



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**
Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150
2009
Open to Public Inspection

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.

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

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. **C** Name of organization: ARGHAND TRUST INC. Number and street (or P O box, if mail is not delivered to street address): 3 HUBBARD PARK. City or town, state or country, and ZIP + 4: CAMBRIDGE, MA 02138. **D** Employer identification number: 20-5077509. **E** Telephone number. **F** Group Exemption Number.

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.arghand.org. **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. \$ 288,040.

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

Revenue		
1	Contributions, gifts, grants, and similar amounts received	219,561
2	Program service revenue including government fees and contracts	66,891
3	Membership dues and assessments	
4	Investment income	111
5a	Gross amount from sale of assets other than inventory	
5b	Less cost or other basis and sales expenses	0
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	
6a	Gross revenue (not including \$ of contributions reported on line 1)	0
6b	Less direct expenses other than fundraising expenses	0
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	0
7a	Gross sales of inventory, less returns and allowances	
7b	Less cost of goods sold	0
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8	Other revenue (describe)	1,477
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	288,040
Expenses		
10	Grants and similar amounts paid (attach schedule)	
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	111,729
13	Professional fees and other payments to independent contractors	10,612
14	Occupancy, rent, utilities, and maintenance	
15	Printing, publications, postage, and shipping	
16	Other expenses (describe)	113,735
17	Total expenses. Add lines 10 through 16	236,076
Net Assets		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	51,964
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)	279,771
20	Other changes in net assets or fund balances (attach explanation)	
21	Net assets or fund balances at end of year Combine lines 18 through 20	331,735

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
22 Cash, savings, and investments	126,526	109,986
23 Land and buildings		
24 Other assets (describe)	156,049	223,566
25 Total assets	282,575	333,552
26 Total liabilities (describe)	2,804	1,817
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	279,771	331,735

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose?
 THE ORGANIZATION'S MISSIONS ARE TO HELP THE PEOPLE OF AFGHANISTAN REBUILD THEIR SOCIAL AND ECONOMIC STRUCTURES SHATTERED BY YEARS OF WAR, IN SUSTAINABLE ENVIRONMENTALLY RESPECTFUL WAYS, BY UNDERTAKING INITIATIVES IN AFGHANISTAN TO (A) EXPAND THE PRODUCTION OF LICIT LOCAL CROPS AND CREATE VALUE-ADDED PRODUCTS FROM THOSE CROPS FOR THE DOMESTIC AND INTERNATIONAL MARKETS, AND (B) ASSIST LOCAL AND REGIONAL DEVELOPMENTAL PLANNING EFFORTS

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

28 ARGHAND COOPERATIVE PURPOSE IS TO CONTRIBUTE TO THE ECONOMIC DEVELOPMENT OF SOUTHERN AFGHANISTAN BY PRODUCING HIGH QUALITY, ALL NATURAL SKIN CARE AND CERTAIN OTHER PRODUCTS FROM THE LEGENDARY FRUITS OF THE KANDAHAR REGION - THUS ALSO COMPETING WITH THE OPIUM INDUSTRY BY EXPANDING THE MARKET FOR LICIT CROPS
 (Grants \$ 204,490) If this amount includes foreign grants, check here

28a

29
 (Grants \$) 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)

32 204,490

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(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

Part V Other Information (Note the statement requirements in the instructions for Part 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		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		No
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 why the organization did not report the income on Form 990-T		
35a	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?		No
35b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____		
37b	Did the organization file Form 1120-POL for this year?		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	<i>Section 501(c)(7) organizations.</i> Enter		
39a	Initiation fees and capital contributions included on line 9	0	
39b	Gross receipts, included on line 9, for public use of club facilities	0	
40a	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____		
40b	<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		No
40c	<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 ▶ _____		
40d	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
40e	<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		No
41	List the states with which a copy of this return is filed ▶ MA _____		
42a	The organization's books are in care of ▶ JENNIFER GREEN _____ Telephone no ▶ (340) 690-6348 PMB 112 8168 CROWN BAY MARINA STE 3 Located at ▶ ST THOMAS, VI _____ ZIP + 4 ▶ 00802		
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 ▶ AF _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
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 ▶ _____		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.		No
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.		No

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

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
NONE				

50(f) Total number of other employees paid over \$100,000

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: 2010-11-11

JENNIFER GREEN US COORDINATOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: ERIC MENDELSON Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Kurcias Jaffe & Company LLP
111 Great Neck Road 212
Great Neck, NY 11021

Preparer's identifying number (See instructions): _____
EIN: _____
Phone no: (516) 482-7777

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

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
ARGHAND TRUST INC

Employer identification number

20-5077509

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	
Total									

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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		82,768	352,250	137,012	219,561	791,591
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3		82,768	352,250	137,012	219,561	791,591
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						791,591

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4			352,250	137,012	219,561	791,591
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			107	323	111	541
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets					1,477	1,477
11 Total support (Add lines 7 through 10)						793,609
12 Gross receipts from related activities, etc (See instructions)					12	204,277

