	I	
b	MATERIALS PRINTING	78676.	78676.		
c	UTILITIES	8024.		8024.	
d	BANK FEES	3380.		3380.	<del></del>
e	MISCELLANEOUS	2856.		2856.	·
e f	All other expenses	313.		313.	
	•	1030563.	942581.	87982.	
25	Total functional expenses. Add lines 1 through 24f	1030303.	742301.	07302.	
26	Joint Costs. Check here I If following				
	SOP 98-2. Complete this line only if the org				
	reported in column (B) joint costs from a combined				
BCA	educational campaign and fundraising solicitation		US990\$10 Rev 1	<u></u>	Form 990 (2008)

Γal	LA	Balance Sheet	· · · · · · · · · · · · · · · · · · ·							
_			(A)		_	(B)				
			Beginning of year	ļ	En	d of yea				
	1	Cash - non-interest-bearing	714716.	1_1_		905	429.			
	2	Savings and temporary cash investments		2						
	3	Pledges and grants receivable, net	. 120000.	3						
	4	Accounts receivable, net	. 6333.	4			600.			
	5	Receivables from current and former officers, directors, trustees, key								
		employees, or other related parties Complete Part II of Schedule L		5						
	6	Receivables from other disqualified persons (as defined under section			·					
	"	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	1							
		Part II of Schedule L		6						
	_	Notes and loans receivable, net	·	7		3	639.			
ets	7			8			<del>555.</del>			
Assets	8	Inventories for sale or use	16629.	<u> </u>		<del></del>	217.			
•	9	Prepaid expenses and deferred charges		9	<u> </u>	4	<u> </u>			
	10a	Land, buildings, and equipment: cost basis . 10a 20062.			,		`			
	b	Less: accumulated depreciation. Complete	10101							
		Part VI of Schedule D 10b 7942.	10404.	10c		12.	120.			
	11	Investments - publicly traded securities		11						
	12	Investments - other securities. See Part IV, line 11	2305.	12						
	13	Investments - program-related. See Part IV, line 11		13						
	14	Intangible assets		14						
	15	Other assets. See Part IV, line 11		15			15.			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	870387.	16		9260	020.			
	17	Accounts payable and accrued expenses	14682.	17		165	517.			
	18	Grants payable		18			-			
	19	Deferred revenue		19						
	20	Tax-exempt bond liabilities		20	· · · · · ·					
	21	Escrow account liability. Complete Part IV of Schedule D	•	21						
es			and the second of the second o		<del></del>					
Liabilities	22	Payables to current and former officers, directors, trustees, key		, ,,	y	240	(i.,			
jab		employees, highest compensated employees, and disqualified	[		<del></del>	<u></u>				
		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		24						
	25	Other liabilities. Complete Part X of Schedule D		25						
	26	Total liabilities. Add lines 17 through 25	14682.	26		165	517.			
		Organizations that follow SFAS 117, check here ▶ 🏻 and			***	>	_ ~			
98		complete lines 27 through 29, and lines 33 and 34.	<u> </u>		, , , , , , , , , , , , , , , , , , , ,		* *			
ည	27	Unrestricted net assets	31148.	27		803	<u>346.</u>			
alaı	28	Temporanly restricted net assets	824557.	28		8291	57.			
Ä	29	Permanently restricted net assets		29						
Net Assets or Fund Balanc		Organizations that do not follow SFAS 117, check here								
F		and complete lines 30 through 34.			Se .		<u>^`</u> `			
ts o	30	Capital stock or trust principal, or current funds		30						
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31						
Ž	32	Retained earnings, endowment, accumulated income, or other funds		32						
ž			855705.	33	_	9095	103			
l	33	Total net assets or fund balances	870387.		-	9260				
Dan	34	Total liabilities and net assets/fund balances	670307.	34		9200	120.			
Par	e XI	Financial Statements and Reporting				<del></del>	T			
			1 .		<del></del>	Yes	No			
1		unting method used to prepare the Form 990: 📋 Cash 🛮 🗵 Accrual 📗	Other			<u> </u>	لنيب			
2a	Were	the organization's financial statements compiled or reviewed by an independent	accountant?		2a	X	X			
b	b Were the organization's financial statements audited by an independent accountant?									
С	If "Ye	s" to lines 2a or 2b, does the organization have a committee that assumes respon	nsibility for oversight of th	е			1			
	audit, review, or compilation of its financial statements and selection of an independent accountant? 2c									
3a		result of a federal award, was the organization required to undergo an audit or au				$\top$				
		ingle Audit Act and OMB Circular A-133?			За		X			
ь		s," did the organization undergo the required audit or audits?					<del></del>			
	11 10	s, and the diganization universe the required addition addition				n <b>990</b>	(2008)			
					. 011		,_555)			

