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# Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545 1150

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 \$1,000,000 and total assets less than \$2,500,000 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

2008

Open to Public  
Inspection

A For the 2008 calendar year, or tax year beginning 7/01 , 2008, and ending 6/30 , 2009

B Check if applicable

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type  
See Specific Instructions

**C**  
ARPAN FOUNDATION, INC.  
19401 SOUTH VERNON AVENUE K-105  
TORRANCE, CA 90502

D Employer identification number

20-5593243

E Telephone number

310-515-8545

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) ►

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

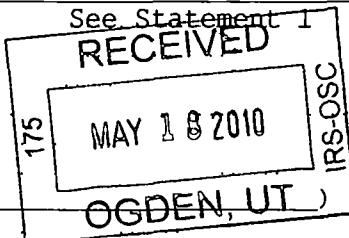
I Website: ► WWW.ARPAFOUNDATION.ORG

J Organization type (check only one) —  501(c) ( 3 ) (insert no) 4947(a)(1) or 527K 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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 226,989.

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

1 Contributions, gifts, grants, and similar amounts received	1 223,382.
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3
4 Investment income	4 3,607.
5a Gross amount from sale of assets other than inventory	5a
b Less, cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (alt sch)	
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
b Less direct expenses other than fundraising expenses	6b
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	
7a Gross sales of inventory, less returns and allowances	7a
b Less cost of goods sold	7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8 Other revenue (describe ► )	8
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9 226,989.
10 Grants and similar amounts paid (attach schedule)	10 232,718.
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12
13 Professional fees and other payments to independent contractors	13 550.
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15
16 Other expenses (describe ► See Statement 2	16 1,183.
17 Total expenses (add lines 10 through 16)	17 234,451.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -7,462.
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 96,553.
20 Other changes in net assets or fund balances (attach explanation)	20
21 Net assets or fund balances at end of year Combine lines 18 through 20	21 89,091.



### Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 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	96,553.	22 89,091.
23 Land and buildings	23	
24 Other assets (describe ► )	24	
25 Total assets	96,553.	25 89,091.
26 Total liabilities (describe ► )	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	96,553.	27 89,091.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

11  
11  
11

**Part III Statement of Program Service Accomplishments** (See the instructions.)**Expenses**

What is the organization's primary exempt purpose? See Statement 3

(Required for 501(c)(3) and (4) organizations and 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, or other relevant information for each program title

**28 PROVIDING EDUCATIONAL FACILITIES & SERVICES TO NEEDY & POOR CHILDREN OF REMOTE VILLAGES**(Grants \$ 163,518.) If this amount includes foreign grants, check here **28a****29 HELPING TO PROVIDE FOR SHELTERS & OTHER INFRASTRUCTURAL FACILITIES FOR UPLIFTMENT, DEVELOPMENT OF POOR AND NEED CHILDREN INCLUDING HANDICAPPED CHILDRENS**(Grants \$ 69,200.) If this amount includes foreign grants, check here **29a****30**(Grants \$ ) If this amount includes foreign grants, check here **30a****31 Other program services (attach schedule)**(Grants \$ ) If this amount includes foreign grants, check here **31a****32 Total program service expenses** (add lines 28a through 31a) **32****Part IV List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated. See the instrs.)

(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 and deferred compensation	(e) Expense account and other allowances
ANAND J. KARIA 19401 SOUTH VERNON AVE, #K105 TORRANCE, CA 90502	President 0	0.	0.	0.
PARAG J. KARIA 19401 SOUTH VERNON AVE, #K105 TORRANCE, CA 90502	Secretary 0	0.	0.	0.

## Part V | Other Information (Note the statement requirement in General Instruction V.)

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 but not reported to the IRS? 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 your reason for not reporting the income on Form 990-T

	Yes	No
33		X
34		X

a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?  
 b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

35a	X
35b	

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year?  
 If 'Yes,' complete applicable parts of Schedule N

► 37a | 0.

36	X
37a	

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

37b	X
38a	

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 unpaid at the start of the period covered by this return?

38b	N/A
39a	N/A

39b	N/A
40a	

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

40a	
40b	X

39 501(c)7 organizations Enter

39a	N/A
39b	N/A

a Initiation fees and capital contributions included on line 9

39b	N/A
40a	

b Gross receipts, included on line 9, for public use of club facilities

40a	
40b	X

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

40b	
40c	X

d Enter amount of tax on line 40c reimbursed by the organization

40c	
41	

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 ► None

42a The books are in care of ► ANAND J. KARIA

Located at ► 19401 SOUTH VERMONT AVENUE, STE-K105 TORRANCE CA Telephone no ► 310-515-8545ZIP + 4 ► 90502

42b	X
42c	

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 ► \_\_\_\_\_

42c	X
43	

See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a 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	
44	

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

43	
44	

44	X
45	X

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 only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.  
See Statement 4

	Yes	No
46	46	X
47	47	X
48	48	X
49a	49a	X
49b	49b	

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

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

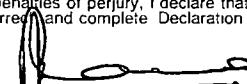
b If 'Yes,' was the related organization(s) a section 527 organization?

