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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

**Open to Public
Inspection**

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 \$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 , 2009, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization ARIVA INC Number and street (or P O box, if mail is not delivered to street address) Room/suite 69 EAST 167TH STREET City or town, state or country, and ZIP + 4 BRONX, NY 10452	D Employer identification number 32-0028598
			E Telephone number (718) 292-2983
			F Group Exemption Number . . . ▶
			G Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶

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

I Website: ▶ WWW.ARIVAONLINE.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. . . . ▶ \$ 238,429.

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	1	238,249.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	180.
	5 a	Gross amount from sale of assets other than inventory	5a	
	5 b	Less cost or other basis and sales expenses	5b	
	5 c	Gain or loss from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (Complete applicable parts of Schedule G) if any amount is from gaming, check here <input type="checkbox"/>		
	6 a	Gross revenue (not including reported on line 1) of contributions	6a	
6 b	Less direct expenses other than fundraising expenses	6b		
6 c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7 a	Gross sales of inventory, less returns and allowances	7a		
7 b	Less cost of goods sold	7b		
7 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	238,429.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	58,045.
	13	Professional fees and other payments to independent contractors	13	1,150.
	14	Occupancy, rent, utilities, and maintenance	14	1,091.
	15	Printing, publications, postage, and shipping	15	1,472.
	16	Other expenses (describe ▶ ATCH 2)	16	119,015.
17	Total expenses. Add lines 10 through 16	17	180,773.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	57,656.
	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	32,095.
	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	89,751.

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 ATCH 3	21,675.	107,862.
23 Land and buildings	2,307.	2,653.
24 Other assets (describe ▶ ATCH 4)	9,780.	1,044.
25 Total assets	33,762.	111,559.
26 Total liabilities (describe ▶ ATCH 5)	1,667.	21,808.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	32,095.	89,751.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

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SCANNED DEC 15 2010

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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		X
34	Were any changes made to the organizing or governing documents? 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 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?		X
35b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
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.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	N/A
37b	Did the organization file Form 1120-POL for this year?	37b	N/A
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?	38a	X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9	39a	N/A
39b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
40b	Section 501(c)(3) and 501(c)(4) organizations 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	40b	X
40c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		N/A
40e	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	40e	X
41	List the states with which a copy of this return is filed		NY
42a	The organization's books are in care of	KELLY DILLON	Telephone no 718-292-2983
	Located at	ARIVA INC - 69 E 167TH STREET BRONX, NY	ZIP + 4 10452
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	42b	X
42c	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 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	42c	X
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	<input type="checkbox"/>
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	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	45	X

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

- 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
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- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Yes No

47		X
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- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No

48		X
----	--	---
- 49 a Did the organization make any transfers to an exempt non-charitable related organization? Yes No

49a		X
-----	--	---
- b If "Yes," was the related organization a section 527 organization? Yes No

49b	N/A	
-----	-----	--
- 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				

f Total number of other employees paid over \$100,000 ▶ NONE

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		

d Total number of other independent contractors receiving over \$100,000 ▶ NONE

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: *Kelly Dillon* Date: 11/15/10
 Type or print name and title: Kelly Dillon, BOARD CHAIR

Paid Preparer's Use Only
 Preparer's signature: *[Signature]* Date: 11/15/10 Check if self-employed:
 Preparer's identifying number (See instructions): P00367254
 Firm's name (or yours if self-employed), address, and ZIP + 4: MARCUM LLP, 10 MELVILLE PARK RD MELVILLE, NY 11747 EIN: 11-1986323
 Phone no: 631 414-4000

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) 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")	20,534	11,200	31,430	99,380	238,249	400,793.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	20,534	11,200	31,430	99,380	238,249	400,793
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).						265,415
6 Public support. Subtract line 5 from line 4						135,378

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	20,534	11,200	31,430	99,380	238,249	400,793.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					180	180.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						400,973
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	33.76 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	38.44 %
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		<input checked="" type="checkbox"/>
b 33 1/3 % support test - 2008. 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 - 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		<input type="checkbox"/>
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		<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"/>

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 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						
10 a 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 section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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	%

- 19 a **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.** 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.

ARIVA INC

32-0028598

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
DIVIDEND INCOME	180.
TOTAL	<u>180.</u>

ATTACHMENT 2FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	9,577.
TRAVEL	1,056.
DEPRECIATION	1,903.
BANK SERVICE CHARGES	185.
DUES & SUBSCRIPTIONS	160.
INSURANCE	4,487.
PROFESSIONAL FEES	65,005.
PROGRAM EXPENSE	203.
PROMOTION / ADVERTISING	3,000.
RECRUITING	89.
SECURITY / ALARMS	65.
TEMPORARY STAFF - TAX SEASON	20,980.
TRAINING	80.
MEALS & ENTERTAINMENT	2,943.
COMPUTER / IT EXPENSE	9,282.
TOTAL	<u>119,015.</u>

