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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 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.

OMB No 1545-1150  
**2009**  
**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009**

<b>B</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.	<b>C</b> Name of organization Sevak Solutions Inc	<b>D</b> Employer identification number 20-3927576
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 2 Ross Circle	<b>E</b> Telephone number (510) 655-8558
		City or town, state or country, and ZIP + 4 Oakland, CA 946181912	<b>F</b> Group Exemption Number

**G** Accounting method:  Cash  Accrual  
 Other (specify):

**I Website:** WWW.SEVAKSOLUTIONS.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 **\$** 296,735

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

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

**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
<b>22</b> Cash, savings, and investments	32,581	<b>22</b> 23,587
<b>23</b> Land and buildings		<b>23</b>
<b>24</b> Other assets (describe)	35,401	<b>24</b> 13,959
<b>25</b> <b>Total assets</b>	67,982	<b>25</b> 37,546
<b>26</b> <b>Total liabilities</b> (describe)	44,681	<b>26</b> 13,750
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	23,301	<b>27</b> 23,796



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

**Yes No**

<p><b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .</p>	<p><b>33</b></p>		<p>No</p>
<p><b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .</p>	<p><b>34</b></p>		<p>No</p>
<p><b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T . . . . .</p>			
<p><b>a</b> 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? . . . . .</p>	<p><b>35a</b></p>		<p>No</p>
<p><b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .</p>	<p><b>35b</b></p>		
<p><b>36</b> 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 . . . . .</p>	<p><b>36</b></p>		<p>No</p>
<p><b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>▶</b> <u>0</u></p>	<p><b>37a</b></p>		
<p><b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .</p>	<p><b>37b</b></p>		
<p><b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .</p>	<p><b>38a</b></p>		<p>No</p>
<p><b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .</p>	<p><b>38b</b></p>		
<p><b>39</b> <i>Section 501(c)(7) organizations.</i> Enter</p>			
<p><b>a</b> Initiation fees and capital contributions included on line 9 . . . . .</p>	<p><b>39a</b></p>		
<p><b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .</p>	<p><b>39b</b></p>		
<p><b>40a</b> <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <b>▶</b> <u>0</u>, section 4912 <b>▶</b> <u>0</u>, section 4955 <b>▶</b> <u>0</u></p>			
<p><b>b</b> <i>Section 501(c)(3) and 501(c)(4) organizations.</i> 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 . . . . .</p>	<p><b>40b</b></p>		<p>No</p>
<p><b>c</b> <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . <b>▶</b> <u>0</u></p>			
<p><b>d</b> <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization . . . . . <b>▶</b> <u>0</u></p>			
<p><b>e</b> <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .</p>	<p><b>40e</b></p>		<p>No</p>
<p><b>41</b> List the states with which a copy of this return is filed <b>▶</b> <u>CA</u></p>			
<p><b>42a</b> The organization's books are in care of <b>▶</b> <u>JANINE FIRPO</u> Telephone no <b>▶</b> <u>(510) 655-8558</u>                  Located at <b>▶</b> <u>2 ROSS CIRCLE</u>  <u>OAKLAND, CA</u> ZIP + 4 <b>▶</b> <u>94618</u></p>			
<p><b>b</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)?</p>	<p><b>42b</b></p>	<p><b>Yes No</b></p>	<p>No</p>
<p>If "Yes," enter the name of the foreign country <b>▶</b> _____                  See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b></p>			
<p><b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ?</p>	<p><b>42c</b></p>		<p>No</p>
<p>If "Yes," enter the name of the foreign country <b>▶</b> _____</p>			
<p><b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b>—Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <b>▶</b> <u>43</u></p>	<p><b>43</b></p>		
<p><b>44</b> Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.</p>	<p><b>44</b></p>	<p><b>Yes No</b></p>	<p>No</p>
<p><b>45</b> 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.</p>	<p><b>45</b></p>	<p><b>Yes No</b></p>	<p>No</p>

**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
<b>46</b> 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		No
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
<b>48</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?		No
<b>49b</b> If "Yes," was the related organization a section 527 organization?		

**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
JANINE FIRPO 2 ROSS CIRCLE OAKLAND, CA 946181912	PROJECT COMPENSATION 32 00	114,350	0	0
JANINE FIRPO 2 ROSS CIRCLE OAKLAND, CA 946181912	PRESIDENT 8 00	24,000	0	0

**50(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		

**51(d)** Total number of other independent contractors each receiving over \$100,000 . . . . .

**Please Sign Here**

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.

