Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047 2006

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Α	For t	he 2006 calend	= 2006 calendar year, or tax year beginning $9/01$, 2006, and ending $8/31$, 2007						
В	Check	eck if applicable.							D Empl	oyer Identification	Number		
	A	Address change Please use IRANIAN SCHOLARSHIP FOUNDATION 2								20	-3100594		
	\square_{N}	ame change		PO BOX 7531	~~ ^					E Telep	hone number		
	Initial return see-cific MENLO PARK, CA 94026-7531						65	0-331-050	3				
	Fi	inal return	instruc- tions.							F Acco	unting X c	ash	Accrual
	Па	mended return									Other (specify)	L	ı
	П	pplication pending	Section	on 501(c)(3) organiza	ations and 494	7(a)(1) nonexempt	Ti-	l and l	are not applic		ction 527 organizati	ons.	
			charit	able trusts must att	ach a complete	d Schedule A		1 (a)	Is this a grou	p return fo	r affiliates?	Yes	X No
_			•	990 or 990-EZ).				(b)	If 'Yes,' enter	r number o	f affiliates	_	_
G	Web	site: WWW.	ıranıa	nscholarships	s.com	· · · · · · · · · · · · · · · · · · ·	ŀ	ł (с)			ed?	Yes	No
J	Orga	anization type		豆					•		ee instructions.)		
		ck only one)			◀ (insert no.)	4947(a)(1) or			Is this a sepa		n filed by an a group ruling?	٦.	T.
K				ization is not a 509(a not more than \$25,0								Yes	X No
	orga	nization choose	es to file	a return, be sure to	file a complete	return.	ļ				Number • organization is no	t roquire	4
L	Gross	s receipts: Add I	lines 6h 8	b, 9b, and 10b to line	12 ▶ 457	830	── '				; organization is no Form 990, 990-EZ,		
PHILIPPIN STATE	rt I			ses, and Chang			Ralani						· <i>/</i> ·
100.000	1			ents, and similar am			- CICIII	-	(CCC tric	motra			
	_			advised funds			1a						
				not included on line			-		450	,868.			
		•		(not included on line	•					, , , , , , , , , , , , , , , , , , , ,			
				ons (grants) (not incl									
	е	Total (add lines	sh \$	425,344.	noncash \$	25,524	(. :				1 e	450,	868.
	2	Program serv	ice reven	ue including governr	nent fees and o	contracts (from Par	— rt VII, I	ine 9	3)		2	<u>.</u>	
	3	Membership of	dues and	assessments							3		
	4			I temporary cash inv							4	6,	962.
	5	Dividends and	d interest	from securities							5		
	6a	Gross rents					6a						
				oss). Subtract line 6							6c		
R	7	Other investm	nent incor	ne (describe	>)	7		
REVENU	8.a	Gross amount	t from sal	es of assets other		(A) Securities			(B) Othe	r .			
E N	"						8a						
E	b	Less: cost or	other bas	is and sales expens	es		8b						
				e)			8c						
				bine line 8c, column						<u>.,</u>	8d		
				ivities (attach sched				ck he	re ►				
	a			luding \$			9a						
	h	•	•	 other than fundraisin			9b						
				om special events. S							9 c		
				y, less returns and a							30		
				d									
				les of inventory (attach so							10 c		
	11		-	art VII, line 103)	•						11		
	12			es 1e, 2, 3, 4, 5, 6c,							12	457.	830.
	13			line 44, column (B)							13		734.
X	14										14		016.
P	15							15		490.			
EXPENSES	16			(attach schedule)							16		<u> </u>
S	17			nes 16 and 44, colur							17	377.	240.
	18	Excess or (de	ficit) for t	he year. Subtract lin	e 17 from line	12					18		590.
N S	19			inces at beginning o							19		237.
N S E E T	20										20	······································	
Ś	21	Other changes in net assets or fund balances (attach explanation)								21	330,	827.	

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	a Grants paid from donor advised funds (attach sch)				al a service and a service	
	(cash \$					
	non-cash \$) If this amount includes					
00	foreign grants, check here	22 a				
22	b Other grants and allocations (att sch) See Str (cash \$ <u>276,734.</u>	1 1				
	non-cash \$)				Statement of the statem	
	If this amount includes foreign grants, check here ▶	22 b	276,734.	276,734.		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members					
25	(attach schedule)a Compensation of current officers,	24			7782	
	directors, key employees, etc listed in Part V-A (attach sch).	25 a	0.	0.	0.	0.
ı	Compensation of former officers, directors, key employees, etc listed in					
	Part V-B (attach sch)c Compensation and other distributions, not	25 b	0.	0.	0.	0.
	included above, to disqualified persons (as defined under section 4958(f)(1)) and persons					
	described in section 4958(c)(3)(B) (attach schedule)	25 c	0.	0.	0.	0.
26	Salaries and wages of employees not included on lines 25a, b, and c	26				
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27	28				
29	Payroll taxes	29				
30 31	Professional fundraising fees	30 31				
32	Legal fees	32				
33	Supplies	33	825.		825.	
34	Telephone	34				
35 36	Postage and shipping Occupancy	35 36	937.		937.	
37	Equipment rental and maintenance	37				
38	Printing and publications	38	8,174.		8,174.	
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42 43	Depreciation, depletion, etc (attach schedule) Other expenses not covered above (itemize):	42				
а	See Statement 2	43 a	90,570.		10,080.	80,490.
b		43 b			,	
C		43 c				
C		43 d				
e		43e				
1		43 f				
g		43 g				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	377,240.	276,734.	20,016.	80,490.
	Costs. Check.			p		. —
Are a	any joint costs from a combined educationals, enter (i) the aggregate amount of these	joint	costs \$; (ii) the ai	mount allocated to Prog	ram services
_	; (iii) the amount allo	ocated	to Management and ge	neral \$; and (iv) the	e amount allocated
BAA	, , , , , , , , , , , , , , , , , , , ,		TEEA0102L 01	/23/07		Form 990 (2006)