US990\$11

# SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

	S	TRATEGIC GL	OBAL ASSIS	TANCE	INC				35	<u>5-207</u>	6939	) 		
	Part	Reason fo	r Public Charity	Status	(All organizations	must co	mplete t	his part.	) (see in	struction	s)			
The	e org	ganization is not a privi	ate foundation becau	ise it is: (Ple	ease check onlyone	organiza	tion.)			_				
1	$\prod$	A church, convention	of churches, or asso	ociation of c	hurches described i	nsection	170(b)(1	1)(A)(i).						
2	П	A school described in	section 170(b)(1)(A	)(ii). (Attach	Schedule E)									
3	П	A hospital or a coope	rative hospital service	e organizat	on described insect	ion 170(	b)(1)(A)(	iii). (Atta	ich Sche	edule H)				
4	П	A medical research of	rganization operated	l in conjunc	tion with a hospital o	described	d issectio	n 170(b	)(1)(A)(ii	i). Enter	the hosp	ital's nai	ne,	
	_	city, and state:												
5	П	An organization oper	ated for the benefit o	f a college	or university owned	or opera	ted by a	governn	nental u	nıt descri	bed issec	tion		
		170(b)(1)(A)(iv). (Con	nplete Part II)											
6	П	A federal, state, or lo	cal government or go	vernmenta	unit described inse	ction 170	)(b)(1)(A	)(v).						
7	П	An organization that i	normally receives a s	ubstantial p	art of its support fro	m a gov	emment	al unit or	r from th	e genera	l public			
	_	described in section	170(b)(1)(A)(vi). (Cor	mplete the S	Support Schedule in	Part II)								
8	П	A community trust de	scribed in section 17	0(b)(1)(A)(v	i) (Complete Part I	<b>)</b>								
9	X	An organization that i	normally receives: (1)	) more than	33 1/3 % of its supp	ort from	contribu	utions, m	embers	hip fees,	and gros	ss		
	_	receipts from activitie	s related to its exemp	pt functions	- subject to certain	exception	ns, and	(2) no m	ore than	33 1/3 9	6 of its			
		support from gross in	vestment income and	d unrelated	business taxable in	come (le	ss section	on 511 ta	ax) from	business	ses			
		acquired by the organ	nization after June 30	), 1975. See	section 509(a)(2)(	Complete	e Part III	۱)						
10		An organization organ	nized and operated e	xclusively t	o test for public safe	ty Seese	ection 5	09(a)(4)	(see ins	tructions	)			
11		An organization organ	nized and operated e	xclusively f	or the benefit of, to	perform t	the funct	tions of,	or to car	ry out the	•			
	_	purposes of one or m	ore publicly supporte	ed organizat	tions described in se	ection 50	9(a)(1) c	or section	n 509(a)	(2). Sesse	ction			
		509(a)(3). Check the I	box that describes th	e type of su	pporting organization	on and co	omplete	lines 11e	e through	<u>ի</u> 11h.				
	_	a Type I	b ∐ Type II		c 🔲 Type III - Fu	ınctional	ly integra	ated	d L	Type	II - Othe	r		
е	Ц	By checking this box,	I certify that the orga	ınizatıon ıs ı	not controlled direct	y or ındir	ectly by	one or n	nore disc	qualified				
		persons other than fo	undation managers a	and other th	an one or more pub	licly sup	ported o	rganizati	ons des	cribed in	section			
		509(a)(1) or section 5	09(a)(2)											