50 Complete this table for the 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 and deferred compensation	(e) Expense account and other allowances
None				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$100,000 ►				

51 Complete this table for the 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		
-----		
-----		
-----		
-----		
Total number of other independent contractors receiving over \$100,000 ►		

<b>Sign Here</b>	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	<span style="border-bottom: 1px solid black; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span> Date	<span style="border-bottom: 1px solid black; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span> Secretary
<b>Paid Preparer's Use Only</b>	Preparer's signature ► <u>Subhash R. Kothari E.A.</u>	Date <span style="border-bottom: 1px solid black; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span> 05/04/10	Check if self employed ► <input type="checkbox"/> N/A Preparer's Identifying Number (See Instructions)
	Firm's name (or yours if self employed), address, and ZIP + 4 ► C.T.A. Management Services 320 East Woodcraft Avenue Glendora, CA 91740	EIN ► N/A	Phone no ► (626) 963-1473

May the IRS discuss this return with the preparer shown above? See instructions

BAA

►  Yes  No

Form 990-EZ (2008)

## Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

ARPAN FOUNDATION, INC.

Employer identification number  
20-5593243

**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. (Please check only **one** organization.)

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 cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H )  
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)**. (see instructions)  
11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 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?

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

**h** Provide the following information about the organizations the organization supports

**Total**

**BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.**

**Schedule A (Form 990 or 990-EZ) 2008**

**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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')			57,855.	94,915.	223,382.	376,152.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
<b>4 Total.</b> Add lines 1-3	0.	0.	57,855.	94,915.	223,382.	376,152.
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)						0.
<b>6 Public support.</b> Subtract line 5 from line 4						376,152.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	0.	0.	57,855.	94,915.	223,382.	376,152.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
<b>11 Total support.</b> Add lines 7 through 10						376,152.
12 Gross receipts from related activities, etc (see instructions)					12	0.

**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 ▶

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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	%
<b>16a 33-1/3 support test – 2008.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
<b>b 33-1/3 support test – 2007.</b> 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"/>	
<b>17a 10%-facts-and-circumstances test – 2008.</b> 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>b 10%-facts-and-circumstances test – 2007.</b> 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"/>	
<b>18 Private foundation.</b> 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"/>	

BAA

Schedule A (Form 990 or 990-EZ) 2008

**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 yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")			57,855.	94,915.	223,382.	376,152.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						0.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
<b>6 Total.</b> Add lines 1-5	0.	0.	57,855.	94,915.	223,382.	376,152.
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0.	0.	0.	0.	0.	0.
<b>c</b> Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
<b>8 Public support</b> (Subtract line 7c from line 6)						376,152.

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6	0.	0.	57,855.	94,915.	223,382.	376,152.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
<b>c</b> Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0.
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12)						376,152.

**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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

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

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%
<b>19a 33-1/3 support tests – 2008.</b> 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		<input type="checkbox"/>
<b>b 33-1/3 support tests – 2007.</b> If the organization did not check a box on line 14 or 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		<input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

**Part IV** **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)

2008

**Federal Statements**

**Page 1**

**ARPAN FOUNDATION, INC.**

**20-5593243**

**Statement 1**

**Form 990-EZ, Part I, Line 10**

**Grants and Similar Amounts Paid**

Class of Activity:

EDUCATION, SHELTER & UPLIFT

Donee's Name:

FOR EDUCATION, UPLIFTMENT

Donee's Address:

SHEET A-2 ATTACHED

Cash Amount Given:

VARIOUS TOWNS, INDIA,

\$ 163,518.

Class of Activity:

HUMANITARIAN , UPLIFTMENT

Donee's Name:

FOR SHELTER, UPLIFTMENT TO NEEDY

Donee's Address:

SHEET A-1 ATTACHED

Cash Amount Given:

VARIOUS TOWNS, INDIA,

\$ 69,200.

**Statement 2**

**Form 990-EZ, Part I, Line 16**

**Other Expenses**

BANK SERVICE CHARGES

\$ 838.

Office Expenses

300.

STATE FILING FEES PAID

45.

Total \$ 1,183.

