



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008Department 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.

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 VERMONT AVENUE K-105
TORRANCE, CA 90502

D Employer identification number

20-5593243

E Telephone number

310-515-8545

F Group Exemption Number

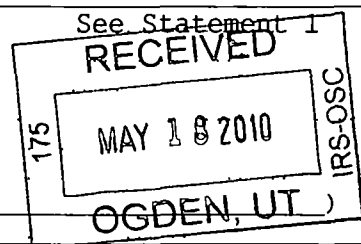
• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method ☒ Cash ☐ Accrual
Other (specify) ►**I** Website: ► WWW.ARPANFOUNDATION.ORG**H** Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**J** Organization type (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 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) (att sch)	5c	
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)	6c	
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)	7c	
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.	89,091.
23 Land and buildings		
24 Other assets (describe ► _____)		
25 Total assets	96,553.	89,091.
26 Total liabilities (describe ► _____)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	96,553.	89,091.

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

Form 990-EZ (2008)

89 11

SCANNED JUL 07 2010

RUCZKRB

S 0902008

A S S E T S

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
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		X
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		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a 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.		
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
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		X
41 List the states with which a copy of this return is filed ▶ <u>None</u>		

42a The books are in care of ▶ ANAND J. KARIA Telephone no ▶ 310-515-8545
 Located at ▶ 19401 SOUTH VERMONT AVENUE, STE-K105 TORRANCE CA ZIP + 4 ▶ 90502

	Yes	No
42b 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 ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts		
42c 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 ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here ▶ ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
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		X

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**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

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

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.'

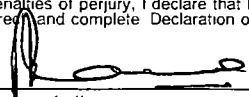
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000				

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		

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

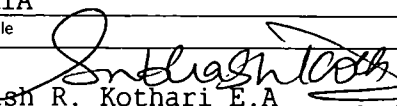
Sign Here

Signature of officer:  Date: 5/4/10

PARAG J. KARIA Secretary

Type or print name and title

Paid Preparer's Use Only

Preparer's signature:  Date: 05/04/10

Subhash R. Kothari E.A. 54276

Firm's name (or yours if self-employed), address, and ZIP + 4: C.T.A. Management Services
320 East Woodcraft Avenue
Glendora, CA 91740

Check if self-employed: ☐ Preparer's Identifying Number (See instructions): N/A

EIN: N/A

Phone no: (626) 963-1473

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

☒ Yes ☐ No

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.
4 Total. 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.
6 Public support. 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.
11 Total support. 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	%
16a 33-1/3 support test – 2008. 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 33-1/3 support test – 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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.
6 Total. Add lines 1-5	0.	0.	57,855.	94,915.	223,382.	376,152.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support. (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
9 Amounts from line 6	0.	0.	57,855.	94,915.	223,382.	376,152.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (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. <input checked="" type="checkbox"/>						

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	%

- 19a 33-1/3 support tests — 2008.** 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 — 2007.** 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. ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV **Supplemental Information.** Complete this part to provide the 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)

This image shows a full page of white paper with horizontal dashed lines. The lines are evenly spaced and run across the width of the page, typical of primary-ruled notebook paper. There are no margins, text, or other markings on the page.

ARPAN FOUNDATION, INC.

20-5593243

Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	EDUCATION, SHELTER & UPLI	
Donee's Name:	FOR EDUCATION, UPLIFTMENT	
Donee's Address:	SHEET A-2 ATTACHED	
	VARIOUS TOWNS, INDIA,	
Cash Amount Given:		\$ 163,518.
Class of Activity:	HUMANITARIAN , UPLIFTMENT	
Donee's Name:	FOR SHELTER, UPLIFTMENT TO NEEDY	
Donee's Address:	SHEET A-1 ATTACHED	
	VARIOUS TOWNS, INDIA,	
Cash Amount Given:		\$ 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	\$	<u>1,183.</u>

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 FACILITILIES 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.

8:11 PM

05/04/10

Accrual Basis

ARPAN FOUNDATION, INC. Transaction Detail By Account July 2008 through June 2009

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	Amrapali Utkarsh Sangh	5,000 00		5,000 00
Check	5/4/2009	Wire Trf	Amrapali Utkarsh Sangh	2,500 00		7,500 00
Total 7010AMR	Amrapali Utkarsh Sangh			7,500 00	0 00	7,500 00
7010ARP - Distribution from General Funds						
Check	7/17/2008	Wire Trf	Mahan Trust (Dharni)	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	5,962 49		45,762 49
Check	1/29/2009	Wire Trf	Ramkrishna Mission	100 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	Samaritan 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	100 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	0 00	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	0 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 (Dharni)	2,000 00		4,000 00
Total 7010MHN	Mahan Trust			4,000 00	0 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	0 00	1,800 00

8:11 PM

05/04/10

Accrual Basis

ARPAN FOUNDATION, INC.
Transaction Detail By Account
 July 2008 through June 2009

Type	Date	Num	Name	Debit	Credit	Balance
7010MSS - Anandwan - MSS - Other						
Check	1/16/2009	Wire Trf	Maharogi Seva Samiti	9,037 51		9,037 51
Total 7010MSS	Anandwan - MSS - Other			9,037 51	0 00	9,037 51
Total 7010MSS	Anandwan - MSS			10,837 51	0 00	10,837 51
7010PES - Parivaar Education Society						
Check	7/21/2008	Wire Trf	Parivaar Education Society	16,450 00		16,450 00
Check	9/18/2008	Wire Trf	Parivaar Education Society	7,217 00		23,667 00
Check	1/12/2009	Wire Trf	Parivaar Education Society	43,636 00		67,303 00
Check	5/15/2009	Wire Trf	Parivaar Education Society	24,215 00		91,518 00
Check	6/30/2009	Wire Trf	Parivaar Education Society	9,000 00		100,518 00
Total 7010PES	Parivaar Education Society			100,518 00	0 00	100,518 00
7010SAM - Samparc						
Check	6/25/2009	Wire Trf	Bharat Argade	500 00		500 00
Total 7010SAM	Samparc			500 00	0 00	500 00
7010SOL - 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
7010SRC - SEARCH						
Check	1/21/2009	1021	Chanda & Ravi Athale	500 00		500 00
Total 7010SRC	SEARCH			500 00	0 00	500 00
7010VV - 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
TOTAL				232,718.00	0.00	232,718.00

- 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).
----------------	---

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

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	8a \$
b 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	8b \$
c Balance Due. 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	8c \$

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 _____