f		If the organization red	eived a written deter	mination fro	om the IRS that it is	a Type I,	Type II	or Type	III suppo	orting				_
		organization, check th	is box											
g		Since August 17, 200	-		• -					sons?				
		(I) A person who dire	ectly or indirectly con	trols, either	alone or together w	ith perso	ns desc	ribed in	(u)				Yes	No
		and (III) below, the	e governing body of t	the supporte	ed organization?.							11g(i)		
		(ii) A family member	•			-					-	11g(ii)	_	
		(iii) A 35% controlled	•	-				• • • •			[	11g(iii)		
<u>h</u>		Provide the following		e organizatio	ons the organization	support	s						_	
	(i) N	lame of supported	(II) EIN	(iii) Ty	pe of organization	(iv) is th				<del></del>				t of
		organization		(descri	ibed on lines 1-9		ne organ-	(v) D	id you	(vi) l	s the	(vii) A	mour	
						ızatıon		1 ' '	id you y the	' '	s the		moun	
			j	above	e or IRC section	(i) listed	ın col ın your	notif	y the ation in	' '	ation in			
				ł	e or IRC section e instructions))	(i) listed	in col in your ming	notif organiz cot (i)	y the ation in of your	organiz col. orga	zation in (i) nized			
				ł		(i) listed	in col in your ming	notif organiz cot (i)	y the ation in	organiz col. organ in the	zation in (i) nized			
				ł		(i) listed	in col in your ming	notif organiz cot (i)	y the ation in of your	organiz col. orga	zation in (i) nized			
				ł		(i) listed gover	in col in your ming nent?	notif organiz col (i) supp	y the ation in of your port?	organiz col. organ in the	zation in (i) nized U.S.?			
				ł		(i) listed gover	in col in your ming nent?	notif organiz col (i) supp	y the ation in of your port?	organiz col. organ in the	zation in (i) nized U.S.?			
				ł		(i) listed gover	in col in your ming nent?	notif organiz col (i) supp	y the ation in of your port?	organiz col. organ in the	zation in (i) nized U.S.?			
				ł		(i) listed gover	in col in your ming nent?	notif organiz col (i) supp	y the ation in of your port?	organiz col. organ in the	zation in (i) nized U.S.?			
				ł		(i) listed gover	in col in your ming nent?	notif organiz col (i) supp	y the ation in of your port?	organiz col. organ in the	zation in (i) nized U.S.?			
				ł		(i) listed gover	in col in your ming nent?	notif organiz col (i) supp	y the ation in of your port?	organiz col. organ in the	zation in (i) nized U.S.?			
				ł		(i) listed gover	in col in your ming nent?	notif organiz col (i) supp	y the ation in of your port?	organiz col. organ in the	zation in (i) nized U.S.?			
				ł		(i) listed gover	in col in your ming nent?	notif organiz col (i) supp	y the ation in of your port?	organiz col. organ in the	zation in (i) nized U.S.?			
				(see	e instructions))	(i) listed gover	in col in your ming nent?	notif organiz col (i) supp	y the ation in of your cont? No	organiz col orga in the Yes	zation in (i) nized U.S.?			
Tota			4 % · ·	ł		(i) listed gover docum	in col in your ming ment?  No	notif organiz col (i) supp	y the atton in of your coort?	organiz col. organ in the	zation in (i) nized U.S.?			