Signature of officer: \*\*\*\*\* Date: 2010-05-10

Type or print name and title: JANINE FIRPO PRESIDENT

**Paid Preparer's Use Only**

Preparer's signature: LINDA L SCHROEDER CPA Date: \_\_\_\_\_ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: CHAPMAN & COMPANY CPA'S ACCOUNTANCY CORP  
1788 TRIBUTE ROAD SUITE 300  
SACRAMENTO, CA 958154402

Preparer's identifying number (See instructions): \_\_\_\_\_  
EIN: \_\_\_\_\_  
Phone no: (916) 924-3521

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

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Sevak Solutions Inc

Employer identification number

20-3927576

**Part I 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 **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).**
- 4  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 )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  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 33 1/3% 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 33 1/3% 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).**
- 11  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      d  Type III - Other
- 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)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g 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 (iii) below, the governing body of the the supported organization?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		385,828	790,670	351,224	296,735	1,824,457
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3		385,828	790,670	351,224	296,735	1,824,457
<b>5</b> 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)						
<b>6 Public Support.</b> Subtract line 5 from line 4						1,824,457

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4		178	790,670	351,224	296,735	1,824,457
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		178	579	10		767
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
<b>11 Total support</b> (Add lines 7 through 10)						1,825,224

**12** Gross receipts from related activities, etc (See instructions ) **12**

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	99.960 %
<b>15</b> Public Support Percentage for 2008 Schedule A, Part II, line 14	<b>15</b>	99.940 %

**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

**b 33 1/3% support test—2008.** If the organization did not check the 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

**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

**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

**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

**Part III Support Schedule for Organizations Described in IRC 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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (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 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17	<b>18</b>	

**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

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

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**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 20-3927576  
**Name:** Sevak Solutions Inc

**Form 990EZ, Part III - Statement of Program Service Accomplishments**

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.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)
<p><b>28</b> Project Name Mobile Banking in East Asia &amp; the Pacific Mission This project for International Finance Corporation (IFC), a division of the World Bank focused on three target areas (1) performing regulatory analysis and country assessments to determine the readiness for mobile phone banking services, (2) building the business case for mobile banking in the East Asia &amp; the Pacific region (EAP), and (3) identifying potential partners for targeted investments and advisory services support Objective The purpose of this work was to provide guidance and supplement the work of IFC's regional advisory teams across the EAP region to accelerate the development and large-scale rollout of mobile phone banking (m-banking) as a means of banking the unbanked Target Population The underbanked and unbanked populations across East Asia and the Pacific Service Area Urban, peri-urban, and rural populations in Cambodia, Vietnam, Indonesia, Mongolia, and Papua New Guinea Program Goals Specific goals during 2009 included *Providing guidance to, and supplementing the work of, IFC regional advisory teams to accelerate the development and large-scale rollout of m-banking across EAP *Participate, as requested, in EAP m-banking programs across the region *Work with local, regional and international partners to (1) assess the regulatory framework for m-banking and advocate for open, interoperable m-banking standards based technology solutions, (2) build the business case for m-banking in the region, including a better understanding of customer acceptance issues, and (3) launch at least one pilot project in the region *Provide monthly updates and write a final report on the progress, issues, and outcomes of EAP m-banking program in timely manner Funding Sources International Finance Corporation, a division of the World Bank (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	211,322
<p><b>29</b> Project Name Technology Capacity Improvement, Pakistan Mission This project for International Finance Corporation (IFC), a division of the World Bank was the completion of a series of technology interventions that started in 2007 to assist Kashf Microfinance Bank (KMB), a Greenfield microfinance bank that was forming in Pakistan Objective The purpose of this work was to assist KMB to take the steps required to fully implement and leverage the full capabilities of Information Technology suited to the Pakistani environment Target Population The underbanked and unbanked populations in Pakistan Service Area Urban, peri-urban, and rural Pakistan An emphasis on extending reach to the unbanked in rural area Program Goals Specific goals during 2009 included *Project wrap-up and payment completed in 2009 for work completed in 2008 Funding Sources International Finance Corporation, a division of the World Bank (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	19,201
<p><b>30</b> Project Name XS Project, Indonesia Mission The purpose of this project for private donors was to extend the business capacity of XS Project, a non-profit based in Jakarta, Indonesia, that provides direct financial support to impoverished trash pickers and their families Objective This project assisted XS Project in revising their business model and then shifting from an unsustainable approach to their activities to help them set up an approach with a consistent revenue stream that would enable them achieve their objective to provide financial support to trash pickers Target Population Impoverished trash pickers and their families Service Area Jakarta and Lombok, Indonesia Program Goals Specific goals during 2009 included *Introduced an accounting package at XS Project, so the company could track their income and expenses and hired a bookkeeper *Developed new distribution channels for the company, so that it could increase its revenue *Identified a partner organization that could provide education, health care, and other support for children of trash pickers Funding for several of the children in the program provided by XS *Established processes and procedures to streamline XS activities, thereby ensuring that more benefits are provided to the trash picker community Funding Sources Private donors (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	15,540
<p><b>***</b>Project Name WOW for Africa, Senegal <b>***</b> Mission The purpose of this project for private donors was to advance small enterprises owned by women in Senegal These small-to-medium enterprises are often overlooked by microfinance loans, yet they are too small to obtain support from traditional financial institutions Such activities included, education, subsidized business services, collaboration with development agencies, and business certification Objective This project provided training and other resources to small women-owned enterprises in Senegal By building their capacity, these women can grow their businesses and provide jobs for the unemployed and underemployed in their communities Target Population Small businesses run by women in Senegal Service Area Urban and peri-urban Senegal Program Goals Specific goals during 2009 included *Brought an MBA intern to Senegal to provide business support to a portfolio of companies *Developed business plans for those companies *Provided training in topics including cooperative development and basic accounting *Offered management support to portfolio companies on a weekly basis Funding Sources Private donors (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	11,031
<p><b>***</b>Project Name Financial Ideas - Micro Lending to the Enlisted U S Military Affiliate Community <b>***</b> Mission To provide an online U S financial services marketplace for low to moderate income individuals with earnings below approximately 2 times U S federal poverty guidelines and experiencing significant credit or monetary distress The marketplace targets affinity group members and makes available through partner credit unions small, affordable, emergency, collateral free, short-term loans (micro-lending) and fiscal educational programs Special attention is given to a comprehensive money management toolset for members, including analytics for credit and entitlements and financial product matchmaking This focus qualifies affinity members for financial resources facilitated by a new complement to FICO, titled SoCap (Social Capital Credit Scoring) Objective To offer micro-lending and financial education to assure working poor and distressed, who are affinity community members can acquire money, management skills, and loans to establish fiscal stability and monetary well being An example of an affinity community is Military personnel and their families participating in established military community programs and organized support groups 62% of full-time working Americans (including 38% of two-income families) earn less than \$50,000 annually and half of these have no affiliation with a financial institution They are seeking financial stability, a measure of financial independence and need effective money management Target Population U S citizens who are enlisted military personnel or veterans and their families with low to moderate earnings at times of financial distress Subsequent expansion is planned for members of other affinity communities who also have low to moderate earnings and are experiencing difficult times Service Area Metropolitan San Diego, then additional service areas Program Goals *Community Outreach to establish/coordinate educational programs for affinity community members to develop financial skills to effectively manage their earnings and borrowing Special focus on unbanked or underbanked members *Replace predatory lenders (e g payday loans) with an affiliate program that identifies and enables partnering credit unions to originate and service collateral free micro-loans to members approved through innovative Social Capital credit review tools, with funds from this non-profit initiative *Raise donor funds for loan pools Manage/recycle loan pools to purchase approved loans made to affinity community members from partnering credit unions Credit unions service the loans for the non-profit Funding Sources Private donors, public/ private foundations and corporations Other Relevant Information Sevaks micro lending program will be accessed through direct referrals from area Credit Unions, military and other nonprofit agencies providing support and aid to the same target population (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/></p>	0