Part III Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

needs make sure the return is complete and accurate and fully describes, in Fait III, the organization's programs and accomplishments.
What is the organization's primary exempt purpose? ► <u>Education/Culture</u> Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but options and 4947(a)(1) trusts; but optional for others.)
a The Iranian scholarship foundation identifies the best and brightest
Iranian students who are in need of financial assistance and provides
them with the means to reduce financial burden while encouraging
community service.
(Out to and all and the college of t
(Grants and allocations \$ 276,734.) If this amount includes foreign grants, check here . ► 276,734.
~
(Grants and allocations \$) If this amount includes foreign grants, check here ▶
c
(Grants and allocations \$) If this amount includes foreign grants, check here ▶
d
(Grants and allocations \$) If this amount includes foreign grants, check here ▶
e Other program services
(Grants and allocations \$) If this amount includes foreign grants, check here ▶
f Total of Program Service Expenses (should equal line 44, column (B), Program services)

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Form 990 (2006)

Pa	irt I	Balance Sheets (See the instructions.)			rage -
No	te:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash – non-interest-bearing	2,298.	45	7,252.
	46	Savings and temporary cash investments	247,939.	46	222,575.
	47 :	Accounts receivable			
] ı	Less: allowance for doubtful accounts		47 c	
	18:	a Pledges receivable			
		D Less: allowance for doubtful accounts		40	
	49	Grants receivable		48c	
		Γ		49	
	50	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a	
Α	ŀ	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 b	
A S E T	51 a	Other notes and loans receivable (attach schedule)			
s		Less: allowance for doubtful accounts 51 b		51 c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
		n Investments — publicly-traded securities		54a	
		n Investments – other securities (attach sch)		54 b	
	55 a	Investments – land, buildings, & equipment: basis 55 a			
	Ł	D Less: accumulated depreciation (attach schedule)		55 c	
	56	Investments – other (attach schedule)See. Stmt.3		56	101,000.
	57 a	Land, buildings, and equipment: basis			
	Ŀ	Less: accumulated depreciation (attach schedule)		57 c	
	58	Other assets, including program-related investments			
		(describe ►)		58	
	59	Total assets (must equal line 74). Add lines 45 through 58	250,237.	59	330,827.
	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61	
Ļ	62	Deferred revenue		62	
Ā	63	Loans from officers, directors, trustees, and key			
Ļ	CA-	employees (attach schedule)		63	
Ť		Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach schedule)		64a	
E S	65	-		64 b	
-	66	Other liabilities (describe) Total liabilities. Add lines 60 through 65	0.	66	0.
		anizations that follow SFAS 117, check here X and complete lines 67	0.	00	
ZE	5	through 69 and lines 73 and 74.			
	67	Unrestricted	250,237.	67	330,827.
₹ SSETS	68	Temporarily restricted		68	3307027.
Ţ	69	Permanently restricted		69	
O R	Orga	anizations that do not follow SFAS 117, check here and complete lines			
F		70 through 74.			
OZC	70	Capital stock, trust principal, or current funds		70	
- 1	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
Ā	72	Retained earnings, endowment, accumulated income, or other funds		72	
BALAZCE の	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through			
É		72. (Column (A) must equal line 19 and column (B) must equal line 21)		73	330,827.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	250,237.	74	330,827.

	rm 990 (2006) IRANIAN SCHOLARS			20-31	
P	art IV-A Reconciliation of Revenu instructions.)	ie per Audited Financia	l Statements with	Revenue per Retur	'n (See the
a b	Total revenue, gains, and other support Amounts included on line a but not on F		ents	a	457,830.
	1 Net unrealized gains on investments	•	b1		
	2Donated services and use of facilities		b2		
	3 Recoveries of prior year grants				
	4Other (specify):				
С	Add lines b1 through b4				
d	Amounts included on Part I, line 12, but				457,630.
-	1 Investment expenses not included on P		d1		
	2Other (specify):				
			d2		
	Add lines d1 and d2			<u>d</u>	
e	Total revenue (Part I, line 12). Add line art IV-B Reconciliation of Expens	s c and d	al Ctatavaanta:th	► e	
	alt w-ba Recollemation of Expens	es per Audited Financi	ai Statements with	Expenses per Ret	urn
а	Total expenses and losses per audited t	financial statements		a	377,240.
b	Amounts included on line a but not on F			•	3777210.
	1 Donated services and use of facilities	· · · · · · · · · · · · · · · · · · ·	b1		
	2Prior year adjustments reported on Part				
	3 Losses reported on Part I, line 20				
	4Other (specify):				
	Add lines b1 through b4				
С	Subtract line b from line a				377,240.
d	Amounts included on Part I, line 17, but				311,240.
	1 Investment expenses not included on Pa		d1		
	2Other (specify):				
			d2		
	Add lines d1 and d2				
e D	Total expenses (Part I, line 17). Add lin	es c and d	*	▶ e	377,240.
	Current Officers, Director or key employee at any time du	ining the year even in they wer	re not compensated.) (n person who was an of See the instructions.)	ficer, director, trustee,
	(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 plans	(E) Expense account and other allowances
A	ZADEH HARIRI	CEO	0.	0.	0.
	69 TRINITY DRIVE	10			
	ENLO PARK, CA 94025				
	CHDI_SAFIPOUR	Secretary-Treas	0.	0.	0.
	09 OAKLAND PLACE OS GATOS, CA 94027	20			
<u> </u>	JS GATUS, CA 94027				

	•					
Form 990 (2006) IRANIAN SCHOLARSHIP F	OUNDATION		20-3100	1594	F	age (
Part V-A Current Officers, Directors, Tru		nployees (continue			Yes	No
75 a Enter the total number of officers, directors, and trustees p	permitted to vote on organizati	on business as board meetin	gs. ► 7			
b Are any officers, directors, trustees, or key en listed in Schedule A, Part I, or highest comper A, Part II-A or II-B, related to each other throus identifies the individuals and explains the rela	nsated professional and ugh family or business	d other independent co relationships? If 'Yes.'	ntractors listed in Sched	yees dule 75 b		Х
c Do any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest compe A, Part II-A or II-B, receive compensation fron to the organization? See the instructions for the	nsated professional and n any other organization ne definition of 'related	d other independent co ns, whether tax exemp organization'.	st compensated employ ntractors listed in Scheo t or taxable, that are rel	ees dule lated 75 c		Х
If 'Yes,' attach a statement that includes the in						
d Does the organization have a written conflict of	of interest policy?			75 d		
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, direct during the year, list that person below a the instructions.)	or, trustee, or key emp	lovee received compen	sation or other benefits	(described	helow) e
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Ex account a allow		her
None						
Part VI Other Information (See the insti	ructions)				Yes	No
76 Did the organization make a change in its acti	vities or methods of co	nducting activities?		76	162	
77 Were any changes made in the organizing or o	governing documents b					X
If 'Yes,' attach a conformed copy of the chang78a Did the organization have unrelated business of blf 'Yes,' has it filed a tax return on Form 990-T	gross income of \$1,000				N/	X 'A
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	n, or substantial contra	action during the			,	Х
80 a Is the organization related (other than by asso membership, governing bodies, trustees, office b If 'Yes,' enter the name of the organization ►	ers, etc, to any other ex	cempt or nonexempt or	ation) through common ganization?	80a		X
	and ch	eck whether it is e	xempt or nonexer	npt.		

