Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

Open to Public Inspection

	A F	or the	2010 calendar year, or tax year beginning January 1	, 2010, a	nd endin	g	Decem	ber , 20	0 10
	Вс	heck if a	pplicable C Name of organization		•	Di	Employer ı	dentification num	ıber
	₽,	Address o	shange Sahaya International, Inc					68-0434770	
		Name cha		e E	E Telephone number				
	_	nitial retu	2949 Porage Day Avenue	5	5	30 756-9074			
	_	Terminate Amended	City or town, state or country, and ZIP + 4			F	Group Ex	emption	
	_		Davis, CA 95616-2879				Number	•	
	G A	ccoun	ting Method ☐ Cash ☑ Accrual Other (specify) ▶			H Che	eck ▶ 🔲	if the organizati	ion is not
	I V	Vebsit	te: ► www sahaya org		_	req	uired to at	ttach Schedule E	3
	J T	ax-exer	npt status (check only one) — 🗹 501(c)(3) 🔲 501(c) () ◀ (insert no) 🔲 4947	7(a)(1) or	527	(Fo	rm 990, 99	90-EZ, or 990-PI	F)
		Check •	- with a secure of the secure	its gross	receipts a	are norm	nally not n	nore than \$50,00	00 A
	F	Form 99	90-EZ or Form 990 return is not required though Form 990-N (e-postcard) may b	e require	d (see ins	struction	ns) But if	the organization	chooses
			return, be sure to file a complete return						
	LA	dd lines	s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 o	or more, o	r if total as	sets (Pa	art II,		400 405
	line	25, col	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ				>	\$	129,135
	P	art I	Revenue, Expenses, and Changes in Net Assets or Fund B	Balance	s (see 1	the ins	truction	s for Part I.)	
			Check if the organization used Schedule O to respond to any que	estion ir	this Pa	ırtl.			V
		1	Contributions, gifts, grants, and similar amounts received				. 1		129,133
		2	Program service revenue including government fees and contracts				. 2		0
		3	Membership dues and assessments				. 3		0
		4	Investment income	· . · · .		•	. 4		2
		5a	Gross amount from sale of assets other than inventory	5a			0		
2011		b	Less costor of the pasis and sales expenses	5b			0		
\approx		С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b	from lir	ne 5a) .	•	5c		0
ശ		6	Gaming and fundraising events O				ļ		
	Ð	а	Gross income grown gaming lattach Schedule G if greater than \$13,000						
œ	Š	١.	٠	6a			0		
APR	Revenue	b	Gross income from fundraising events (not including \$		contribu	tions		ŀ	
	ď		from fundasing events reported on line 1) (attach Schedule G if the						
SCANNED			sum of such gross accorde and contributions exceeds \$15,000).	6b			0		
Z		C	Less: direct expenses from gaming and fundraising events .	6c	01		0		
Z		d	Net income or (loss) from gaming and fundraising events (add lines line 6c)	ba and	bb and	suptra			_
3			,				· 6d	ļ	0
Ś		7a	Gross sales of inventory, less returns and allowances	7a			0	1	
		b	Less: cost of goods sold	7b			_0		•
		c 8	Gross profit or (loss) from sales of inventory (Subtract line 7b from line Other revenue (describe in Schedule O)	(/a) .			7c	 	0
		9	Other revenue (describe in Schedule O)				. 8 • 9	 	
	_	10	Grants and similar amounts paid (list in Schedule O)	•	•		<u>▶ 9</u>	 	129,135
		11	Benefits paid to or for members	•			11	 	86,522 0
	s	12	Salaries, other compensation, and employee benefits				. 12		0
	ıse	13	Professional fees and other payments to independent contractors	• •		•	13		2,000
	Expense	14	Occupancy, rent, utilities, and maintenance	• •	•		. 14	 	2,000
	ă	15	Printing, publications, postage, and shipping				15	 	583
		16	Other expenses (describe in Schedule O)			•	16	 -	5,640
		17	Total expenses. Add lines 10 through 16				► 10 17	 	94,745
	<i>'</i> C	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	•			18	 	34,390
	ets	19	Net assets or fund balances at beginning of year (from line 27, colur					 	34,330
	Net Assets		and of convenience remarked on account and actions.				" 19		8,530
	et/	20	Other changes in net assets or fund balances (explain in Schedule O)	_	·		. 20	†	0,550
	Ž	21	Net assets or fund balances at end of year. Combine lines 18 through 2	20 .		•	▶ 21	†	42.920

