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

2011

**Open to Public** Inspection

F	A F	or the 2	2011 calendar year, or tax year beginning January 1 , 2011, and ending		ing De	ecember	31 , 20	11			
E	3 c	heck if ap	oplicable C Name of organization D En		D Employer identification number						
Ļ	_ ^	Address ch	nange	Sahaya International, Inc.					68	3-0434770	
Ļ	-	Name char	<b>5</b> -	Number and street (or P O bo	x, if mail is not delivered	to street address)	Room/su	ite E Tel	ephone nu	ımber	
- F	_	nitial retur		2949 Portage Bay Avenue	!		195		(53	0) 756-9074	
ř	_	Terminated City or town, state or country, and ZIP + 4  Amended return						F Gr	oup Exer	nption	
Ē	_	pplication		Davis, CA 95616				Nu Nu	ımber 🕨	•	
-	G A	ccount	ing Method.	☐ Cash ☑ Accrual	Other (specify) ▶			H Check	<b>▶</b> □ if	the organization	n is <b>not</b>
I		Vebsit		r.sahaya.org				1		ach Schedule B	
J	J Ta	ax-exem	pt status (che	eck only one) - 🗹 501(c)(3)	☐ 501(c)( ) ◀	(insert no ) 4947(a)(1	) or 52	7 (Form	990, 990	)-EZ, or 990-PF)	
F	<u>√</u> c	heck ►	☐ if the	e organization is not a sectio	n 509(a)(3) supporting	organization or a sect	tion 527 organ	nization and	its gross	receipts are nor	mally
	n	ot more	than \$50,00	00 A Form 990-EZ or Form 9	90 return is not requi	red though Form 990-	N (e-postcare	d) may be re	equired (s	see instructions).	. But if
	th	ne orgai	nization choo	oses to file a return, be sure	to file a complete retu	m					
ι	- A	dd lines	5b, 6c, and 7	7b, to line 9 to determine gross	receipts. If gross rece	ipts are \$200,000 or me	ore, or if total	assets (Part	li,		
	lın	ne 25, co	olumn (B) belo	ow) are \$500,000 or more, file	Form 990 instead of Fo	rm 990-EZ			<b>▶</b> \$		
. , ,	Ρa	art I	Revenu	ie, Expenses, and Cha	anges in Net Ass	ets or Fund Bala	ances (see	the instr	uctions	for Part I.)	
<u>~</u> : -				the organization used S							. 🗆
₹  -		1		ons, gifts, grants, and sim					$\overline{}$		40,748
γc=1		2		ervice revenue including					2		0
N		3		nip dues and assessment					3		0
$\propto$		4	Investmen						4		3
MAR		5a	Gross amo	ount from sale of assets of	ther than inventory	1	5a		0		
	ļ	b		or other basis and sales		_	5b		0		
$\Box$		С		ss) from sale of assets ot			m line 5a)		5c		0
뵑		6		nd fundraising events	•	•	•		4		
艺		а	Gross inc	come from gaming (atta	ach Schedule G	if greater than					
SOAKENED ACCE	8		\$15,000)				6a		0		
e 19	éń	b	Gross inco	ome from fundraising eve	nts (not including	\$	of contrib	utions			
-,	Rei		from fundr	raising events reported o	n line 1) (attach So	chedule G if the			73		
	_		sum of suc	ch gross income and con	tributions exceeds	\$15,000)	6b	368	5		
		С	Less direc	ct expenses from gaming	and fundraising ev	ents	6c	150	0		
		d	Net incom	ne or (loss) from gaming	and fundraising ev	ents (add lines 6a	and 6b and	d subtract	6		
		1	line 6c)						6d		2185
		7a	Gross sale	es of inventory, less return	ns and allowances		7a		0	<del> </del>	
		ь					7b		0		
		с	Gross prof	fit or (loss) from sales of i	nventory (Subtract	line 7b from line 7a	)		7c		0
		8	Other reve	enue (describe in Schedul	eO)				8		0
_		9	Total reve	enue. Add lines 1, 2, 3, 4,	5c, 6d, 7c, and 8	· • <u> </u>	. <u>.</u> .	<u> ▶</u>	9	1	42,936
		10	Grants and	d similar amounts paid (lis	st in Schedule O)		· · · · · ·		10	1	31,223
		11	Benefits p	aid to or for members .			. ′		11		0
	Se	12	Salaries, o	other compensation, and	employee benefits				12		0
	J.S	13	Profession	nal fees and other payme	nts to independent	contractors of	:2 · ¦ ∰		13		4,400
	Expense	14	Occupanc	cy, rent, utilities, and main	itenance /ごご	MAK & B CO			14		
	ũ	15	Printing, p	oublications, postage, and	shipping \.	\· · · ·	ابت لبـــــــــــــــــــــــــــــــــــ		15		995
		16	Other expe	enses (describe in Sched	ule O) \.		ل		16		7,254
_		17		enses. Add lines 10 throu		<u> </u>		▶	17	1	43,872
	Ş	18		(deficit) for the year (Sub					18		-936
	set	19		s or fund balances at be	• • • •	om line 27, column	(A)) (must a	agree with			
	As		end-of-yea	ar figure reported on prior	r year's return) .				19		42,920
	Net Assets	20	Other char	nges in net assets or fund	d balances (explain	in Schedule O) .			20		0
_	_	21	Net assets	s or fund balances at end	of year Combine I	ines 18 through 20		<u></u> ▶	21		41,984
Ī	For	Paper	work Reduc	tion Act Notice, see the se	parate instructions.		Cat No 1064	2l		Form 990-E2	(2011)