TEEA0106L 01/18/07

b Did the organization file **Form 1120-POL** for this year?....

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81 b

Form **990** (2006)

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Financial Accounts.

If 'Yes,' enter the name of the foreign country...

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and

		Form 990 (2006) IRANIAN SCHOLARSHIP FOUNDATION 20-310059						
	VI Other Information (continu	•						Yes No
c /	At any time during the calendar year, di	d the organiza	ation n	naintain an office	outside of the	United States?	91	c X
	f 'Yes,' enter the name of the foreign coun							
	Section 4947(a)(1) nonexempt charitabl							/A ► 🗀
	and enter the amount of tax-exempt into	erest received	or acc	crued during the	tax year	▶ 92		N/A
Part	VII Analysis of Income-Produ	cing Activit	ies (See the instru	ctions.)			
		Unrelate	d busir	ness income	Excluded by s	ection 512, 513, or 514		/= \
	Enter gross amounts unless vise indicated.	(A)		(B)	(C)	(D)	Related	(E) or exempt
		Business code		Amount	Exclusion code	Amount	functio	n income
93	Program service revenue:							
ā								
ŀ	0							
C	d							
)							
	Medicare/Medicaid payments							
	Fees & contracts from government agencies							
94	Membership dues and assessments.							
95	Interest on savings & temporary cash invmnts .							6,962.
96	Dividends & interest from securities.							
97	Net rental income or (loss) from real estate:							
	debt-financed property							
	not debt-financed property							
98	Net rental income or (loss) from pers prop						<u> </u>	
99	Other investment income							
100	Gain or (loss) from sales of assets other than inventory							
101	Net income or (loss) from special events							
102	Gross profit or (loss) from sales of inventory							
103	Other revenue: a							
t								
C								
C								
е								
	Subtotal (add columns (B), (D), and (E))							6,962.
	Total (add line 104, columns (B), (D),							6,962.
	Line 105 plus line 1e, Part I, should equ							
	VIII Relationship of Activities t							
Line	LEXPLAIN NOW CACH ACTIVITY TO WITH	h income is re	porte	d in column (E) c	f Part VII contri	buted importantly to the	e accompli	shment
NT / 7\	of the organization's exempt purp	oses (other th	all by	providing funds i	or such purpose	es).		
N/A								
Part	IX Information Regarding Tax	able Subsid	diarie	es and Disren	arded Entitie	See the instruct	tions)) .
	(A)	(B)	Jiuiic	C)		(D)		
NI-			,			· · · · · · · · · · · · · · · · · · ·		(E)
iva	me, address, and EIN of corporation, partnership, or disregarded entity	Percentage ownership int		Nature of	activities	Total income		of-year sets
N/A	p-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a	- Sunsyone in	%			moonic		3013
			8					
			8					
			- %					
Part	X Information Regarding Tra	nsfers Ass		ed with Perso	nal Benefit (Contracts (See the	instructi	ons)
	id the organization, during the year, receive any fu							X No
	Did the organization, during the year, pa							X No
	te: If 'Yes' to (b), file Form 8870 and Fo				,			
BAA			,, , ,			TEE A 0.1.001 0.4/0.4/0	7 Form	990 (2006)

Page 8

Fal	(AI	intormatio organizatio	n Regarding Transfers To ar on is a controlling organizatio	nd From Controlle In as defined in se	d Entities. Com ction 512(b)(13	plete only if th).	e		
, , , , , , , , , , , , , , , , , , , ,								Yes	No
106	Did 'Ye	the reporting o	organization make any transfers to a e schedule below for each controlle	a controlled entity as d d entity	lefined in section 5	12(b)(13) of the Co	ode? If		Х
		Nam C	(A) e, address, of each controlled entity	(B) Employer Identificat Number	ion Desc	(C) ription of ansfer	(D) Amount of transfer		
а						-			
b									
С									
			Totals						
								Yes	No
107	Did 'Ye:	the reporting o	organization receive any transfers fr e schedule below for each controlled	om a controlled entity d entity	as defined in section	on 512(b)(13) of th	e Code? If		X
	(A) Name, address, of each controlled entity		(B) Employer Identificati Number	ion Desc.	(C) ription of ansfer	(D) Amount of transfer		sfer	
а									
b									
С									
			Totals						
108	Did ann	the organizatio uities described	n have a binding written contract in d in question 107 above?	effect on August 17, 2	2006, covering the i	nterest, rents, roy	alties, and	Yes	No X
Plea Sign Here	se	Signature of of		rn, including accompanying scient is based on all information	chedules and statements, on of which preparer has a	and to the best of my kr any knowledge. Date	nowledge and b	pelief, it is	;
		Type or print n	ame and title.		Date		renarer's SSNI	or PTINI A	Saa
Paid Pre-		Preparer's signature	Non-Paid Preparer		Date	Check if self-employed	eparer's SSN e eneral Instructi	on W)	Jee
pare Use		Firm's name (or yours if self-	ACCOUNT OF THE PARTY OF THE PAR						
Only		employed), address, and ZIP + 4				Phone no.			
BAA							Form	990 C	2006)