**Statement 3**

**Form 990-EZ, Part III**

**Organization's Primary Exempt Purpose**

PROVIDING EDUCATIONAL FACILITIES & SERVICES TO NEEDY & POOR CHILDREN OF REMOTE VILLAGES. AND ALSO HELPING TO PROVIDE FOR SHELTERS & OTHER INFRASTRUCTURAL FACILITIES FOR UPLIFTMENT, DEVELOPMENT OF POOR AND NEED CHILDREN INCLUDING HANDICAPPED CHILDRENS

**Statement 4**

**Form 990-EZ, Part VI**

**Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

ARPAN FOUNDATION, INC.

20-5593243

THE FOUNDATION WAS INCORPORATED TO PROVIDE ASSISTANCE, GRANTS TO PROMOTE EDUCATION, BASIC INFRASTRUCTURE AS WELL AS HUMANITARIAN AND REHABILITATION ACTIVITIES FOR POOR, NEEDY AND NEGLECTED CLASS OF PEOPLE IN CERTAIN DEVELOPING COUNTRIES INCLUDING INDIA, EAST AFRICA ETC.

THE ORGANIZATION HAS STARTED COLLECTING DONATIONS - GRANTS FROM INDIVIDUALS IN THE LATER PART OF THE TAX YEAR ENDED JUNE 30, 2008. ALSO IT HAS STARTED CONTRIBUTING GRANTS - DONATIONS TO CHARITABLE ORGANIZATIONS - EXEMPT ORGANIZATIONS, WHOSE MAIN GOAL IS TO PROVIDE BASIC NECESSITY ITEMS INCLUDING SHELTER, EDUCATION TO POOREST PEOPLE IN THE REMOTE VILLAGES OF INDIA. DURING JULY- JUNE 2009 FOUNDATION HAD DONATED ABOUT \$232718.00 OUT OF THE CONTRIBUTION SO FAR RECEIVED WHICH IS MORE THAN COLLECTION RECEIVED DURING THE YEAR (\$223382.00).

NONE OF THE DONEES (GRANTS GIVEN TO ORGANIZATIONS) BY ARPAN FOUNDATION ARE RELATED TO ANY OF THE OFFICERS -DIRECTORS.

BESIDES, IT IS THE GOAL OF THE ORGANIZATION TO HAVE MINIMAL/LOW ADMINISTRATIVE OVERHEADS. THE ORGANIZATION PLANS TO COVER THE ADMINISTRATIVE COSTS FROM THE INCOME DERIVED FROM SHORT TERM INVESTMENTS. THEREFORE, ALL DONATIONS RECEIVED ARE BEING USED FULLY TO MEET THE MAIN OBJECTIVE OF THE EXEMPT ORGANIZATION TO PROVIDE HUMANITARIAN AND REHABILITATION SERVICES AND BASIC NECESSITY ITEMS INCLUDING SHELTER, EDUCATION TO THE POOREST PEOPLE.

**Transaction Detail By Account**  
**July 2008 through June 2009**

05/04/10  
 Accrual Basis

Type	Date	Num	Name	Debit	Credit	Balance
7000 · Grant & contract expense						
7010 · Grants to other organizations						
7010AMR · Amrapali Utkarsh Sangh						
Check	4/16/2009	Wire Trf		5,000 00		5,000 00
Check	5/4/2009	Wire Trf		2,500 00		7,500 00
Total 7010AMR	Amrapali Utkarsh Sangh			7,500 00		7,500 00
7010ARP · Distribution from General Funds						
Check	7/17/2008	Wire Trf	Mahan Trust (Dhami)	500 00		500 00
Check	7/17/2008	Wire Trf	Snehalaya -Solapur	1,500 00		2,000 00
Check	9/3/2008	Wire Trf	Goonj	5,000 00		7,000 00
Check	9/3/2008	Wire Trf	Helpers of the Handicapped	100 00		7,100 00
Check	11/26/2008	Cashier's	MSSO, Canada	3,200 00		10,300 00
Check	12/15/2008	Wire Trf	Snehalaya - Ahmednagar	8,000 00		18,300 00
Check	12/15/2008	Wire Trf	Snehalaya -Solapur	6,000 00		24,300 00
Check	12/15/2008	Wire Trf	Helpers of the Handicapped	6,000 00		30,300 00
Check	1/7/2009	Wire Trf	Amrapali Utkarsh Sangh	7,000 00		37,300 00
Check	1/12/2009	Wire Trf	Pragati Andha Vidyalaya	2,500 00		39,800 00
Check	1/16/2009	Wire Trf	Maharogi Seva Samiti	5,96 49		45,762 49
Check	1/29/2009	Wire Trf	Ramkrishna Mission	10 00		45,862 49
Check	2/26/2009	Wire Trf	Helpers of the Handicapped	2,200 00		48,062 49
Check	2/26/2009	Wire Trf	Ramkrishna Mission	6,000 00		54,062 49
Check	5/11/2009	Wire Trf	Samanitan Help Mission	6,000 00		60,062 49
Check	5/29/2009	Wire Trf	Samaj Pragati Sahyog	6,400 00		66,462 49
Check	6/3/2009	Wire Trf	Dilasa Sanstha	10 00		66,562 49
Check	6/24/2009	1023	Daya Gopal Amrit Trust	2,500 00		69,062 49
Check	6/25/2009	Wire Trf	Samparc	1,500 00		70,562 49
Check	6/25/2009	Wire Trf	Dilasa Sanstha	6,250 00		76,812 49
Check	6/30/2009	Wire Trf	Parivaar Education Society	2,000 00		78,812 49
Total 7010ARP	Distribution from General Funds			78,812 49		78,812 49
7010GNJ · Goonj						
Check	12/15/2008	Wire Trf	Goonj	20,000 00		20,000 00
Check	2/18/2009	Wire Trf	-MULTIPLE-	2,350 00		22,350 00
Total 7010GNJ	Goonj			22,350 00		22,350 00
7010MHN · Mahan Trust						
Check	7/17/2008	Wire Trf	Sujata & Sashidhar Guduri	2,000 00		2,000 00
Check	6/25/2009	Wire Trf	Mahan Trust (Dhami)	2,000 00		4,000 00
Total 7010MHN	Mahan Trust			4,000 00		4,000 00
7010MSS · Anandwan - MSS						
7010HEM · Hemalkasa - MSS						
Check	11/26/2008	Cashier's	Yogini Pathak & Vivek Karandikar	1,800 00		1,800 00
Total 7010HEM	Hemalkasa - MSS			1,800 00		1,800 00