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

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

	(Complete only if you checked the	box on line 9 of l	Part I.)				
Sec	tion A. Public Support		-				· ·
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						İ
	include any "unusual grants ")	303227.	489232.	606551.	1331769.	1072549.	3803328.
2	Gross receipts from admissions, merchan-						
	dise sold or services performed, or facilities						
	facilities furnished in any activity that is rela-						
	ted to the organization's tax-exempt purpose				<u></u>		
3	Gross receipts from activities that			:			
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	fumished by a governmental unit to the						
	organization without charge		10000	50555	100150	1070510	222222
6	Total. Add lines 1-5	303227.	489232.	606551.	1331769.	1072549.	3803328.
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified					]	
	persons that exceed the greater of 1%						
	of the total of lines 9, 10c, 11, and 12						
	for the year or \$5,000						<u> </u>
	Add lines 7a and 7b		<u> </u>	4 8184 /2	100 1 T E . M	( -   - × - ×	3803328.
8	Public support (Subtract line 7c from line 6)		^	<u> </u>			3003320.
	tion B. Total Support	(a) 2004	(F) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	lendar year (or fiscal year beginning in)	(a) 2004 303227.	(b) 2005 489232.			1072549.	
9	Gross income from interest, dividends	303227.	409232.	000331.	1331703.	10/2345.	3003320.
IVa	payments received on securities loans,						
	rents, royalties and income from similar					ŀ	
	sources	52.	778.	13536.	22380.	11812.	48558.
h	Unrelated business taxable income (less	02.	.,,,,	20000.	223331		
-	section 511 taxes) from businesses						
	acquired after June 30,1975	ļ		'			
c	Add lines 10a and 10b	52.	778.	13536.	22380.	11812.	48558.
	Net income from unrelated business		-		-		
•	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11 and 12.)	( )	** * ** * * * * *	* ** / > / + + + *	. * - * \$ §	* 1/2 \$ 14 14	3851886.
14	First five years. If the Form 990 is for the orga	inization's first, s	econd, third, four	rth, or fifth tax ye	ar as a section 5	501(c)(3)	
	organization, check this box and stop here	. <u> </u>	<u> </u>	· · <u> </u>	<u> </u>		▶
Sec	tion C. Computation of Public Suppo	ort Percentag	e		·	· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2008 (line 8, col	umn (f) divided b	y line 13, colum	n (f))		15	98.74 %
16	Public support percentage from 2007 Schedul	e A, Part IV-A, lır	ne 27g	<u> </u>		16	100.00 %
	tion D. Computation of Investment Ir					<del> </del>	
	Investment income percentage for 2008 (line 10						1.26 %
	Investment income percentage from 2007 Sche				· ·		0.87 %
19a	33 1/3 % support tests - 2008. If the organization	ion did not check	the box on line	14, and line 15 is	s more than 33 1	1/3 %, and line 17	
	not more than 33 1/3 %, check this box andsto	-					▶ 🛚
b	33 1/3 % support tests - 2007. If the organization						nd line 18
	is not more than 33 1/3 %, check this box and						▶ ∐
20	Private foundation. If the organization did not	check a box on I	ine 14, 19a, or 1	9b, check this bo	ox and see instru	ictions .	▶

#### SCHEDULE D. (Form 990)

Department of the Treasury

**Supplemental Financial Statements** 

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. OMB No. 1545-0047

2008

Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

	RATEGIC GLOBAL ASSISTANCE INC 35-2076939
Pa	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.
	(a) Donor advised funds (b) Funds and other accounts
1	otal number at end of year
2	Aggregate contributions to (during year)
3	ggregate grants from (during year)
4	ggregate value at end of year
5	old the organization inform all donors and donor advisors in writing that the assets held in donor advised funds
	re the organization's property, subject to the organization's exclusive legal control?
6	old the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only
	or charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? . 💢 Yes 📗 No
Par	
1	rurpose(s) of conservation easements held by the organization (check all that apply).
	Preservation of land for public use (e.g., recreation or pleasure)
	Protection of natural habitat Preservation of certified historic structure
_	Preservation of open space
2	complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of
	ıx year
	Held at the End of the Year
a	otal number of conservation easements
	otal acreage restricted by conservation easements
	umber of conservation easements on a certified historic structure included in (a)
	umber of conservation easements included in (c) acquired after 8/17/06
3	umber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during
	e taxable year ▶
4	umber of states where property subject to conservation easement is located
5	oes the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement
_	f the conservation easements it holds? Yes 🖺 No
6	taff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year
7	mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year \$ \$
8	oes each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
_	nd section 170(h)(4)(B)(ii)?
9	Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and
	clude, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for
20"	onservation easements.
ar	
4 -	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.
7 a	the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical
	easures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the
	xt of the footnote to its financial statements that describes these items.
	##
D	the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical trea-
	ires, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts
	lating to these items:
	Revenues included in Form 990, Part VIII, line 1
	Revenues included in Form 990, Part VIII, line 1
2	Revenues included in Form 990, Part VIII, line 1
2	Revenues included in Form 990, Part VIII, line 1
2 a	Revenues included in Form 990, Part VIII, line 1