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

Par	 Balance Sheets. (see the instructions Check if the organization used Schedule 		stion in this	Part II			. 🛮
				(A) Beg	nning of year	(B) End of year
22	Cash, savings, and investments		[8,530	22	42,920
23	Land and buildings		[- 0	23	0
24	Other assets (describe in Schedule O)		[0	24	0
25	Total assets		[8,530	25	42,920
26	Total liabilities (describe in Schedule O) .		[0	26	0
27	Net assets or fund balances (line 27 of column	(B) must agree with line 21	1) [8,530	27	42,920
Pari	Statement of Program Service Accommode Check if the organization used Schedule					(Regi	Expenses lired for section
\//hat	is the organization's primary exempt purpose?	Charitable			<u>. e</u>)(3) and 501(c)(4)
Descr	the what was achieved in carrying out the organization		r and concise	e manne	er describe		izations and section a)(1) trusts, optional
	ervices provided, the number of persons benefited, and				.,	for ot	,, , ,
28	Socio-economic development, education, treatment				includes		
20	4 schools (> 400 children), orphan sponsorship prog						
	HIV treatment programs (~100 people), clinic for wor				inig,cto,		
		includes foreign grants, ch			. ▶ 🗹	28a	78,192
29	Support of Lamling Vista School in Nagaland (India)	<u> </u>				LOU	70,102
	receive basic education.		inder garten				
	(Grants \$ 7,662) If this amount	includes foreign grants, chi	eck here		. ▶ 🔽	29a	7,664
30	Support of children's home (Singithi Sevana) for 32 (ı lanka	<u>. , </u>	234	7,004
•	(www singithisevana org)	and privileged and needy en		Larino			
	(www singtinsevaria org)						
	(Grants \$ 350) If this amount	includes foreign grants, ch	ock here		. ▶ 🗸	30a	350
31	Other program services (describe in Schedule O)	includes foreign grants, en	CON TICTO	· ·	· • ·	1004	
٥.	. • • • • • • • • • • • • • • • • • • •	includes foreign grants, ch	ock here		▶ □	31a	410
32	Total program service expenses (add lines 28a t			•	· · ·	32	86,616
							00,0.0
		Employees, List each one ev	ven if not cor		ed (see the i	nstruc	tions for Part IV.)
1 (1)	List of Officers, Directors, Trustees, and Key			npensat		nstruc	tions for Part IV.)
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to any ques (b) Title and average	tion in this	npensat Part IV	(d) Contributio	ns to	
	List of Officers, Directors, Trustees, and Key	O to respond to any ques	stion in this	npensat Part IV	<u> </u>	ns to plans &	
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to any ques (b) Title and average hours per week devoted to position	(c) Compen (If not pa	npensat Part IV	(d) Contributio	ns to plans &	
Koer	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address	O to respond to any ques (b) Title and average hours per week	(c) Compen (If not pa	npensat Part IV	(d) Contributio	ns to plans &	
Koer 2949	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address 1 Van Rompay Portage Bay Ave, # 195, Davis, CA 95616	O to respond to any ques (b) Trile and average hours per week devoted to position Secretary/Treasurer, 30 h	(c) Compen (If not pa	npensat Part IV sation aid, -)	(d) Contributio	ns to plans & nsation	(e) Expense account and other allowances
Koer 2949 Khor	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address To Van Rompay Portage Bay Ave, # 195, Davis, CA 95616 Inie Dizon-Phouanglassy	O to respond to any ques (b) Title and average hours per week devoted to position	(c) Compen (If not pa	npensat Part IV sation aid, -)	(d) Contributio	ns to plans & nsation	(e) Expense account and other allowances
Koer 2949 Khor 3315	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address 1 Van Rompay Portage Bay Ave, # 195, Davis, CA 95616	O to respond to any ques (b) Title and average hours per week devoted to position Secretary/Treasurer, 30 h President; 1 h	(c) Compen (If not pa	npensat Part IV sation aid, -)	(d) Contributio	ns to plans & nsation	(e) Expense account and other allowances
Koer 2949 Khor 3315 Elisa	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address In Van Rompay Portage Bay Ave, # 195, Davis, CA 95616 Innie Dizon-Phouanglassy Bridgeway Lakes Dr., West-Sacramento, CA 95691 beth Sherwin	O to respond to any ques (b) Trile and average hours per week devoted to position Secretary/Treasurer, 30 h	(c) Compen (If not pa	npensat Part IV sation aid, -)	(d) Contributio	ns to plans & nsation	(e) Expense account and other allowances