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

2006

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

IRANIAN SCHOLARSHIP FOUNDATION			20-3100594	number
Part I Compensation of the Five Hig (See instructions. List each on	hest Paid Employees Oth e. If there are none, ente	ner Than Officers		d Trustees
(a) Name and address of each employee paid more than \$50,000	(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				
Part II — A Compensation of the Five Hig	hest Paid Independent C	ontractors for Pr	ofessional Sen	vices
(See instructions. List each on (a) Name and address of each independent contra		(b) Type of	····································	(c) Compensation
None				
Fotal number of others receiving over				
Part II — B Compensation of the Five Hig	hest Paid Independent C		her Services	
(List each contractor who performs. If there are none, enter	ormed services other than	professional ser	vices, whether	individuals or
(a) Name and address of each independent contra	actor paid more than \$50,000	(b) Type o	of service	(c) Compensation
None				
Fotal number of other contractors receiving	(

Pa	Statements About Activities (See instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid		
	or incurred in connection with the lobbying activities \simple \bigs_ N/A		l
	(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.).		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
	a Sale, exchange, or leasing of property?		Х
	b Lending of money or other extension of credit?		Х
	c Furnishing of goods, services, or facilities?		X
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
	e Transfer of any part of its income or assets?		Х
3	a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)		Х
	b Did the organization have a section 403(b) annuity plan for its employees?		X
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement		X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4	a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g		X
	b Did the organization make any taxable distributions under section 4966?4b	N,	<u>'A</u>
	c Did the organization make a distribution to a donor, donor advisor, or related person?4c	N	<u>'A</u>
	d Enter the total number of donor advised funds owned at the end of the tax year▶		N/A
(e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/A
1	f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0
,	g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶		0.

Part IV Rea	son for Non-Private	Foundation Status (See instructions.)						
I certify that the org	ganization is not a private	foundation because it is:	(Please check only ONE ap	oplicable bo	x.)				
5 A church,	convention of churches,	or association of churches	s. Section 170(b)(1)(A)(i).						
6 A school.	Section 170(b)(1)(A)(ii).	(Also complete Part V.)							
7 A hospital	l or a cooperative hospita	l service organization. Sec	ction 170(b)(1)(A)(iii).						
8 A federal,	8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).								
9 A medical		perated in conjunction with	n a hospital. Section 170(b)	(1)(A)(iii). E	nter the hos	pital's name, city,			
10 An organi. (Also com	zation operated for the be plete the Support Sched	enefit of a college or unive ule in Part IV-A.)	ersity owned or operated by	a governm	ental unit. Se	ection 170(b)(1)(A)(iv).			
11a X An organiz	zation that normally recei 70(b)(1)(A)(vi). (Also com	ives a substantial part of it uplete the Support Schedu	ts support from a governme I le in Part IV-A.)	ental unit or	from the ger	neral public.			
11b A commun	nity trust. Section 170(b)((1)(A)(vi). (Also complete t	the Support Schedule in Pa	art IV-A.)					
from active from gross organization	from activities related to its charitable, etc, 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). (Also complete the Support Schedule in Part IV-A.)								
An organiz requireme	An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ►								
Type I			onally Integrated Tout the supported organiz	Type III)			
	(a)) of supported nization(s)	(b) Employer identification number (EIN)	1	ls the su organization	d) upported on listed in porting zation's	(e) Amount of support			
•				Yes	No				
						,,,,			
		·							
Total		1				0.			
	-1:					0.			
14 An organiz	zation organized and opei	rated to test for public safe	ety. Section 509(a)(4). (See			990 or 990-FZ) 2006			

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note	: You may use the worksheet in ti	he instructions for co	overting from the acc	crual to the cash me	thod of accounting.	
begi	ndar year (or fiscal year nning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	334,728.				334,728.
16	Membership fees received					0.
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose.					0.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.		·			0.
19	Net income from unrelated business activities not included in line 18					0.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					0.
	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.
	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0.
23	Total of lines 15 through 22	334,728.				334,728.
24	Line 23 minus line 17					334,728.
25	Enter 1% of line 23					
26	Organizations described on lines			column (e), line 24		6,695.
b	Prepare a list for your records to show the supported organization) whose total gifts f return. Enter the total of all these excess a	or 2002 through 2005 excee	ded the amount shown in	line 26a Do not file this	list with vour	
	Total support for section 509(a)(1) test: Enter line 24,	column (e)		▶ 26c	334,728.
d	Add: Amounts from column (e) for	or lines: 18		19 26 b		
	Public support (line 26c minus lin	22		260		334,728.
	Public support percentage (line 2				·	
27	Organizations described on line	12: N/A	ica by line 200 (dent	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	201	100.00 %
а	For amounts included in lines 15, name of, and total amounts receisuch amounts for each year:	16, and 17 that were ved in each year fron	n, each 'disqualified	person.' Do not file t	this list with your retu	rn. Enter the sum of
	(2005)					
	For any amount included in line 1 to show the name of, and amoun \$5,000. (Include in the list organi. After computing the difference be differences (the excess amounts)	t received for each ye zations described in l tween the amount re for each vear:	ear, that was more the ines 5 through 11b, a ceived and the large	nan the larger of (1) as well as individuals r amount described	the amount on line 25 s.) Do not file this list in (1) or (2), enter the s	for the year or (2) with your return. sum of these
_	Add: Amounts from column (a) for	(∠UU4)	(2003) _		(2002)	
C	(2005) Add: Amounts from column (e) for 17 Add: Line 27a total	ମ ମାମତର. I ପ ୁମ		21	27.0	
d	Add: Line 27a total	20	d line 27h total		27d	
6	Public support (line 27c total min	us line 27d total)			▶ 27 a l	
f	Total support for section 509(a)(2) test: Enter amount	from line 23, column	ı (e) ► 27f		
g	Public support percentage (line 2	27e (numerator) divid	ed by line 27f (deno	minator))	▶ 27g	%
	Investment income percentage (I					
28	Unusual Grants: For an organiza list for your records to show, for enature of the grant. Do not file th	tion described in line each year, the name o is list with your retur	10, 11, or 12 that re of the contributor, the n. Do not include the	ceived any unusual on the ceived and amount of the ceived and amount of the ceived and the ceive	grants during 2002 thro of the grant, and a brie	ough 2005, prepare a f description of the