Form **990-EZ** (2011)

Pa	Balance Sheets. (see the instructions	•				
	Check if the organization used Schedule	O to respond to ar	ny question in this		·	<u> </u>
			<u> </u>	(A) Beginning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments			42,920	-	41,984
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets			42,920	-	41,984
26	· · · · · · · · · · · · · · · · · · ·	<u>.</u>	· · · · · L		26	0
27	Net assets or fund balances (line 27 of column			42,920	27	41,984
Par						Expenses
	Check if the organization used Schedule		ny question in this	Part III 📙		quired for section
Wha	t is the organization's primary exempt purpose?	charitable				(c)(3) and 501(c)(4)
as n	cribe the organization's program service accompli- neasured by expenses. In a clear and concise money ons benefited, and other relevant information for ea	anner, describe the	f its three largest pe services provided	rogram services, I, the number of	494	anizations and section 17(a)(1) trusts, optional others)
28	Socio-economic development, education, treatment schools (> 400 children), orphan support programs (reproductive health (2500 patients)  (Grants \$ 119,200 ) If this amount	(200 children), HIV tre	atment (~100 people	), clinic for	288	a 124,013
29	Support of Lamling Vista Elementary School in Naga				1	
	grade 6 receive basic education.		·			Ĭ
	(Grants \$ 12,023) If this amount	includes foreign gra	ints, check here .	▶ 🗹	298	a 12,025
30						
	***************************************					
					ľ	
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	<u>►</u> 🗆	30a	a
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	<b>▶</b> 🗆	318	a
32					32	<u> </u>
Par	List of Officers, Directors, Trustees, and Key				nstru	uctions for Part IV)
	Check if the organization used Schedule	O to respond to ar			• •	<u> 🔲 </u>
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)			) Estimated amount of other compensation
Koe	n Van Rompay	secretary/treasurer,				
2949	Portage Bay Ave, # 195, Davis, CA 95616	30 h	c		0	0
Ram	in Yazdani	president, 6 h				
c/o	Sahaya 2949 Portage Bay Ave, # 195, Davis, CA 95616		<u> </u>	)	0	0
	Adamson	director, 1 h				
c/o	Sahaya 2949 Portage Bay Ave, # 195, Davis, CA 95616	l	(	<u> </u>	0	. 0
	in Young	director, 20 h			-	
c/o	Sahaya 2949 Portage Bay Ave, # 195, Davis, CA 95616			) <u> </u>	0	0
Elis	abeth Sherwin	director, 2 h	<u> </u>			
c/o	Sahaya 2949 Portage Bay Ave, # 195, Davis, CA 95616			)	0	0
Patr	ick De Grande	director, 1 h	1			
c/o	Sahaya 2949 Portage Bay Ave, # 195, Davis, CA 95616			)	0	0
Pau	lina Zielinska	director, 2 h				
c/o	Sahaya 2949 Portage Bay Ave, # 195, Davis, CA 95616				0	0
	ng Truong	director, 6 h			1	
c/o s	Sahaya 2949 Portage Bay Ave, # 195, Davis, CA 95616			<u> </u>	0	0
	le Moussas	director, 3 h				
	Sahaya 2949 Portage Bay Ave, # 195, Davis, CA 95616		(	<u> </u>	0	0
	Krupp	director, 10 h				
	Sahaya 2949 Portage Bay Ave, # 195, Davis, CA 95616			<u>'</u>	의	0
	y Lauer	director, 10 h		]		_
	Sahaya 2949 Portage Bay Ave, # 195, Davis, CA 95616			<u> </u>	<u> </u>	0
	y Philip	director, 1 h		]		_
C/O	Sahaya 2949 Portage Bay Ave. # 195, Davis, CA 95616	I	(	) i	0	0