**Transaction Detail By Account**  
**July 2008 through June 2009**

05/04/10  
 Accrual Basis

Type	Date	Num	Name	Debit	Credit	Balance
<b>7010MSS</b> · Anandwan - MSS - Other						
Check	1/6/2009	Wire Trf				
Total 7010MSS	Anandwan - Other		Maharogi Seva Samit	9,037.51		9,037.51
Total 7010MSS	Anandwan - MSS			9,037.51	0.00	9,037.51
<b>7010PES</b> · Parivaar Education Society						
Check	7/21/2008	Wire Trf	Parvaar Education Society	16,450.00		
Check	9/18/2008	Wire Trf	Parvaar Education Society	7,217.00		
Check	1/12/2009	Wire Trf	Parvaar Education Society	43,636.00		
Check	5/15/2009	Wire Trf	Parvaar Education Society	24,215.00		
Check	6/30/2009	Wire Trf	Parvaar Education Society	9,000.00		
Total 7010PES	Parvaar Education Society			100,518.00	0.00	100,518.00
<b>7010SAM</b> · Samparc						
Check	6/25/2009	Wire Trf	Bharat Argade	500.00		500.00
Total 7010SAM	Samparc			500.00	0.00	500.00
<b>7010SOL</b> · Snehalaya Solapur						
Check	7/17/2008	Wire Trf	Harshad Gandhi	5,500.00		5,500.00
Total 7010SOL	Snehalaya Solapur			5,500.00	0.00	5,500.00
<b>7010SRC</b> · SEARCH						
Check	1/21/2009	1021	Chanda & Ravi Athale	500.00		500.00
Total 7010SRC	SEARCH			500.00	0.00	500.00
<b>7010VV</b> · Vanchit Vikas						
Check	9/25/2008	Wire Trf	Makarand Phatak	2,200.00		2,200.00
Total 7010VV	Vanchit Vikas			2,200.00	0.00	2,200.00
Total 7010	Grants to other organizations			232,718.00	0.00	232,718.00
Total 7000	Grant & contract expense			232,718.00	0.00	232,718.00
<b>TOTAL</b>				<b>232,718.00</b>	<b>0.00</b>	<b>232,718.00</b>

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b>  File by the extended due date for filing the return. See instructions	Name of Exempt Organization  <b>ARPAN FOUNDATION, INC.</b>	Employer identification number  <b>20-5593243</b>
	Number, street, and room or suite number. If a P O box, see instructions  <b>19401 SOUTH VERMONT AVENUE K-105</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions  <b>TORRANCE, CA 90502</b>	

**Check type of return to be filed** (File a separate application for each return)

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of ► **ANAND J. KARIA**   
Telephone No ► **310-515-8545** FAX No ► **310-515-8546**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ► . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 5/17, 20 10
- 5 For calendar year     , or other tax year beginning 7/01, 20 08, and ending 6/30, 20 09
- 6 If this tax year is for less than 12 months, check reason.  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>8a \$</b>
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	<b>8b \$</b>
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	<b>8c \$</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete and that I am authorized to prepare this form

Signature ►

Title ► **Secretary**

Date ►

**BAA**

FIF20502L 03/11/09

Form 8868 (Rev 4-2009)