Koer 2949 Khor 3315 Elisa 612 (List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address In Van Rompay Portage Bay Ave, # 195, Davis, CA 95616 Innie Dizon-Phouanglassy Bridgeway Lakes Dr., West-Sacramento, CA 95691	O to respond to any ques (b) Title and average hours per week devoted to position Secretary/Treasurer, 30 h President; 1 h Director, 2 h	(c) Compen (If not pa	npensat Part IV sation aid, -) 0	(d) Contributio	ns to plans & nsation 0	(e) Expense account and other allowances
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Koer 2949 Khor 3315 Elisa 612 (Step 2611	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address In Van Rompay Portage Bay Ave, # 195, Davis, CA 95616 Innie Dizon-Phouanglassy Bridgeway Lakes Dr., West-Sacramento, CA 95691 beth Sherwin C Street, Davis, CA 95616 hanie Thrasher	O to respond to any ques (b) Title and average hours per week devoted to position Secretary/Treasurer, 30 h President; 1 h Director, 2 h	(c) Compen (If not pa	mpensat Part IV sation ind, -) 0	(d) Contributio	ns to plans & nsation 0	(e) Expense account and other allowances
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Koer 2949 Khor 3315 Elisa 612 (Step 2611 Patri 2949 Hilde 2307 Karl 3158 Mirri 1255 Ram 1800	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address In Van Rompay Portage Bay Ave, # 195, Davis, CA 95616 Innie Dizon-Phouanglassy Bridgeway Lakes Dr., West-Sacramento, CA 95691 beth Sherwin C Street, Davis, CA 95616 hanie Thrasher Corona Drive, Davis, CA 95616 ck De Grande Portage Bay Ave, # 195, Davis, CA 95616 Dizon Bridgeway Lakes Dr., West-Sacramento, CA 95691 e Moussas Clemons Drive, Davis, CA 95618 Krupp Shamrock Ct., Ann Arbor, MI 48105 am Rafiq c De Haro, San Francisco, CA 94107 in Yazdani Birch Lane, Davis, CA 95618	O to respond to any ques (b) Title and average hours per week devoted to position Secretary/Treasurer, 30 h President; 1 h Director, 2 h Director, 1 h Director, 1 h Director, 2 h Director, 1 h Director, 1 h Director, 1 h Director, 1 h Director, 2 h Director, 4 h Director, 4 h	(c) Compen (If not pa	npensai Part IV sation old, -) 0	(d) Contributio	ns to plans & saturn O O O O O O O O O O O O O O O O O O O	e) Expense account and other allowances 0 0 0 0 0 0 0 0 0 0 0 0 0
Koer 2949 Khor 3315 Elisa 612 (Step 2611 Patri 2949 Hilde 2949 Rino 3315 Adel 2307 Karl 1255 Ram 1800 Mary	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address In Van Rompay Portage Bay Ave, # 195, Davis, CA 95616 Innie Dizon-Phouanglassy Bridgeway Lakes Dr., West-Sacramento, CA 95691 beth Sherwin C Street, Davis, CA 95616 hanie Thrasher Corona Drive, Davis, CA 95616 ck De Grande Portage Bay Ave, # 195, Davis, CA 95616 Dizon Bridgeway Lakes Dr., West-Sacramento, CA 95691 e Moussas Clemons Drive, Davis, CA 95618 Krupp Shamrock Ct., Ann Arbor, MI 48105 am Rafiq c De Haro, San Francisco, CA 94107 in Yazdani	O to respond to any ques (b) Title and average hours per week devoted to position Secretary/Treasurer, 30 h President; 1 h Director, 2 h Director, 1 h Director, 1 h Director, 1 h Director, 2 h Director, 1 h	(c) Compen (If not pa	npensai Part IV sation old, -) 0	(d) Contributio	ns to plans & saturn O O O O O O O O O O O O O O O O O O O	e) Expense account and other allowances 0 0 0 0 0 0 0 0 0 0 0 0 0
Koer 2949 Khor 3315 Elisa 612 (Step 2611 Patri 2949 Hilde 2949 Rino 3315 Adel 2307 Karl 1255 Ram 1800 Mary 2814	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address In Van Rompay Portage Bay Ave, # 195, Davis, CA 95616 Innie Dizon-Phouanglassy Bridgeway Lakes Dr., West-Sacramento, CA 95691 beth Sherwin C Street, Davis, CA 95616 hanie Thrasher Corona Drive, Davis, CA 95616 ck De Grande Portage Bay Ave, # 195, Davis, CA 95616 e De Cock Portage Bay Ave, # 195, Davis, CA 95616 Dizon Bridgeway Lakes Dr., West-Sacramento, CA 95691 e Moussas Clemons Drive, Davis, CA 95618 Krupp Shamrock Ct., Ann Arbor, MI 48105 am Rafiq c De Haro, San Francisco, CA 94107 in Yazdani Birch Lane, Davis, CA 95618 Philip	O to respond to any ques (b) Title and average hours per week devoted to position Secretary/Treasurer, 30 h President; 1 h Director, 2 h Director, 1 h Director, 1 h Director, 2 h Director, 1 h Director, 1 h Director, 1 h Director, 1 h Director, 2 h Director, 4 h Director, 4 h	(c) Compen (If not pa	npensai Part i\ sation aid, -) 0 0 0 0 0 0 0 0 0 0 0 0	(d) Contributio	ns to plans & saturn O O O O O O O O O O O O O O O O O O O	e) Expense account and other allowances 0 0 0 0 0 0 0 0 0 0 0 0 0