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule D (Form 990) 2008

Pa	rt III	(continued	ations maintaining	Collect	ons of Art	, misi	Orica	ai irea	sure	s, or	Othe	er Sir	miar	ASSE	:ts		
3	Using the		's accession and other	records, ch	eck any of the	e follov	ving th	nat are a	signif	icant	use of	its co	llectio	n item:	s (chec	k all t	hat
	apply):	_					_										
а	Public	exhibition				d [	Lo	an or ex	kchang	e pro	grams	;					
b	Schola	arly research	1			e	] 01	her _									
c	Prese	rvation for fu	iture generations														
4	Provide a	description o	of the organization's col	lections and	d explain how	they f	urther	the orga	anizatı	on's e	exemp	t purpe	ose in	Part X	JV.		
5			e organization solicit or												_	_	_
	to raise fur	nds rather th	an to be maintained as	part of the	organization'	s colle	cton?	•			<u> </u>				Yes		No
Pai	rt IV	•	scrow and Custoo		_	Co	mplet	e if orga	ınızatio	n an	swered	i ``Yes	s" to F	orm 99	0, Par	t IV, lı	ne 9,
			d an amount on Form 9								<del></del>	<del></del>					
1a			agent, trustee, custodia									luded		۲	٦	Г	٦
									• • • • •	• • •	• • •	• • •		L	」 Yes	L	No
b	If "Yes," ex	plain the an	rangement in Part XIV a	ind comple	te the following	ng table	<b>)</b> :										
	_												1		Amo	unt	
						•••				• • • • •	• • • •	• • • • •	1c				
		•	ear		•••	•••		•	• • • • •		• • • • • •		10				
0		ns during the	e year					•			• • • • •		1e				
f	Ending bal										• • • • •	• • • • •	1f				
2a	Did the org	janization in	clude an amount on Fo	rm 990, Pa	rt X, line 21?				• •			• • • •		L	Yes	2	∐ No
			angement in Part XIV.														
Pai	t V	Endown		plete if orga	anization ansv									<del></del>			
			(a) Current year	(p)	Prior year	<u>(c)</u>	Two	years b	ack		Three	years	back	<u>(e)</u>	Foury	/ears	back
1a	Beginning	of year	•	***	- N° -∰.		*	, (\$			ž	S47		4	· 1	. %	*
	balance .			٠					-			,					
b	Contributio	ns		1200	<u> </u>		, *?		Ŷ			"	" Mg" "	÷ ,,	<u>-</u>	-w,^	***.
С	Investment	eamings					>					2.5			¥		, ez
	or losses			F 3 .	, m	个报.			*	*.	* 7		‡¢	17%	~.×	-25,1	-
d	Grants or scho	larships		1.50								,					,
0	Other expe	nditures		7 %	% 24·*	104.	^	*		,	- Beg		, ~ ,	*	1985	ran ( "	%
	for facilities	and		1 2	44 1		. *			*,						*	
	programs .			r. E	~ · ·	* €	·					,				500	~
f	Administrat	tive		Li st	· Beco	· ·		•			t Norwys ,	۵,	_	· <u>*</u> .	<b>,</b> *	*	
	expenses .			1-8" "	, ,	*	~			٧ ٨				<i>"</i>		***	,
g	End of year	r balance		1	ens a ste		٠,		v 3,	73° F	- 08- 02	۸.,	4			-,	
2	Provide the	estimated i	percentage of the year	end balance	e held as:												
а	Board design	gnated or qu	uasi-endowment ▶ (	0.00 9	%												
b	Permanent	endowment	t ▶ 0.00 % _	<del></del>													
С	Term endo		0.00%														
3a	Are there e	ndowment f	unds not in the possess	sion of the o	organization t	hat are	held	and adn	nınıste	red fo	r the c	rganiz	zation	by <sup>.</sup>		Yes	No
	(i) unrelat	ed organizat	tions												3a(i)		
	(ii) related	organizatioi	ns												3a(ii)		
b	If "Yes" to 3	Ba(ii), are the	e related organizations	isted as red	guired on Sch	nedule	R? .								3b		
4			e intended uses of the o														
Par			ents-Land, Buildin					rm 990,	Part X	(, line	10.						
		scription of			ost or other			st or oth	$  \tau$		) Dep	reciati	on	(0	d) Boo	k valı	ie
		•		1 ''	investment)	`	•	s (other)		•				'		_	
1a	Land			1				·									
						1-			<del> </del>					1			
	_	improvemen				$\top$	-							<b>†</b>			
		•		2	0,062.	+-				,	7	,94	2.	<del>                                     </del>	12	, 12	0.
	Other				-,	+-			+		<del></del>	·		<del> </del>			<u> </u>
			nn (d) should equal For		t X column /	B) line	10/c)	``							12	,12	0.
ual.	Aud illies I	a- ie. (Coiul	iii (u) siloulu equal i Oi	330, F al	in, within (I	٥, ١١١١٥	10(0)	· <i>/</i>		<del></del>	••••	••••	School	Luic C	(Form		
												•		1015 D	(i VIII)		-000

