

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning January 1, 2009, and ending December 31, 20 09

| | | | | |
|---|---|--|-------------------------------|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization Sahaya International, Inc. | | D Employer identification number 68-0434770 |
| | | Number and street (or P. O. box, if mail is not delivered to street address) 2949 Portage Bay Avenue | Room/suite Apt. 195 | E Telephone number 530 756-9074 |
| | | City or town, state or country, and ZIP + 4 Davis, CA 95616-2879 | | F Group Exemption Number ▶ |

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: Cash Accrual
Other (specify) ▶

I Website: ▶ www.sahaya.org

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

| | | 1 | 2 | 3 | 4 | 5a | 5b | 5c | 6a | 6b | 6c | 7a | 7b | 7c | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | | | | |
|------------|---|--|----|---|---|----|---------|---------|----|----|----|----|----|----|---|---|----|----|----|----|----|----|----|----|----|----|----|----|--|--|--|--|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | | | | | 116,483 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 | Program service revenue including government fees and contracts | | | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 | Membership dues and assessments | | | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4 | Investment income | | | | | | 3 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 5a | Gross amount from sale of assets other than inventory | 5a | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b | Less: cost or other basis and sales expenses | 5b | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 6 | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | a | Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | b | Less: direct expenses other than fundraising expenses | 6b | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| c | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c | | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7a | Gross sales of inventory, less returns and allowances | 7a | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b | Less: cost of goods sold | 7b | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Other revenue (describe ▶ _____) | 8 | | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶ | 9 | | | | | | 116,486 | | | | | | | | | | | | | | | | | | | | | | | | |
| Expenses | 10 | Grants and similar amounts paid (attach schedule) | 10 | | | | | 113,903 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 11 | Benefits paid to or for members | 11 | | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 13 | Professional fees and other payments to independent contractors | 13 | | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 15 | Printing, publications, postage, and shipping | 15 | | | | | 1,147 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 16 | Other expenses (describe ▶ <u>Bank charges, office supplies, permits, miscellaneous</u>) | 16 | | | | | 2,149 | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | Total expenses. Add lines 10 through 16 ▶ | 17 | | | | | 117,199 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | | | | | (713) | | | | | | | | | | | | | | | | | | | | | | | | |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | | | | | 9,243 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 20 | Other changes in net assets or fund balances (attach explanation) | 20 | | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ | 21 | | | | | 8,530 | | | | | | | | | | | | | | | | | | | | | | | | |

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

| | | (A) Beginning of year | | (B) End of year | |
|----|--|-----------------------|----|-----------------|--|
| 22 | Cash, savings, and investments | 9,243 | 22 | 8,530 | |
| 23 | Land and buildings | 0 | 23 | 0 | |
| 24 | Other assets (describe ▶ _____) | 0 | 24 | 0 | |
| 25 | Total assets | 9,243 | 25 | 8,530 | |
| 26 | Total liabilities (describe ▶ _____) | 0 | 26 | 0 | |
| 27 | Net assets or fund balances (line 27 of column (B) must agree with line 21) | 9,243 | 27 | 8,530 | |

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

Cat. No. 106421

Form **990-EZ** (2009)

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| Part III Statement of Program Service Accomplishments (See the instructions for Part III.) | | Expenses | |
|---|---|--|----------------|
| What is the organization's primary exempt purpose? charitable | | (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.) | |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. | | | |
| 28 | Socio-economic development, education, treatment of underprivileged people in India. This includes 4 schools (more than 300 children), the construction of 2 schools, income-generating programs for > 15,000 women, orphan sponsorship programs (180 kids), women's reproductive health. (Grants \$ 103,903) If this amount includes foreign grants, check here <input checked="" type="checkbox"/> | 28a | 105,080 |
| 29 | HIV awareness of the Deaf in Kenya: we have developed a peer education curriculum in sign language to educate deaf youth/adults about HIV/AIDS and have established peer education networks that reach more than 10,000 people. The networks have received further training. (Grants \$ 10,000) If this amount includes foreign grants, check here <input checked="" type="checkbox"/> | 29a | 10,030 |
| 30 | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 | Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 | Total program service expenses (add lines 28a through 31a) | 32 | 115,110 |