Form 99	0-EZ (2010)		P	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			
•			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		V
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		~
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.	34		
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		~
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		V
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			~
ъ 38а	Did the organization file Form 1120-POL for this year?	37b 38a		~
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	30a		-
39	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on line 9	1		}
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
_	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0 Section 501(a)(2) and 501(a)(4) argumentations. But the argumentation angles in any section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b		,
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		,
41	List the states with which a copy of this return is filed. ▶ California			
42a	Located at N 2049 Portage Pay Avenue Act 195	530 75 95616		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	33010	-2073	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		~
	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S? If "Yes," enter the name of the foreign country: ▶	42c		~
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	•		▶ □
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	162	NO
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
С	completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	44b 44c		V
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		Ť

Form 99	0-EZ (20	010)					·			age 4
									Yes	
45		related organization a controlled enti	-			-		45	<u></u> .	~
`а		ne organization receive any payment fi								
		eaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of orm 990-EZ (see instructions)								
								45a	_	-
46		ne organization engage, directly or ind indidates for public office? If "Yes," co						46		1
Part \	VI.	Section 501(c)(3) organizations	and s	section 4947(a)(1) none	xemr	ot charitable	e trusts only. A	ll sec	tion	
		501(c)(3) organizations and section and 52, and complete the tables f	n 494	7(a)(1) nonexempt charit	table	trusts must	answer question	ns 4	7–49	b
		Check if the organization used Sche			stion i	n this Part V	η.			П
									Yes	No
47	Did th	ne organization engage in lobbying ac	tivities	s? If "Yes." complete Sched	dule C	C. Part II .		47	-	1
48		organization a school as described in		•			E	48		1
49a		ne organization make any transfers to						49a		~
b		s," was the related organization a sec		· · · · · · · · · · · · · · · · · · ·	-			49b		
50		olete this table for the organization's f					fficers, directors,	ruste	es an	d key
		oyees) who each received more than S								
	(a) No	me and address of each employee and more		(b) Title and average	(c) (Compensation	(d) Contributions to		Exper	
	(a) 148	me and address of each employee paid more than \$100,000		hours per week devoted to position			employee benefit plans & deferred compensation		count a	
None										
								<u> </u>		
								<u> </u>		
								1		
		<u> </u>								
f		number of other employees paid over				0				
51	Comp	plete this table for the organization's ,000 of compensation from the organ	five I	nighest compensated indep	pende	ent contracto	ors who each rec	eived	more	than
	\$100	(a) Name and address of each independent con			one	(b) Typ	e of service	(c) Co	mnene	ation