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	21,675.	107,862.
TOTALS	<u>21,675.</u>	<u>107,862.</u>

ATTACHMENT 4

FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
GRANTS RECEIVABLE	8,500.	0
PREPAID EXPENSE	1,280.	1,044.
TOTALS	<u>9,780.</u>	<u>1,044.</u>

ATTACHMENT 5

FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS PAYABLE	1,458.	1,808.
DUE TO CHECKSPRING	209.	0.
UNEARNED REVENUE	0.	20,000.
TOTALS	<u>1,667.</u>	<u>21,808.</u>

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE MISSION OF THE ORGANIZATION IS TO BE A PRIMARY DRIVER OF INNOVATIVE FINANCIAL CHOICES IN UNDERSERVED COMMUNITIES BY PROVIDING LOW INCOME RESIDENTS WITH ACCESS TO AFFORDABLE FINANCIAL PRODUCTS, SERVICES AND FINANCIAL EDUCATION. ARIVA STRIVES TO HELP OUR CLIENTS MOVE TOWARDS GREATER ECONOMIC SECURITY AND FINANCIAL SELF-SUFFICIENCY, THROUGH INNOVATION AND ACCESS.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTSATTACHMENT 7PROGRAM SERVICE ACCOMPLISHMENT 1

ARIVA PARTICIPATES IN VITA- AN IRS VOLUNTEER INCOME TAX ASSISTANCE PROGRAM WHEREBY FREE INCOME TAX PREPARATION IS AFFORDED TO LOW INCOME INDIVIDUALS WHO DON'T HAVE THE MEANS TO PAY OR AVAILABILITY OF QUALIFIED PREPARERS. DURING 2009, ARIVA OPERATED 6 TAX SITES IN LOW-INCOME AREAS AND PREPARED 6,200 INCOME TAX RETURNS ASSISTING CLIENTS IN OBTAINING \$9,981,113 IN INCOME TAX REFUNDS.

ATTACHMENT 8PROGRAM SERVICE ACCOMPLISHMENT 3

FINANCIAL EMPOWERMENT INITIATIVE- FOCUS ON PROVIDING THE EDUCATION, OPPORTUNITIES AND HAND HOLDING FOR LOW WEALTH AND FINANCIALLY CHALLENGED HOUSEHOLDS ON ASSET BUILDING AND ACCUMULATION, FINANCIAL PRODUCTS, FINANCIAL SECURITY, \$AVE ACCOUNTS FOR EITC RECIPIENTS, COUNSELING SESSIONS, AND DEBIT CARD ACCESS. THESE \$AVE ACCOUNTS WERE AN INCENTIVE MATCHED ACCOUNT WHEREBY THE CLIENT RECEIVED A 50% MATCH, UP TO \$250 IF THEY SAVED A PORTION OF THEIR TAX REFUND FOR ONE YEAR WITH BANK PARTNERS.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 9

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

NAME AND ADDRESS

COMPENSATION

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS

EXPENSE ACCT. AND OTHER ALLOWANCES

KELLY DILLON 69 EAST 167TH STREET BRONX, NY 10452	BOARD CHAIR 15.00	0.	0.	0.
MICHAEL SCHWARTZ 69 EAST 167TH STREET BRONX, NY 10452	DIRECTOR 5.00	0.	0.	0.
MADELINE MARQUEZ 69 EAST 167TH STREET BRONX, NY 10452	CORPORATE SECRETARY 5.00	0.	0.	0.
BRYAN JANECKZO 69 EAST 167TH STREET BRONX, NY 10452	TREASURER 5.00	0.	0.	0.
ADAM LIPP 69 EAST 167TH STREET BRONX, NY 10452	DIRECTOR 5.00	0.	0.	0.
GRAND TOTALS				
		0.	0.	0.

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file) Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization ARIVA INC	Employer identification number 32-0028598
	Number, street, and room or suite no. If a P.O. box, see instructions 69 EAST 167TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions BRONX, NY 10452	

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

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

• The books are in the care of ► KELLY DILLON

Telephone No ► 718 292-2983 FAX No ► _____

- 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 will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- calendar year 2009 or
- tax year beginning _____, _____, and ending _____, _____

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

3a 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	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a. 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 instructions.	3c	\$	0.

Caution If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- 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 ARIVA INC	Employer identification number 32-0028598
	Number, street, and room or suite no. If a P O box, see instructions 69 EAST 167TH STREET	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions BRONX, NY 10452	

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 (sec 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 the care of **KELLY DILLON**
Telephone No 718 292-2983 FAX No
- 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 11/15/2010

5 For calendar year 2009, or other tax year beginning _____ and ending _____

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 ALL INFORMATION REQUIRED TO FILE A COMPLETE A ACCURATE RETURN IS NOT YET AVAILABLE.

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 \$	0.
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 \$	0.
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 instructions	8c \$	0.

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 MARCUM LLP CN Date 8/6/10

MARCUM LLP
10 MELVILLE PARK RD
MELVILLE, NY 11747