Part				
	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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	168	NO
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 <sub>a</sub>	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		_
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		>
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	36		>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			الــــا
b	Did the organization file Form 1120-POL for this year?	37b		~
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 tax year covered by this return?			
_	If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		~
ь 39	Section 501(c)(7) organizations. Enter:	1		
зэ a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			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			į
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			ا ـــــــا
	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		V
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		1
41	List the states with which a copy of this return is filed. ▶ California			
42a	The organization of books are in our of the same of th	530) 7		
	Located at ► 2949 Portage Bay Avenue, Apt. 195, Davis CA  ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	95616	-2879 Yes	_
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	res	V
	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.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	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		. 1	▶ □
		-	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		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		V
С	Did the organization receive any payments for indoor tanning services during the year?	44c		V
d	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	ļ	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		~

Form 99	0-EZ (20	011)							1	Page 4
46	Did the	ne organization engage, directly or in ndidates for public office? If "Yes," of the control of t	idirectly, in political c	ampaign activities	on behalf	of or ir	opposit	ion 46	Yes	No
Part	VI	Section 501(c)(3) organizations 501(c)(3) organizations and section and 52, and complete the tables Check if the organization used Sch	and section 4947 on 4947(a)(1) none for lines 50 and 51	(a)(1) nonexemp kempt charitable	t charita trusts mu	ble tr ist ans	usts on	y. All se	ection	<u> </u>
47 48 49a b 50	year? Is the Did th If "Ye Comp	ne organization engage in lobbying If "Yes," complete Schedule C, Part organization a school as described in the organization make any transfers to s," was the related organization a seplete this table for the organization's byees) who each received more than	t II	n)? If "Yes," complet ritable related orga on? sated employees (	te Schedu Inization?  other than	 le E  office		. 47 48 . 49 . 49 ors, trus	a b	v v
	(a) Na	ame and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribu		employee d deferred	(e) Estima other co	ted amo impensa	
None										
f 51	Comp \$100	number of other employees paid over plete this table for the organization' 000 of compensation from the organ and address of each independent contractor pa	s five highest componization. If there is no	ensated independe	ent contra	 ctors v	***	receive		than
None										
d	Total	number of other independent contra	actors each receiving	over \$100,000 .				0		
52 Under p	Did the none senalties	ne organization complete Schedule A xempt charitable trusts must attach of perjury, I declare that I have examined this	A? Note: All section 5 a completed Schedu return, including accompar	601(c)(3) organization in the second	ements, and	to the be	est of my kr	► ✓ Ye		No f, rt is
Sign Here	rrect, an	ies 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 and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.    Company								
Paid Prep Use	Only	Trype or print name and title  Print/Type preparer's name  Preparer's signature  Date  Check ☐ if self-employed  If self-employed  Print's name  Firm's EIN ▶  Phone no  Secuss this return with the preparer shown above? See instructions							No	