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (if not paid, enter -0-) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|---|---|--|
| Koen Van Rompay 2949 Portage Bay Ave, # 195, Davis, CA 95616 | Secretary/Treasurer; 20 h | 0 | 0 | 0 |
| Khonnle Dizon-Phouanglassy 3315 Bridgeway Lakes Dr., W-Sacramento, CA 95691 | President; 1 h | 0 | 0 | 0 |
| Elisabeth Sherwin 612 C Street, Davis, CA 95616 | Director; 4 h | 0 | 0 | 0 |
| Stephanie Thrasher 2611 Corona Drive, Davis, CA 95616 | Director; 2 h | 0 | 0 | 0 |
| Dr. Joe Becker 528 Arleta Ave, San Francisco, CA 94134 | Director; 1 h | 0 | 0 | 0 |
| Rino Dizon 3315 Bridgeway Lakes Dr., W-Sacramento, CA 95691 | Director; 1 h | 0 | 0 | 0 |
| Adele Moussas 2307 Clemson Drive, Davis, CA 95618 | Director; 1 h | 0 | 0 | 0 |
| Karl Krupp 300 Gooding Way, Apt. 337, Albany, CA 94706 | Director; 10 h | 0 | 0 | 0 |
| Miriam Rafiq 57 Peters Ave, San Francisco, CA 94110 | Director; 1 h | 0 | 0 | 0 |
| Ramin Yazdani 1800 Birch Lane, Davis, CA 95616 | Director; 2 h | 0 | 0 | 0 |
| Hilde De Cock 2949 Portage Bay Ave, # 195, Davis, CA 95616 | Director; 1 h | 0 | 0 | 0 |
| Patrick De Grande 2949 Portage Bay Ave, # 195, Davis, CA 95616 | Director; 1 h | 0 | 0 | 0 |
| Mary Phillip 2814 Concord Ave, Davis, CA 95616 | Director; 1 h | 0 | 0 | 0 |
| Lonna Hampton 1201 Elk Place, Davis, CA 95616 | Director; 4 h | 0 | 0 | 0 |
| Paul Adamson 2000 Durant Ave, # 111, Berkeley, CA 94704 | Director; 2 h | 0 | 0 | 0 |
| Jana Freeman 1920 35th Pl. NW, Washington, DC 20007 | Director; 1 h | 0 | 0 | 0 |
| | | | | |
| | | | | |

Part V Other Information (Note the statement requirements in the instructions for Part V.)

| | | Yes | No |
|------------|--|-----|----|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | ✓ |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | | ✓ |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. | | |
| a | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? | | ✓ |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | | |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a <u>0</u> | | |
| b | Did the organization file Form 1120-POL for this year? | | ✓ |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? | | ✓ |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b | | |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on line 9 39a | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0</u> ; section 4912 ▶ <u>0</u> ; section 4955 ▶ <u>0</u> | | |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | ✓ |
| c | 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 ▶ <u>0</u> | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>0</u> | | |
| e | 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. | | ✓ |
| 41 | List the states with which a copy of this return is filed. ▶ <u>California</u> | | |
| 42a | The organization's books are in care of ▶ <u>Koen Van Rompay</u> Telephone no. ▶ <u>530 756-9074</u> Located at ▶ <u>2949 Portage Bay Avenue, Apt. 195, Davis, CA</u> ZIP + 4 ▶ <u>95616-2879</u> | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | ✓ |
| | 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: ▶ _____ | | ✓ |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 <u>43</u> | | |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | | ✓ |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | | ✓ |

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

- | | | Yes | No |
|--|------------|--------------------------|-------------------------------------|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? | 49b | <input type="checkbox"/> | <input type="checkbox"/> |
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| None | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 **0**

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| None | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 **0**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

3/29/10
 Signature of officer Date

Koen Van Rompay, Secretary & Treasurer
 Type or print name and title

Paid Preparer's Use Only

| | | | |
|---|------|---|--|
| Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (See instructions) |
| Firm's name (or yours if self-employed), address, and ZIP + 4 | EIN | Phone no | |