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

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	0 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	

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

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

Section D. Computation of Investment Income Percentage

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 20-5077509
Name: ARGHAND TRUST INC

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
RIP PARMELEE 31 KING LANE CONCORD, MA 01742	Director 20 00	0		
CATHERINE PARMELEE 31 KING LANE CONCORD, MA 01742	Director 20 00	0		
MARI KATHERINE MICHENER OYE 167 BENVENUE STREET WELLESLEY, MA 02482	Director 1 00	0		
SULTANA PARVANTA SEN ADV MINISTRY COMMERCE KARTE-SE, KABUL, AFGHANISTAN AF	Director 1 00	0		
SARAH P CHAYES 28 RUE DE FAUBERG ST MARTIN PARIS, FRANCE 75101 FR	President 1 00	4,000		
PATRICIA CAMBELL MALONE 31 LINCOLN STREET SOUTH NATICK, MA 01742	Director 1 00	0		
PASHTOON ATIF 28 CAPEEN STREET SOMERVILLE, MA 02155	Treasurer 10 00	13,000		
MARY CLARKE 26 BARTLETT HILL ROAD CONCORD, MA 01742	Director 1 00	0		
MARITETTA PARKER 410 E 54TH STREET KANSAS CITY, MO 64110	Director 1 00	0		
PATRICIA J COOPER 5 POLO PLACE 3000 E CEDAR AVE DENVER, CO 80209	Director 1 00	0		
JENNIFER GREEN PMB 112 8168 CROWN BAY MARINA ST THOMAS, VI 00802	US COORDINATOR 20 00	36,000		
JEFFERSON T EATON 8 STOREY DRIVE LINCOLN, MA 017732109	Secretary 1 00	0		
DIRK JAMESON 7100 VALBURN DRIVE AUSTIN, TX 78731	Director 1 00	0		
BETTY JAMESON 7100 VALBURN DRIVE AUSTIN, TX 78731	Director 1 00	0		
BARBARA BUCHAN 162 BEDFORD ROAD LINCOLN, MA 01773	Director 1 00	0		
AMIR SOLTANI 2851 SOUTH 2870 EAST SALT LAKE CITY, UT 84109	Director 1 00	0		

TY 2009 Explanation of Non UBI

Name: ARGHAND TRUST INC

EIN: 20-5077509

Software ID: 09000047

Software Version: 2009v1.3

Explanation: THE ORGANIZATIONS INCOME FROM THE SALES OF SOAPS, OILS AND SCARVES IS DIRECTLY RELATED TO THE ORGANIZATIONS EXEMPT PURPOSE OF CREATING ECONOMIC DEVELOPMENT IN SOUTHERN AFGHANISTAN BY PRODUCING HIGH QUALITY, ALL NATURAL SKIN CARE AND CERTAIN OTHER PRODUCTS FROM THE LEGENDARY FRUITS OF THE KANDAHAR REGION - THUS ALSO COMPETING WITH THE OPIUM INDUSTRY BY EXPANDING THE MARKET FOR LICIT CROPS.

TY 2009 Other Assets Schedule

Name: ARGHAND TRUST INC

EIN: 20-5077509

Software ID: 09000047

Software Version: 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
WORKER ADVANCES		7,005
Prepaid Expenses and Deferred Charges	7,000	6,000
Pledges and Grants Receivable	59,249	134,815
Machinery and Equipment	75,236	66,262
Inventories	600	1,200
Furniture and Fixtures	1,617	1,106
Automobiles	4,364	3,273
Accounts Receivable	7,983	3,905

TY 2009 Other Expenses Schedule

Name: ARGHAND TRUST INC

EIN: 20-5077509

Software ID: 09000047

Software Version: 2009v1.3

Description	Amount
UTILITIES	1,560
Travel	14,987
TELEPHONE	196
RENT	6,060
Office Expenses	1,834
MISCELLANEOUS	4,960
MAINTENANCE	2,017
FUNDRAISING COSTS	496
FEES AND DUTIES	464
EQUIPMENT EXPENSE	2,227
DUES AND SUBSCRIPTIONS	351
Depreciation	10,576
CURRENCY EXCHANGE	2,509
COST OF GOODS SOLD	55,378
COMPUTER EXPENSES	4,051
BANK CHARGES	2,940
BAD DEBT EXPENSE	1,137
Advertising and Promotion	1,992

TY 2009 Other Liabilities Schedule

Name: ARGHAND TRUST INC

EIN: 20-5077509

Software ID: 09000047

Software Version: 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Accounts Payable and Accrued Expenses	2,804	1,817

TY 2009 Other Revenues Schedule

Name: ARGHAND TRUST INC

EIN: 20-5077509

Software ID: 09000047

Software Version: 2009v1.3

Description	Amount
MISCELLANEOUS INCOME	1,477