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

## **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Sahaya International, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a ☐ Type I **b** Type II c Type III-Functionally integrated e By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No Yes 11g(i) (ii) A family member of a person described in (i) above? . . . . . . . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . . . . . |11g(ni)| Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Dia you notify (vii) Amount of (vi) Is the the organization in col (i) of your organization (described on lines 1-9 in col (i) listed in your organization in col support governing document? (i) organized in the above or IRC section support? US? (see instructions)) Yes No Yes No Yes No (A) (B) (C) (D) (E)

Total

Page 2

Part	II Support Schedule for Organiza	tions Descri	bed in Secti	ons 170(b)(1	(A)(iv) and 1	70(b)(1)(A)(vi	)
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
_	include any "unusual grants.")	109,385	130,444	116,483	129,133	140,748	626,193
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf			ا		ا	
•		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	o	0	o	0
4	Total. Add lines 1 through 3	109,385	130,444	116,483	129,133	140,748	626,193
	-	103,303	100,444	110,100	,		525,100
5	The portion of total contributions by each person (other than a						
	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)	_					193,287
6	Public support. Subtract line 5 from line 4						432,906
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	109,385	130,444	116,483	129,133	140,748	626,193
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar				2	3	22
•	Sources	8	7	3		3	23
9	Net income from unrelated business activities, whether or not the business						
	is regularly carried on	o	o	o	o	اه	0
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV)	o	О .	o	0	o	0
11	Total support. Add lines 7 through 10						626,216
12	Gross receipts from related activities, etc					12	7,481
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<u> </u>	· · · · ·		▶ [
Sect	on C. Computation of Public Support	rt Percentag	e				
14	Public support percentage for 2011 (line	6, column (f) di	ivided by line 1	1, column (f))		14	69 %
15	Public support percentage from 2010 Sci 331/3% support test—2011. If the organi	nedule A, Part	II, line 14 .		 Hino 14 io 221	15 not more c	66 %
16a	box and <b>stop here</b> . The organization qua						
b	331/3% support test—2010. If the organ						
	check this box and <b>stop here</b> . The organ	ization qualifie	s as a publicly	supported ord	ianization .		
17a						a or 16b and	line 14 is
174	10% or more, and if the organization me	ets the "facts-	and-circumsta	inces" test, che	eck this box ar	nd stop here. E	Explain in
	Part IV how the organization meets the "	facts-and-circi	ımstances" te	st. The organiz	ation qualifies	as a publicly s	upported
	organization						`. ▶ □
b	10%-facts-and-circumstances test – 2	<b>010.</b> If the ora:	anization did n	ot check a box	on line 13, 16	a, 16b, or 17a	, and line
-	15 is 10% or more, and if the organiza	tion meets the	e "facts-and-c	rcumstances"	test, check th	nis box and st	op here
	Explain in Part IV how the organization in						
	supported organization						▶ □
18	Private foundation. If the organization d	id not check a	box on line 13	i, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")		İ				
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				ļ		
þ	Amounts included on lines 2 and 3				1		
	received from other than disqualified persons that exceed the greater of \$5,000				1		
	or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b		<del>                                     </del>				
8	Public support (Subtract line 7c from			-			
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(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		ļ ·-				
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975		}				
_	·						
11	Add lines 10a and 10b						<u> </u>
11	activities not included in line 10b, whether						
	or not the business is regularly carried on				ļ		
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)				1	<u></u>	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u> </u>	l	<u> </u>		<u> </u>
14	First five years. If the Form 990 is for the						
	organization, check this box and stop he			<u>· · · · · · · · · · · · · · · · · · · </u>	<u> </u>	· · · ·	· · · <b>P</b> 🗆
	on C. Computation of Public Suppor			(0)		145	
15	Public support percentage for 2011 (line		-			15	<u>%</u> %
16 Secti	Public support percentage from 2010 Sc on D. Computation of Investment In			· · · · ·	· · · · · ·		
17	Investment income percentage for 2011			v line 13. colu	mn (fl)	17	%
18	Investment income percentage from 2010					18	<del>/0</del>
19a	331/3% support tests—2011. If the organ	ization did no	t check the box	x on line 14. a	ind line 15 is n		
134	17 is not more than 331/3%, check this box	and stop here	. The organizati	on qualifies as	a publicly supp	orted organizat	ion . $ ightharpoonup$
b	331/3% support tests-2010. If the organiz						
~	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization d						