<i>300-11</i>	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	. 29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	. 30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	. 31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)	_		
	Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff?	-		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?			
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?			
	d Copies of all material used by the organization or on its behalf to solicit contributions?	. 32 d		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
33	Does the organization discriminate by race in any way with respect to:	-		
	a Students' rights or privileges?	. 33a		
	b Admissions policies?	. <u>33 b</u>		
	c Employment of faculty or administrative staff?	. 33c		
	d Scholarships or other financial assistance?	. 33d		
	e Educational policies?			
	f Use of facilities?			
	g Athletic programs?			
	h Other extracurricular activities?	. 33h		
	In your answered. Test to any or the above, please explain. (If you need more space, attach a separate statement.)			
34	a Does the organization receive any financial aid or assistance from a governmental agency?	. 34a		
	b Has the organization's right to such aid ever been revoked or suspended?	. 34b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No.' attach an explanation	. 35		

		-EZ) 2006 IRANIA	N SCHOLARSHIP	FOUNDATION			Schedule A (Form 990 or 990-EZ) 2006 IRANIAN SCHOLARSHIP FOUNDATION 20-3100594 Page 6								
Par		cpenditures by Ele ed ONLY by an eligible							N/A						
Chec	ck ► a if the organi	zation belongs to an af	filiated group. Check	ເ►b if you	check	ed ' a ' and '	limited (cont	rol' provisions a	pply.					
		imits on Lobbying	•	ed.)		Affiliate	a) d group als)	(b) To be comp for all elec organizati	ting					
36	Total lobbying expendit	ures to influence public	opinion (grassroots lo	bbying)	36										
37	Total lobbying expendit	ures to influence a legis	slative body (direct lobl	bying) [37										
38	Total lobbying expendit	ures (add lines 36 and	37)	[38										
39	39 Other exempt purpose expenditures														
40	Total exempt purpose e	expenditures (add lines	38 and 39)	[40										
41	Lobbying nontaxable ar	nount. Enter the amour	nt from the following ta	ble –											
	If the amount on line 40) is — The	lobbying nontaxable a	amount is —											
	Not over \$500,000 Over \$500,000 but not over \$1	,000,000 \$100,	000 plus 15% of the excess	over \$500,000	47										
	Over \$1,000,000 but not over \$	41													
	Over \$1,500,000 but not over \$		•	1 1											
40	Over \$17,000,000	• •	•	F	40										
	Grassroots nontaxable	•	•	F	42										
43	Subtract line 42 from lin			F	43										
44	Subtract line 41 from lin			la de la companya de	44										
	Caution: If there is an a														
	(Some organ	izations that made a se	Averaging Period ection 501(h) election de the instructions for li	lo not have to com	nplete	(h) all of the fi	ive colu	mns	below.						
			Lobbying Expen	ditures During 4 -	Year /	Averaging I	Period								
	Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004					(e) Total						
45	Lobbying nontaxable amount							annera Convenio							
46	Lobbying ceiling amount (150% of line 45(e))	100 1886 100 100 100 100 100 100 100 100 100 10		and the same of											
47	Total lobbying expenditures														
48	Grassroots non-	1		1	1				1						
_	taxable amount														
49															
50	Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures														
50 Par	Grassroots ceiling amount (150% of line 48(e))								N/A						
50 Par	Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures	nization attempt to influ	ence national, state or	local legislation,	includ		Yes	No	N/A Amoun						
50 Par During atter	Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures tVI-B Lobbying Active (For reporting of the year, did the organ	nization attempt to influ pinion on a legislative n	ience national, state or natter or referendum, t	local legislation, hrough the use of	includ :		Yes	No		ì					
50 Par During atter	Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures t VI-B Lobbying Activities (For reporting of the year, did the orgampt to influence public of	nization attempt to influ pinion on a legislative n	uence national, state or natter or referendum, t	local legislation, hrough the use of	includ :	ling any	Yes	No		l Company					
50 Pari	Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures t VI-B Lobbying Active (For reporting of the year, did the organpt to influence public on a Volunteers	nization attempt to influ pinion on a legislative n ent (Include compensat	nence national, state or natter or referendum, t ion in expenses report	local legislation, hrough the use of ed on lines c throu	includ : ugh h.	ing any)	Yes	No		t					
During atter	Grassroots ceiling amount (150% of line 48(e)) Grassroots lobbying expenditures t VI-B Lobbying Ac (For reporting of the year, did the organet to influence public of a Volunteers D Paid staff or management	nization attempt to influ pinion on a legislative n ent (Include compensat	nence national, state or natter or referendum, t ion in expenses report	local legislation, hrough the use of ded on lines c throu	includ : ugh h.	ing any)	Yes	No		t					

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did th	e reporting organization Code (other than section	directly or in 501(c)(3)	ndirectly engage in any of the follow organizations) or in section 527, rela	ring with any other organization describe ating to political organizations?	∍d in secti	on 50	1(c)
a Trans	fers from the reporting o	rganization	to a noncharitable exempt organizat	ion of	1	Yes	No
					51 a (i)	163	X
(ii)O	ther assets				a (ii)		X
	transactions:				a (11)		
(i)S	ales or exchanges of ass	ets with a r	noncharitable exempt organization		b (i)	İ	Х
(ii)Pi	urchases of assets from	a noncharit	able exempt organization		b (ii)		X
(iii)R	ental of facilities, equipm	ent or othe	er assets				X
					b (iii)		X
					b (iv)		X
(vi)P	erformance of services o	r memhersł	oin or fundraising solicitations		b (v)		X
					1 1		X
d If the	answer to any of the abo	ove is 'Yes,'	complete the following schedule. Co	olumn (b) should always show the fair no organization received less than fair ma goods, other assets, or services received	c	ue of	
any tr	ansaction or sharing arra	angement, s			iket value	. 111	
Line no.	Amount involved	Name of	(c) noncharitable exempt organization	Description of transfers, transactions, and s	sharing arrar	igement	:S
N/A							
					,		
							
aescrii	organization directly or i bed in section 501(c) of i	the Code (o	iliated with, or related to, one or mo ther than section 501(c)(3)) or in sec	re tax-exempt organizations ttion 527?	► Yes	: X	No
B 11 103	(a)	scriedule.	(b)	(a)			
	Name of organization		Type of organization	(c) Description of relations	ship		
N/A							
14/ 21							
λ Λ (

