

2005 California Exempt Organization Annual Information Return

For calendar or fiscal year beginning month _____ day _____ year 2005, and ending month _____ day _____ year _____

IMPORTANT: Your number is required.

| | |
|--|---|
| California corporation number 2630734 | Federal employer identification number (FEIN) 42-1659410 |
|--|---|

Corporation/Organization name
SAHAITA, INC

Address
3781 MONTE SERENO TERRACE

City State ZIP Code
FREMONT CA 94539

PMB no.

A Final return? Check applicable box. Yes. No
 Dissolved Withdrawn Merged/Reorganized (attach explanation)
 If a box is checked, enter date _____

B Check forms filed this year State: 109 100 100S 100W
 Federal: 990 990EZ 990T 990PF 1041 1120H 1120

C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation check box. See General Instruction F. No filing fee is required.

D Is this a group filing? See General Instruction N Yes No

E Accounting method used CASH

F Type of organization Exempt under Section 23701 (insert letter) IRC Section 4947(a)(1) trust

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

| | | | | |
|--|----|---|----|-----------|
| Receipts and Revenues <small>(Enclose, but do not staple, any payment.)</small> | 1 | Gross sales or receipts from other sources. From Side 2, Part II, line 8 | 1 | 33,055 00 |
| | 2 | Gross dues and assessments from members and affiliates | 2 | |
| | 3 | Gross contributions, gifts, grants, and similar amounts received. See instructions | 3 | 33,055 00 |
| | 4 | Total gross receipts for filing requirement test. Add line 1 through line 3 This line must be completed. If the result is less than \$25,000, see General Instruction C | 4 | |
| | 5 | Cost of goods sold | 5 | |
| | 6 | Cost or other basis, and sales expenses of assets sold | 6 | |
| | 7 | Total costs. Add line 5 and line 6 | 7 | 0 00 |
| | 8 | Total gross income. Subtract line 7 from line 4 | 8 | 33,055 00 |
| Expenses | 9 | Total expenses and disbursements. From Side 2, Part II, line 18 | 9 | 14,800 00 |
| | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 | 10 | 18,255 00 |
| Filing Fee | 11 | Filing fee \$10 or \$25. See General Instruction F | 11 | 10 00 |
| | 12 | Penalty for failure to file on time. See General Instruction L | 12 | 0 00 |
| | 13 | Use tax. See instructions | 13 | 0 00 |
| | 14 | Balance due. Add line 11, line 12, and line 13 | 14 | 10 00 |

- 15 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations. Yes No
- 16 Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No
- 17 Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter amount of gross receipts from nonmember sources \$ _____
- 18 Did the organization file Form 100, Form 100S, 100W, or Form 109 to report taxable income? Yes No
If "Yes," enter amount of total income reported \$ _____

19 The financial records are in care of HARKESH S. SANDHU Daytime telephone (510) 333-1488
located at 3781 MONTE SERENO TERRACE, FREMONT, CA 94539

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 taxpayer) is based on all information of which preparer has any knowledge.

Please Sign Here
 Signature of officer: [Signature] Date: 3/25/06 Title: PRESIDENT Daytime telephone: (510) 333-1480

Paid Preparer's Use Only
 Paid Preparer's signature: [Signature] Date: _____ Check if self-employed Paid preparer's SSN or PTIN: 548971401
 Firm's name (or yours, if self-employed) and address: Jessie Tax Services
1791 S. White Road
Sunnyvale, CA 94087 FEIN: 77-0355508
 Phone: (408) 736-2451 Daytime telephone (408) 736-2451

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information. See Specific Line Instructions.

| | | | | | |
|-----------------------------|----|--|----|--------|------|
| Receipts from Other Sources | 1 | Gross sales or receipts from all business activities. See instructions | 1 | 33,055 | 00 |
| | 2 | Interest | 2 | | |
| | 3 | Dividends | 3 | | |
| | 4 | Gross rents | 4 | | |
| | 5 | Gross royalties | 5 | | |
| | 6 | Gross amount received from sale of assets | 6 | | |
| | 7 | Other income. Attach schedule | 7 | | 0 00 |
| | 8 | Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 | 8 | 33,055 | 00 |
| Expenses and Disbursements | 9 | Contributions, gifts, grants, and similar amounts paid. Attach schedule | 9 | | |
| | 10 | Disbursements to or for members | 10 | | |
| | 11 | Compensation of officers, directors, and trustees. Attach schedule | 11 | | |
| | 12 | Other salaries and wages | 12 | | |
| | 13 | Interest | 13 | | |
| | 14 | Taxes | 14 | | |
| | 15 | Rents | 15 | | |
| | 16 | Depreciation and depletion | 16 | | |
| | 17 | Other. Attach schedule | 17 | 14,800 | 00 |
| | 18 | Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9 | 18 | 14,800 | 00 |

| Schedule L Balance Sheets | | Beginning of taxable year | | End of taxable year | |
|----------------------------------|---|---------------------------|-----|---------------------|----------|
| Assets | | (a) | (b) | (c) | (d) |
| 1 | Cash | | | | 23005.00 |
| 2 | Net accounts receivable | | | | |
| 3 | Net notes receivable. Attach schedule | | | | |
| 4 | Inventories | | | | |
| 5 | Federal and state government obligations | | | | |
| 6 | Investments in other bonds. Attach schedule | | | | |
| 7 | Investments in stock. Attach schedule | | | | |
| 8 | Mortgage loans (number of loans _____) | | | | |
| 9 | Other investments. Attach schedule | | | | |
| 10 | a Depreciable assets | | | | |
| | b Less accumulated depreciation | | | | |
| 11 | Land | | | | |
| 12 | Other assets. Attach schedule | | | | |
| 13 | Total assets | | | | 23005.00 |
| Liabilities and net worth | | | | | |
| 14 | Accounts payable | | | | 4750.00 |
| 15 | Contributions, gifts, or grants payable | | | | |
| 16 | Bonds and notes payable. Attach schedule | | | | |
| 17 | Mortgages payable | | | | |
| 18 | Other liabilities. Attach schedule | | | | |
| 19 | Capital stock or principle fund | | | | |
| 20 | Paid-in or capital surplus. Attach reconciliation | | | | |
| 21 | Retained earnings or income fund | | | | 18255.00 |
| 22 | Total liabilities and net worth | | | | 23005.00 |

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

| | | | | | |
|---|---|----------|----|--|----------|
| 1 | Net income per books | 18255.00 | 7 | Income recorded on books this year not included in this return. Attach schedule | |
| 2 | Federal income tax | | 8 | Deductions in this return not charged against book income this year. Attach schedule | |
| 3 | Excess of capital losses over capital gains | | 9 | Total. Add line 7 and line 8 | |
| 4 | Income not recorded on books this year. Attach schedule | | 10 | Net income per return. Subtract line 9 from line 6 | 18255.00 |
| 5 | Expenses recorded on books this year not deducted in this return. Attach schedule | | | | |
| 6 | Total. Add line 1 through line 5 | 18255.00 | | | |