	search of the se		2076939	Page 4
		- 1	1 08	4,361.
1	Total revenue (Form 990, Part VIII, column (A), line 12)	$\vdash$		0,563.
2				3,798.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		<del> </del>	3,790.
4	Net unrealized gains (losses) on investments	5	-	
5	Donated services and use of facilities			
6	Investment expenses	7		
7	Prior period adjustments			
8	Other (Describe in Part XIV)	$\overline{}$		
9	Total adjustments (net). Add lines 4-8			3,798.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			3, 190.
	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per			
1	Total revenue, gains, and other support per audited financial statements	• •	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments		-{	
b				
C	Recoveries of prior year grants		-	
d	Other (Describe in Part XIV)		<del> -</del> -	
. 6	Add lines 2a through 2d	• • • • •	2e	
3	Subtract line 2e from line 1	• •	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on linef.			
а	Investment expenses not included on Form 990, Part VIII, line 7b		1	
b	Other (Describe in Part XIV)			
C	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c (This should equal Form 990, Part I, line 12)		5	_
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities 2a		. !	
b	Prior year adjustments	-	•	
С	Losses reported on Form 990, Part IX, line 25		*	
d	Other (Describe in Part XIV) 2d		0	
	Add lines 2a through 2d	-	2e	
3	Subtract line 2e from line 1	-	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b		. %.	
ь	Other (Describe in Part XIV)			
C	Add lines 4a and 4b	-	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		5	
	t XIV Supplemental Information			
	plete 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 a	ind 2b; Part V,	line 4;
'art >	C Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.			
				<u> </u>
				<u> </u>

#### Schedule F (Form 990)

**Statement of Activities Outside the United States** 

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

STRATEGIC GLOBAL ASSISTANCE INC

General Information on Activities Outside the United States.

Employer identification number 35-2076939

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 the grants or assistance?. ..... 🛛 Yes No For grantmakers, Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (e) If activity listed in (f) Total (d) Activities cond-(b) Number of (c) Number of (a) Region offices in the employees or ucted in region (by (d) is a program expenditures in type) (i.e., fundraising, service, describe agents in region region program services, specific type of region service(s) in region grants to recipients located in the region) EAST ASIA PROGRAM LEADER DEVEL 581,836. PROGRAM MATERIALS 36,869. EAST ASIA SOUTH ASIA PROGRAM LEADER DEVEL 29,361. SOUTH ASIA PROGRAM MATERIALS 22,299. PROGRAM LEADER DEVEL 7,090. MIDDLE EAST EUROPE PROGRAM LEADER DEVEL 1,031. 678,486. Totals ....

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2008

35-2076939	Complete if th
	United States.
AL ASSISTANCE INC	<b>Entities Outside the</b>
STRATEGIC GLOBAL ASSISTANCE INC	sistance to Organizations or
(Form 990) 2008	<b>Grants and Other As</b>
Schedule F	Part

Page 2

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Grants and Other Assistance to Organizations or Entities Outside the United States. Use Schedule F-1 (Form 990) if additional space is needed

<del>-</del>	(a) Name of organization	(b) IRS code	(c) Region	(d) Purpose	(e) Amount of cash	(f) Manner	1	(h) Descrip-	(h) Descrip- (i) Method of
		(if applicable)		or grant	grant	of cash dis- bursement	cash assistance	tion of non- cash	tion of non-  valuation (book; cash   FMV, appraisal,
			EAST ASIA	DEVELOP	112.649.	CHECK		assistance	other)
			SOUTH ASIA	DEVELOP		CHECK			BOOK
			MIDDLE EAST	EASTDEVELOP	1	CHECK			BOOK
					1107				
2 Enter	Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a sertion 501/c//3)	cognized as charities	by the foreign country	or for which the	grantee or counsel has	orovided a sec	dion 501(c)(3)		

: section on I(c)(s) equivalency letter ......