2006	Federal State	nents		Page 1
Client I209	RANIAN SCHOLARSHIP	FOUNDATION		20-3100594
Statement 1 Form 990, Part II, Line 22b Other Grants and Allocations Cash Grants and Allocations Class of Activity: Donee's Name: Donee's Address: Amount Given:	SCHOLARSHIP Please See At Please See At	tached Schedu		\$ 276,734. \$ 276,734.
Statement 2 Form 990, Part II, Line 43 Other Expenses				
	(A) Total	(B) Program Services	(C) Management <u>& General</u>	(D) Fundraising
Advertising Auction Item Purchased Bank and Credit Card Charges Fundraising Expenses Gifts Insurance Office	2,100. 34,662.		2,100. 2,429. 800. 750. 787.	34,662. 31,063.
Student Dining Student lodging Student Transportation Utilities Web Design	582. 2,861. 11,322. 214. 3,000. Sotal \$ 90,570.	<u> </u>	214. 3,000. \$ 10,080.	582. 2,861. 11,322.
Statement 3 Form 990, Part IV, Line 56 Investments - Other				
Description of In	vestment	Valuat Meth		Book Value
Bonds		Cost	Total \$	101,000. 101,000.

Conedule Of	Scholarships 8/31/2						
						-	
First Name	Last Name	Address	City	State	Zip	Δn	nount
			- City	Otate	<u> </u>	All	Tourit
Babak	AminiTehrani	15531 Woodruff Ave #10	Bellflower	CA	90706	\$	7,00
Babak	Ghafarzade	14420 SW Yearling Way	Beaverton	OR	97008	\$	7,00
Fareed	Mostoufi	University Hall	New York	NY	10014	\$	7,00
Golnaz	Mohmodieh	346 Pomona Ave	El Cerrito	CA	94530	\$	3,00
Hamed	Hameedifar	1093 Petroni Wy	Sab Jose	CA	95120	\$	5,00
Mani	Akhtari	2212 San Gabriel St.	Austin,	TX	78705	\$	5,000
Marty	Rod	19513 Enadia way	Reseda	CA	91335	\$	10,000
Parisa	Manteghi	935 Avondale Court	Walnut Creek	CA	94596	\$	7,000
Ramona	Sabbaghian	2855 Pinecreek Dr. Apt. # E4		CA	92626	\$	7,000
Sepehr	keyhani	Cunningham 112	Berkeley	CA	94720	\$	10,000
Shaddy	Javadinejad	2201 channing way #4	Berkeley	CA	94704	\$	10,000
Shadi ,	Sedighzadeh	9611 Keokuk Ave	Chatsworth	CA	91311	\$	5,000
Shahrzad	Abbasi-Rahbar	2572 Virginia St.	Berkeley	CA	94709	Φ.	10,000
Sheena	Shirakhan	6301 Lerner Hall	New York	NY	10027	\$	10,000
Yalda	Shahram	515 Kelton Ave Apt. M-17	Los Angeles	CA	90024	\$	7,000
Anahita	Sabaghian	30041 Tessier St # 62		CA		<u> </u>	
Aram	Khadivi	4355 Sepulveda Blvd. Apt # 3	Laguna Niguel		92677	\$	7,000
David Reza	Lari	218 Bradbury Lane		CA	91403	\$	7,000
Diba	Mani	11896 Wyandot Circle	Redwood City	CA	94061	\$	7,000
Farid	Jalali	112 38th St	Westminister Vienna	CO	80234	\$	5,000
Farnaz	Jafari	6380 White Stone Place		WV	26105	\$	5,000
Jessica	Haroonian		Duluth	GA	30097	\$	5,000
Mitra	Akhtari	1821 South Bentley Ave # 101 Ehrman 805		CA	90025	\$	3,500
Mohammad	Moridnia	1203 Park Knoll Lane	Berkeley,	CA	94720	\$	8,000
Navid	Golshan		Katy	TX	77450	\$	5,000
Neagheen	Homaifar	11642 Viking Ave.	Northridge,	CA	91326	\$	7,000
Neekaan		2610 Quaker Landing Road 1494 Bittern Drive	Greensboro	NC	27455	\$	2,000
Negar	Oshidarry Yaghooti		Sunnyvale	CA	94087	\$	2,000
Nina		17108 Minnehaha St.	Granada Hills	CA	91344	\$	10,000
Roxana	Pedrad	42 Cedar Tree Lane	Irvine	CA	92612	\$	3,000
Roxana	Ghashghaei		Irvine	CA	92604	\$	7,000
	Rajaii	3310 Browning Place	Blocomington	IN	47401	\$	7,000
Roya	Soleimani	2308 Durant Ave, Apt. #7	Berkeley	CA	94704	\$	3,000
Sahar	Nayeri	1251 14th Street	Santa Monica	CA	90404	\$	7,000
Sarah	Golbon Raaii		Ames	lowa	50010	\$	4,000
Shawheen	Moridi		Irvine	CA	92606	\$	7,000
Azadeh	Pourzand		Oberlin	OH	44074	\$	10,000
Kiana	Sharif		Berkeley,	CA	94704	\$	10,000
Neda	Nategh	2 Comstock circle, Apt.# 103,	Stanford	CA	94305	\$	35,234
Total Scholars	hins					¢ /	276,734