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(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
JANINE FIRPO C/O SEVAK SOLUTIONS 2 Ross Circle Oakland, CA 94618	PRESIDENT 8 00	24,000	0	0
JANINE FIRPO C/O SEVAK SOLUTIONS 2 Ross Circle Oakland, CA 94618	PROJECT COMPENSATION 32 00	114,350	0	0
RICHARD PARENTEAU C/O SEVAK SOLUTIONS 2 ROSS CIRCLE OAKLAND, CA 94618	SR VICE PRESIDENT OPERATIO 32 00	0	0	0
DARYL SKOOG C/O SEVAK SOLUTIONS 2 ROSS CIRCLE OAKLAND, CA 94618	BOARD MEMBER 1 00	0	0	0
INGRID GOODSPEED C/O SEVAK SOLUTIONS 2 ROSS CIRCLE OAKLAND, CA 94618	BOARD MEMBER 1 00	0	0	0

**TY 2009 Other Assets Schedule**

**Name:** Sevak Solutions Inc

**EIN:** 20-3927576

Description	Beginning of Year Amount	End of Year Amount
Accounts Receivable	35,401	13,959

**TY 2009 Other Expenses Schedule****Name:** Sevak Solutions Inc**EIN:** 20-3927576

<b>Description</b>	<b>Amount</b>
Project travel	92,677
Project work	11,653
WOW project expense	6,615
Bank fees	2,386
PROJECT supplies	4,427
conferences/marketing	1,673
payroll taxes	8,683
misc	568

## TY 2009 Other Liabilities Schedule

**Name:** Sevak Solutions Inc

**EIN:** 20-3927576

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable	35,620	13,750
deferred income	9,061	0

**TY 2009 Transfers Personal Benefits  
Contracts Declaration**

**Name:** Sevak Solutions Inc

**EIN:** 20-3927576

**Declaration:** The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.