None		(a) Name and address of each independent con	iliacioi	paid more man \$100,000	-	(6) 195	C OF SCIVICE		препа	
NOTIC										
		1	-							
				·						
							1			
d	Total	number of other independent contract	tors e	ach receiving over \$100,00	00	. ▶	0			
52		ne organization complete Schedule A?		•		ons and 494	7(a)(1)			
	none	xempt charitable trusts must attach a	comp	eleted Schedule A			``.´ . ► 🗹] Yes		No
Under pe	enalties rect, an	of perjury, I declare that I have examined this ref d complete Declaration of preparer (other than o	turn, inc	cluding accompanying schedules a s based on all information of which	ind stat	ements, and to rer has any know	the best of my knowled	lge an	j belie	i, it is
		7/00				<u> </u>		-		
		· lallong				1	3/14/11			
Sign		Signature of officer					Date			
Here		▲ Koen Van Rompay, Secretary & Tre	asure	r		_				
		Type or print name and title	Jasuit	·						
De:		Print/Type preparer's name	Prepa	rer's signature		Date	Chast: 🗔 🗸	PTIN		
Paid	.			=			Check if self-employed			
Prepa	_	Firm's name					irm's EIN ▶			
Use (Jilly	Firm's address ▶					Phone no			
May th	e IRS	discuss this return with the preparer	showr	above? See instructions	•	<u> </u>	▶	Yes		No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

	of the organization						E	Employer id	lentification		
	Sahaya International, Inc / 68-0434770 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.										
Par			 						nstructio	ns.	
1 2 3 4	A church, com A school desc A hospital or a A medical rese	vention of church ribed in section i cooperative ho	ntion because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac spital service organiza on operated in conjunc	churches ch Schedo ation desc	s describe ule E) cribed in s	ed in sec section 1	tion 170(170(b)(1)((b)(1)(A)(i A)(iii).		iii). Enter the	
5	☐ An organization	on operated for (Com	the benefit of a colle	ge or uni	versity ov	vned or	operated	by a go	vernmenta	al unit describe	d in
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
8	☐ A community t	trust described i	n section 170(b)(1)(A))(vi). (Cor	nplete Pa	rt II.)					
9	receipts from support from	activities related gross investme	receives: (1) more that d to its exempt funct ent income and unrel fter June 30, 1975. Se	ions-sul lated bus	bject to d siness ta	ertain ex kable ind	ceptions	s, and (2) ss sectio	no more	than 331/3% o	f its
10 11	An organization	on organized ar ine or more pub	operated exclusively nd operated exclusive plicly supported organ describes the type of	ely for th	ne benefit described	t of, to p	perform to on 509(a	the funct a)(1) or se	ions of, c ection 509	(a)(2) See sec	
е		his box, I certify indation manage	Type II c that the organization ers and other than one	is not co		rectly or	indirectl	y by one		Isqualified pers	ons
f g	organization, o	check this box .	a written determination							e III supporting	;
9	following pers		no organization dood	piod any	9.11. 01. 01	Jiiii Datio		, 01 1110	•		
	(i) A person v	who directly or i	ndirectly controls, eithody of the supported of					describe	d ın (ıı) an 	d Yes	No
	(ii) A family m	ember of a person	on described in (i) abo	ve?						11g(ii)	
		•	a person described in		above?.					11g(iii)	
h	Provide the fo	llowing informati	on about the support	ed organi	ızatıon(s).						
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	s the tion in col zed in the S ?	(vii) Amount of support	
				Yes	No	Yes	No	Yes	No		
(A)											
(B)											
(C)											
(D)											
(E)											
Tota	1										_