2006

California Exempt Organization Annual Information Return

FORM

199

Fo	r calendar or fiscal year begini	ning month 09 day	01 year	2006	and ending n	nonth 08		day 31	year 2007
	IMPORTANT: You	r number is required.		Final ret	turn? Check	c applicable	box.	. Yes	X No
California	corporation number	Federal employer identification number	r (FEIN)	• [Dissolved	Withdra	awn [Merged/Reor (attach expla	ganized anation)
2754	827	20-3100594			is checked,	enter date	•		,
	on/Organization name		В	Check forms filed this year:	: State: 10	100	1008	3 100W	Fed: X 990
				Fed:	990EZ 99	от 9901	PF	1041 11	20H 1120
IRAN	IAN SCHOLARSHIP FOU	INDATION				_		_	
			С	If organi	ization is ex	empt unde	r R&T	C Section 2	3701d
				and is a	school, pul strolled by a	blic charity a religious i	, religi onerat	ous organiza	ation,
Address in	ncluding Suite, Room, or PMB no.			See Gen	neral Instru	ction F. No	filing	ion, check b fee is requi	
			D	Is this a gre	oup filing? See	General Instru	ction N.		Yes X No
PO B	OX 7531	State ZIP Code	E	Accounting	method used .	. <u>Cash</u>			
City		State ZIP Code	F	Type of		empt under S	ection 2	3701 <u>d</u>	(insert letter)
MENL	O PARK, CA 94026-75	31		organiza	ation IR	C Section	4947(a	a)(1) trust	
Part I	Complete Part I unless no	t required to file this form. Se	e General Inst	tructions	B and C.				
	1 Gross sales or receip	ots from other sources. From S	ide 2, Part II,	line 8		•	1		6,962.
	1	essments from members and a					2		
	1	grants, and similar amounts received.					3		450,868.
Recei	ots 4 Total gross receipts	for filing requirement test. Add							
and Reveni	'	mpleted. If the result is less th	9		ral Instruction	on C •	4		457,830.
	5 Cost of goods sold					<u> </u>		l	10170001
(Enclose do not sta	aple, 6 Cost or other basis	and sales expenses of assets s		<u> </u>					
any paym		5 and line 6					7		
	1	Subtract line 7 from line 4							457,830.
	9 Total expenses and o	disbursements. From Side 2, P					9		377,240.
Expens	ies i	ver expenses and disbursemen					10		80,590.
	To Exceed of Foodspie of	rer experiede and disparaemer	no. Gubtract ii	110 5 11011	11 III C C		10		00,000.
	11 Filing fee \$10 or \$25	. See General Instruction F					11		10.
Filing	g								
Fee		file on time. See General Instr							
		I Instruction M					13		
		line 12, and line 13					14		10.
or (re	(2) attempted to influence leg elating to lobbying by public ch	3701d, has the organization duislation or any ballot measure, arities)? If 'Yes,' complete and	or (3) made a d attach form	an electio FTB 3509	on under R&). Political c	kTC Section or Legislativ	n 2370 /e Acti)4.5 ivities ┌─┐	Yes X No
th	at have not been reported to the	nanges in its activities, governi ne Franchise Tax Board? If 'Ye	es.' complete a	an explan	nation and a	attach conie	es of	¬,	Yes X No
17 Is	the organization exempt unde	r R&TC Section 23701g?						Н,	Yes X No
18 Di	d the organization file Form 10	eceipts from nonmember sourc 00, Form 100S, 100W, or Form	109 to report	taxable i	ncome?				Yes X No
	'Yes,' enter amount of total inc								
	ne financial records are in care				Day	time teleph	one _		
lo	cated at PO BOX 7531 S								
	correct, and complete. Declaration	e that I have examined this return, include of preparer (other than taxpayer) is base	ling accompanying ed on all information	schedules a on of which p	and statements preparer has an	, and to the be ly knowledge.	st of my	knowledge and	belief, it is true,
Please									
Sign						Title			
Here	Signature of officer			Date		650−	331-	0508	
						Daytime t			
	Paid Preparer's			Date		Check	P	aid preparer's S	SN or PTIN
Paid	signature Non-Palo	Preparer				if self- employed	•		
Prepare Use On	Y Firm's name (or						F	EIN	
J36 OII	yours, if self- employed) and								
	address address				•	Daytime teleph	none		

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information. See Specific Line Instructions.

		1	Gross sales or receipts from all b	ousiness activities. See i	nstru	ctions		1	
		2	Interest					2	6,962.
		3	Dividends					3	
Rece	ipts	4	Gross rents					4	
from	• 1	5	Gross royalties					5	
Othe Sour		6							
		7	Gross amount received from sale Other income. Attach schedule					7	
		8	Total gross sales or receipts from					-	
		J	Enter here and on Side 1, Part I,			_		8	6,962.
		9	Contributions, gifts, grants, and similar an					9	276,734.
		10	Disbursements to or for members					10	2707731
		11	Compensation of officers, directo					11	0.
Evne	ncac	12	Other salaries and wages					12	·
and	nses		Interest					13	
Disb	urse-	13						14	
men	is	14	Taxes					_	
		15	Rents					15	
		16	Depreciation and depletion					16	100 500
		17	Other. Attach schedule					17	100,506.
Cala	edule	18	Total expenses and disbursements. Add li	1					377,240.
Asse		<u> </u>	Balance Sheets	Beginning (i taxa	(b)	(c)	or taxa	able year (d)
1						250,237.	(c)		229,827.
2			nts receivable			200/2011			2237027.
3			eivable. Attach schedule						
4			S						
5	Feder	al an	d state government obligations						
6			n other bonds. Attach schedule						
7	Investm	nents i	n stock. Attach schedule						
8			oans (number of loans.)						
9			stments. Attach schedule . St4.						101,000.
10 a			e assets						
			nulated depreciation						
11									
12			ets. Attach schedule						
13			ts			250,237.			330,827.
			et worth						550,55
			payable						
			ons, gifts, or grants payable						
16			otes payable. Attach schedule						
17			payable						
18			lities. Attach schedule						
19			ck or principle fund			250,237.			330,827.
20			pital surplus. Attach reconciliation						
21		,	earnings or income fund						<u> </u>
22			ities and net worth			250,237.			330,827.
Sch	edule	: M-	1 Reconciliation of income pe	r books with income pe	r retu	rn			
			Do not complete this schedu	le if the amount on Sch	edule	L, line 13, column	(d), is less than	\$25,0	00
1			e per books	80,590.	7	Income recorded	-	ar	100
2			come tax		4	not included in th			
3			capital losses over capital gains.						
4			t recorded on books this year.		8	Deductions in thi	-	ged	
r =			edule			against book inco			
5			orded on books this year not deducted . Attach schedule		9	Attach schedule. Total. Add line 7			
6	Total.		. Attauli Sulleunie		10			• • • • •	
o			through line 5	80,590.	۱۳	Subtract line 9 fr			80,590.
	/ tuu II	110 1	unoagir into o	00,000	1	Capaact mic 3 ii	<u> </u>	····	1 00,000.