Enter total number of other organizations or entitles	Copyright form software only 2008 Universal Tax Systems, Inc. All rights reserved
Enter total number of oth	Copyright form software only
က	BCA

Schedule F (Form 990) 2008

**▲**:
:

#### SCHEDULE O (Form 990)

Department of the Treasury internal Revenue Service

#### **Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional Information.

OMB No. 1545-0047 2008 Open to Public

Inspection

Name of the organization STRATEGIC GLOBAL ASSISTANCE INC **Employer identification number** 35-2076939

PART VI, LINE 12C MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST
POLICY AT THE BEGINNING OF EVERY BOARD MEETING A STANDING MENTION OF
THE CONFLICT OF INTEREST POLICY IS MADE AS A REMINDER THAT THE BOARD
MEMBERS THEMSELVES HAVE THE OBLIGATION TO DISCLOSE POTENTIAL CONFLICTS.
FURTHER, WHEN A CONTRACT OR TRANSACTION IS PRESENTED TO THE BOARD, THE
SECRETARY ASKS FOR DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST.
PART V1, LINE 15B PROCESS FOR DETERMINING COMPENSATION
SGA, BY BOARD RESOLUTION HAS ESTABLISHED A COMPENSATION COMMITTEE OF
INDEPENDENT BOARD MEMBERS TO EVALUATE YEARLY THE COMPENSATION OF THE
CHIEF EXECUTIVE OF THE ORGANIZATION, OTHER OFFICERS, AND KEY EMPLOYEES,
AS APPLICABLE.
SEVERAL COMPETENT SALARY SURVEYS OF COMPARABILITY DATA ARE USED TO
BENCHMARK COMPENSATION FOR THE POSITION UTILIZING THE GUIDESTAR
NONPROFIT COMPENSATION REPORT, THE NONPROFIT TIMES ANNUAL SALARY SURVEY
AND THE LEADERSHIP NETWORK SALARY REPORT. OTHER STUDIES ARE ALSO USED.
THE COMMITTEE MEETS INDEPENDENT OF THE CHIEF EXECUTIVE TO DICUSS
PERFORMANCE RELATIVE TO THE POSITION DESCRIPTION. DURING THESE
DELIBERATIONS, THE COMMITTEE ALSO CONSIDERS INPUT OBTAINED FROM OTHER
BOARD MEMBERS, STAFF, PROFESSIONAL ADVISORS, GRANT RECIPIENTS, AND
OTHER INFORMED NON-PROFIT LEADERS.
THE DELIBERATIONS AND DECISIONS OF THE COMMITTEE ARE SUBSTANTIATED IN
CONTEMPORANEOUS DOCUMENTATION KEPT BY THE COMMITTEE MEMBERS.

#### Form 4562

## **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No. 1545-0172

2008

Attachment

Internal Revenue Service (99)	► See sep	parate instructions.	Attach to ye	our tax return.		Sequence No. 67
Name(s) shown on return			ctivity to which th	nis form relates	;	Identifying number
STRATEGIC GLOBAL	<u>ASSISTANCE</u>	IN				35-2076939
	e Certain Property l					
		mplete Part V before y			<del></del>	<del></del>
1 Maximum amount. See the ins					I	· · · · · · · · · · · · · · · · · · ·
2 Total cost of section 179 prope	• •	·				
3 Threshold cost of section 179	property before reduc	ction in limitation (see	instructions) .		<mark>_3</mark>	
4 Reduction in limitation. Subtra	ct line 3 from line 2.	If zero or less, enter -	0		4	
5 Dollar limitation for tax year S	ubtract line 4 from lir	ne 1. If zero or less, e	nter -0 If marrie	d		
filing separately, see instruction	ns	<u> </u>	<u></u>		5	J
(a) Description of pa	operty	(b) Cost (bus	ness use only)	(c) Ele	cted cost	
6						
						_}
7 Listed property. Enter the amo	unt from line 29			7		
8 Total elected cost of section 17	9 property. Add am	ounts in column (c), lir	es 6 and 7		8	
9 Tentative deduction Enter the	smaller of line 5 or li	ine 8			9	
10 Carryover of disallowed deduc	tion from line 13 of ye	our 2007 Form 4562			. 10	
11 Business income limitation Er	nter the smaller of bu	siness income (not les	ss than zero) or li	ine 5 (see instr	uctions) 11	
12 Section 179 expense deduction	n. Add lines 9 and 1	0, but do not enter mo	re than line 11		12	
13 Carryover of disallowed deduc	tion to 2009 Add line	es 9 and 10, less line	12 ▶ 1	13		1 10 11 20
Note: Do not use Part II or Part III				•		
		her Depreciation (Do		property) (Se	e instructions.	)
14 Special depreciation allowance						
during the tax year (see instruc					14	
15 Property subject to section 168	(f)(1) election				15	
16 Other depreciation (including A	CRS)				16	
		ted property) (See inst				
		Section A	١			
17 MACRS deductions for assets	placed in service in t	ax years beginning be	fore 2008		17	4,459.
18 If you are electing to group any					_	
into one or more general asset	accounts, check her	e			<b>▶</b> □ □	, ,
Section B-As	sets Placed in Serv	ice During 2008 Tax Y	ear Using the G	eneral Depre	lation System	1
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property	] · · · · [	6,685.				510.
c 7-year property			1			
d 10-year property				1		
e 15-year property						
f 20-year property						
g 25-year property	7 1		25 yrs.		S/L	
h Residential rental			27 5 yrs	MM	S/L	
property		· · - · - · · · · · · · · · · · · ·	27.5 yrs.	MM	S/L	
i Nonresidential real			39 угз	ММ	S/L	
property				MM	S/L	
	ets Placed in Service	e During 2008 Tax Ye	ar Using the Alte			m
20a Class life	D A N				S/L	
202 O1000 IIIO	<i></i> !		<del></del>	<del></del>		<del> </del>