Schedule A (F	Schedule A (Form 990 or 990-EZ) 2011 Page <b>4</b>							
Part IV	Supplemental	Information. Complete this part to provide the explanations required by Part II, line 10; a or 17b; and Part III, line 12. Also complete this part for any additional information. (See						
		······································						
			<b>-</b>					
			<b></b>					
			<b></b>					

#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Employer identification number

型**型リーコ** Open to Publi

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

Sahaya International, Inc.	68-0434770				
Attachment to form 990EZ, part I, line 10. Grants (or similar amounts) in excess of \$5000 were paid to:					
a). Rural Education and Action Development (READ) (Tamil Nadu, India)					
- READ is a registered NGO in India (www.readindia.in); address:					
- Purpose: the grant was to continue support of several programs, incl. HIV treatment, orphan sponso	rship, schools (~ 400 students),				
reproductive health clinic for women, income-generating activities.					
- Address: READ, 1926 Sakthi Vinayagar Street, Vilandai, Andimadam Post, Ariyalur district, Tamil Nac	du 621801, India				
- Amount: \$ 119,200					
- Relationship to Sahaya Intl : none (they are separate legal entities)					
b). Lamling Vista Elementary School (Nagaland, India)					
- The grant money was used to finish construction of an elementary school and provide general support	ort to this school that educates 130				
children in the village of Yongam, Nagaland For more information, visit www.sahaya.org/lamlingvista	html				
- Address Lamling Vista Elementary School, Yongam, Longlin, 798-625, Nagaland, India					
- Amount: \$12,023 05					
- Relationship to Sahaya Intl.: none (separate legal entities)					
Attachment to form 990EZ, part I, line 16: Other expenses (total: \$7254 34)					
- \$213.76: bank and credit card service charges					
- \$120: permits & memberships					
- \$3803.17: laptop, LCD projector and medical kits for women's health clinic in India					
- \$2226.73: travel expenses					
- \$890.68: miscellaneous (office supplies, computer software, website registration & hosting; e-mail cl	harges)				

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization Sahaya International, Inc.	Employer identification number 68-0434770
Attachment to form 990EZ, part IV: additional directors	
Lonna Hampton, c/o Sahaya 2949 Portage Bay Ave, # 195, Davis, CA 95616; Director, 1 h per week; (c) 0	(d) 0 (e) 0
Rino Dizon, c/o Sahaya 2949 Portage Bay Ave, # 195, Davis, CA 95616; Director, 1 h per week; (c) 0 (d) 0	(e) 0
Joe Becker, c/o Sahaya 2949 Portage Bay Ave, # 195, Davis, CA 95616; Director, 1 h per week; (c) 0 (d) 0	(e) 0
Hilde De Cock, c/o Sahaya 2949 Portage Bay Ave, # 195, Davis, CA 95616; Director, 1 h per week; (c) 0 (d)	0 (e) 0
·····	