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.)

Secti	on A. Public Support						
Calen	dar 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")	75,808	109,385	130,444	116,483	129,133	561,253
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	o	0
4	Total. Add lines 1 through 3	75,808	109,385	130,444	116,483	129,133	561,253
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)						190,773
6	Public support. Subtract line 5 from line 4.						370,480
Secti	on B. Total Support					·	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	75,808	109,385	130,444	116,483	129,133	561,253
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22	8	7	3	2	42
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	o	0	o	0
11	Total support. Add lines 7 through 10	_					561,295
12	Gross receipts from related activities, etc.	(see instruction	ons)	•		12	6,481
13	First five years. If the Form 990 is for the		r's first, secon	d, third, fourth	, or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop her	re .					. ▶ 🗆
Secti	on C. Computation of Public Suppor	t Percentag	е		•		
14	Public support percentage for 2010 (line 6			1, column (f))		14	66 0 %
15	Public support percentage from 2009 Sch					15	566 %
16a	331/3% support test—2010. If the organiz				d line 14 is 33%	3% or more, cl	
	box and stop here. The organization qual			-			. ▶ ☑
b	331/3% support test-2009. If the organ					15 is 33½%	or more,
	check this box and stop here. The organi	zation qualifie	s as a publicly	supported org	anization .		▶ 🗀
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "forganization"	ets the "facts-	and-circumsta	nces" test, che	eck this box an	id stop here. E	xplain in
b	10%-facts-and-circumstances test – 20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m supported organization	ion meets the	facts-and-ci and-circums	rcumstances"	test, check th	is box and ste	op here
18	Private foundation. If the organization die	d not check a			or 17b. checl	k this box and	
• •	instructions					· · · · ·	

Schedu	ile A (Form 990 or 990-EZ) 2010						Page 3
Part	(Complete only if you checked the organization fails to qualify	e box on line	e 9 of Part I o	r if the organ			der Part II.
Secti	ion A. Public Support						
Caler	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.")						
3	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
Sect	ion B. Total Support			<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6			<u> </u>	T		
10a	Gross income from interest, dividends, payments received on securities loans, rents,	· ··-					

Calen	dar 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, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	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)		-				•
14	First five years. If the Form 990 is for the	e organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)

organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) % 15 16 Public support percentage from 2009 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 17 % Investment income percentage from 2009 Schedule A, Part III, line 17 % 331/3% support tests -2010. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33¹/₃% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33¹/₃%, and line 18 is not more than 33¹/₃%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2010 Page						
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).					
••		•••••				
••						
- 						
						
		·				

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.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

68-0434770

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number Sahaya International, Inc.

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization Sahaya International, Inc	Employer identification number 68-0434770
Salaya international, inc	00-04-047770
Attachment to form EZ, part IV Additional Directors	
- Paul Adamson, 1278 4th Ave, Apt #1, San Francisco, CA 94122, Director, 2 h per week, (c) 0 (d) 0 (e) 0	
- Paulina Zielinska, 374 Chestnut Hıll Ave, # 51, Brıghton, MA 02135; Dırector; 2 h per week; (c) 0 (d) 0 (e	e) O
·····	