portion of the basis attributable to section 263A costs For Paperwork Reduction Act Notice, see separate instructions.

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

For assets shown above and placed in service during the current year, enter the

Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions

Summary (See instructions)

Listed property. Enter amount from line 28

b 12-year

c 40-year

22

Form 4562 (2008)

4,969.

S/L

21

23

12 yrs.

#### Form **8868**

(Rev. April 2008)

Department of the Treasur

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the	Treasury	► File a separate application for each return.	
Internal Revenue			
		Automatic 3-Month Extension, complete onlyPart I and check this box	▶ 🏻
		n Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this founded unlessyou have already been granted an automatic 3-month extension on a previously filed	
			11 0111 0000.
Part I	Automa	tic 3-Month Extension of Time. Only submit onginal (no copies needed).	
A	required to	file Form 990-T and requesting an automatic 6-month extension - check this box and compl	lete Part Lonly
		cluding 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an	
			extension or time
to file income		.Generally, you can electronically file Form 8868 if you want a 3-month automatic extension	of time to file one of the returns
		or a corporation required to file Form 990-T). However, you cannot file Form 8868 electronical	
		extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or cons	
-		completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing	g of this lotti, visit www.iis.gov/elile
		arities & Nonprofits.	Employer identification number
Type or print		Exempt Organization	Employer identification number 35-2076939
File by the		TEGIC GLOBAL ASSISTANCE INC	133 2070333
due date for filing your		treet, and room or suite no. If a P.O. box, see instructions.  BENHAM AVENUE	
retum See instructions		or post office, state, and ZIP code. For a foreign address, see instructions	
		ART IN 46517-	·
		be filed (file a separate application for each return):	Form 4720
X Form 9		H	Form 4720
Form 9		H	Form 5227
Form 9		H ( and an an an an an an an an an an an an an	Form 6069
Form 99	90-PF	Form 1041-A	Form 8870
		WYOURT URDE	
		care of ► MICHAEL HART	<del></del>
		574-295-4357 FAX No. ►	- □
_		es not have an office or place of business in the United States, check this box	_
		Return, enter the organization's four digit Group Exemption Number (GEN)	
	K ▶ [[]. If it	t is for part of the group, check this box 🕨 📗 and attach a list with the names and EINs o	it all members the extension
will cover.			
1 Frequest		ic 3-month (6 months for a corporation required to file Form 990-T) extension of time until	
		$\frac{MAY}{MAY}$ , 20 $\frac{10}{MAY}$ , to file the exempt organization return for the organization named	d above. The extension is for the
, m	ion's return		
	alendar year		GER 30 00 00
► 🔀 ta:	x year begir	nning OCT 01 , 20 08 , and ending	SEP 30,20 09.
2 If this tax	year is for le	ess than 12 months, check reason 🏻 📗 Initial return 🔝 Final return 🔛 Change in	accounting period
3a If this app	lication is fo	or Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundab	ole
	ee instruction		3a \$
<b>b</b> If this app	lication is fo	or Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. In	nclude
		yment allowed as a credit.	3b \$
c Balance [	Due. Subtra	oct line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD	
coupon or	r, if required	, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c \$
Caution If you	u are coine	to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 88	879-FO for navment instructions
Gaution. II you	u are going	to make an electronic fund withdrawar with this form occo, see form 0455-20 and Form oc	
For Drivery A	et and Pan	onwork Poduction Act Natice see Instructions	Form 8868 (Rev 4-2008)