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 173,875 | 75,808 | 109,385 | 130,444 | 116,483 | 605,995 |
| 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 | 0 | 0 |
| 4 Total. Add lines 1 through 3 | 173,875 | 75,808 | 109,385 | 130,444 | 116,483 | 605,995 |
| 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) | | | | | | 263,046 |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 342,949 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | 173,875 | 75,808 | 109,385 | 130,444 | 116,483 | 605,995 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 22 | 22 | 8 | 7 | 3 | 62 |
| 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 | 0 | 0 | 0 | 0 |
| 11 Total support. Add lines 7 through 10 | | | | | | 606,057 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 6,481 |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|----|--------|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | 56.6 % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | 61.6 % |
| 16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/> | | |
| b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 | | | | | | |
| c 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

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

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

Area with horizontal dashed lines for supplemental information.

Attachment to form 990EZ, Part I, line 10.

Total amount grants paid: \$113,903

This was paid to the following recipients:

a). Rural Education and Action Development (READ)- India

- Amount: \$ **97,045**
- READ is a registered nongovernmental organization (NGO) in India.
- Address: 1926 Sakthi Vinayagar Street; Vilandai, Andimadam Post, Perambalur District, Tamil Nadu – 621801, India
Phone: +91-4331-242583 (office), cell phone 91-94431 47164
E-mail: readpen@bsnl.in
- Purpose: the grant was used for several programs:
 - A reproductive health clinic for underprivileged women.
 - HIV awareness and treatment programs for the rural communities.
 - Orphan sponsorship programs.
 - Construction of a school building for the Jawahar Matriculation School.
 - School supplies for Mother Teresa School and Jawahar Matriculation School.
 - Income-generating activities for women.
- Relationship to Sahaya International: none.

b). Sahaya Deaf – Kenya:

- Amount: \$ **10,000**.
- Recipient: Sahaya Deaf-Kenya, Nairobi, Kenya. Sahaya Deaf, Kenya is a registered organization in Kenya, PO Box 11972 – 00100 Nairobi, KENYA or Nyayo Embakasi, Court 39, door 9, Nairobi, Kenya.
- This program is aimed at developing and expanding networks of peer educators among the deaf communities in Kenya to improve their health awareness, especially about HIV/AIDS, and to provide them better access to health care. For more information, visit www.sahaya.org/deaf.html.
- Relationship to Sahaya International: none (legally separate entities).

c). Lamling Vista Elementary School (Nagaland):

- Amount: \$ **3,490**
- Recipient: Lamling Vista Elementary School, Yongam, Longlin (Pin 798-625), Nagaland, India
- This money is used to run an Elementary School in the village of Yongam, Nagaland, that has 185 students ranging from kindergarten to 5th grade. For more information, see <http://www.sahaya.org/lamlingvista.html>.

d). Hope Walks:

- Amount: \$ **2,416**
- Recipient: Hope Walks (a program of Global Strategies for HIV Prevention, 104 Dominican Drive, San Rafael, CA 94901)

- Funds were raised by Sahaya International and forwarded to Hope Walks (a 501(c)3 organization) in support of their programs that help HIV-affected children and orphans in developing countries. For more information, see www.hopewalks.org.
- Relationship: none.

e). Hope Foundation International:

- Amount: **\$368.**
 - Recipient: Hope Foundation International, D-32 Jangpura Extension, New Delhi 110014, India)
 - The money is used to pay a social worker and to purchase educational supplies and toys to benefit the children who stay at the pediatric HIV ward of the Government Hospital for Thoracic Medicine in Tambaram (Tamil Nadu, India).
- For more information on this program, visit www.tambaramkids.org.
- Relationship: none.

f). Navjeevan Center:

- Amount: **\$584.**
- Recipient: Navjeevan Center: Navjeevan Village, Khapri, Tokowade, Murbad Taluka, Thane Dist., Maharashtra, INDIA. Phone: +91-02524-242094 / 93 (Navjeevan Village); Email navjeevancentre@vsnl.net.
- **Navjeevan** is a registered non-governmental organisation primarily engaged in rehabilitating the children of women working in the red-light areas in Mumbai. It was founded as part of the effort of the Mar Thoma Church to reach out to the several thousand girls who have been lured into living a life of shame in the mean streets of the metropolis formerly called Bombay. For more information, visit <http://www.navjeevan.org>.
- Relationship: none.