2006	California Stateme	nts		Page 1
Client I209	IRANIAN SCHOLARSHIP FOUN	IDATION		20-3100594
12/18/07				07:03PM
Statement 1 Form 199, Part II, Line 9 Contributions, Gifts, Grants, and	d Similar Amounts Paid			
Class of Activity: Donee's Name: Donee's Street Address: Amount Given:	SCHOLARSHIP Please See Attached Please See Attached	d Schedule d Schedule	\$	276,734.
			Total 💲	276,734.
Statement 2 Form 199, Part II, Line 11 Compensation of Officers, Direc	tors, and Trustees			
Name and Address	Title and Average Hours Per Week Devoted			Account/
AZADEH HARIRI 1169 TRINITY DRIVE MENLO PARK, CA 94025	CEO 10		\$ 0.	
MEHDI SAFIPOUR 109 OAKLAND PLACE LOS GATOS, CA 94027	Secretary-Treas 20	0.	0.	0.
	Total	\$ 0.	\$ 0.	\$ 0.
Statement 3 Form 199, Part II, Line 17 Other Expenses				
Auction Item Purchased Bank and Credit Card Chard Fundraising Expenses Gifts Insurance Office Postage and Shipping Printing and Publications Student Dining Student lodging Student Transportation Supplies Utilities	ges			2,100. 34,662. 2,429. 31,063. 800. 750. 787. 937. 8,174. 582. 2,861. 11,322. 825. 214. 3,000. 100,506.

2006	California Statements	Page 2
Client I209	IRANIAN SCHOLARSHIP FOUNDATION	20-3100594
12/18/07		07:03PM
Statement 4 Form 199, Schedule L, Line 9 Other Investments		
Bonds		Total \$ 101,000.
		Total \$ 101,000.
		•
	•	

		.007		1		1	
	Scholarships 8/31/2					+	

First Name	Last Name	Address	City	State	Zip	An	nount
Babak	AminiTehrani	15531 Woodruff Ave #10	Bellflower	CA	90706	\$	7,00
Babak	Ghafarzade	14420 SW Yearling Way	Beaverton	OR	97008	\$	7,00
Fareed	Mostoufi	University Hall	New York	NY	10014	\$	7,00
Golnaz	Mohmodieh	346 Pomona Ave	El Cerrito	CA	94530	\$	3,00
Hamed	Hameedifar	1093 Petroni Wy	Sab Jose	CA	95120	\$	5,00
Mani	Akhtari	2212 San Gabriel St.	Austin,	TX	78705	\$	5,000
Marty	Rod	19513 Enadia way	Reseda	CA	91335	\$	10,000
Parisa	Manteghi	935 Avondale Court	Walnut Creek	CA	94596	\$	7,000
Ramona	Sabbaghian	2855 Pinecreek Dr. Apt. # E4	<u> </u>	CA	92626	\$	7,000
Sepehr	keyhani	Cunningham 112	Berkeley	CA	94720		
Shaddy	Javadinejad	2201 channing way #4	Berkeley	CA	94720	\$	10,000
Shadi	Sedighzadeh	9611 Keokuk Ave	Chatsworth	CA		\$	10,000
Shahrzad	Abbasi-Rahbar	2572 Virginia St.		CA	91311	\$	5,000
Sheena	Shirakhan	6301 Lerner Hall	Berkeley New York	NY	94709	\$	10,000
Yalda	Shahram	515 Kelton Ave Apt. M-17			10027	\$	10,000
			Los Angeles	CA	90024	\$	7,000
Anahita	Sabaghian	30041 Tessier St # 62	Laguna Niguel	CA	92677	\$	7,000
Aram	Khadivi	4355 Sepulveda Blvd. Apt # 3		CA	91403	\$	7,000
David Reza	Lari	218 Bradbury Lane	Redwood City	CA	94061	\$	7,000
Diba	Mani	11896 Wyandot Circle	Westminister	CO	80234	\$	5,000
Farid -	Jalali	112 38th St	Vienna	WV	26105	\$	5,000
Farnaz	Jafari	6380 White Stone Place	Duluth	GA	30097	\$	5,000
Jessica	Haroonian	1821 South Bentley Ave # 101		CA	90025	\$	3,500
Mitra	Akhtari	Ehrman 805	Berkeley,	CA	94720	\$	8,000
Mohammad	Moridnia	1203 Park Knoll Lane	Katy	TX	77450	\$	5,000
Navid	Golshan	11642 Viking Ave.	Northridge,	CA	91326	\$	7,000
Neagheen	Homaifar	2610 Quaker Landing Road	Greensboro	NC	27455	\$	2,000
Neekaan	Oshidarry	1494 Bittern Drive	Sunnyvale	CA	94087	\$	2,000
Negar	Yaghooti	17108 Minnehaha St.	Granada Hills	CA	91344	\$	10,000
Nina	Pedrad	42 Cedar Tree Lane	Irvine	CA	92612	\$	3,000
Roxana	Ghashghaei	38 Snapdragon	Irvine	CA	92604	\$	7,000
Roxanne	Rajaii	3310 Browning Place	Blooomington	IN	47401	\$	7,000
Roya	Soleimani	2308 Durant Ave, Apt. #7	Berkeley	CA	94704	\$	3,000
Sahar	Nayeri	1251 14th Street	Santa Monica	CA	90404	\$	7,000
Sarah	Golbon Raaii	1213 Johnson Street	Ames	Iowa	50010	\$	4,000
Shawheen	Moridi	613 Santorini	Irvine	CA	92606	\$	7,000
Azadeh	Pourzand	135 West Lorain St.	Oberlin	OH	44074	\$	10,000
Kiana	Sharif	1918 Channing Way, Apt. A	Berkeley,	CA	94704	\$	10,000
Neda	Nategh	2 Comstock circle, Apt.# 103,	Stanford	CA	94305	\$	35,234
Total Scholars	h in a						276,734

2006 Federal Exempt Organization Tax Summary						
Client I209 IRANIAN SCHOLARSH		20-3100594				
12/18/07			7:03 PM			
DEVENUE	2006	2005	Diff			
REVENUE Contributions, gifts, and grants Interest on savings/temp cash invest	450,868 6,962	334,728 2,940	116,140 4,022			
Total revenue	457,830	337,668	120,162			
EXPENSES Program services Management and general Fundraising	276,734 20,016 80,490	41,085 19,323 27,023	235,649 693 53,467			
Total expenses	377,240	87,431	289,809			
NET ASSETS OR FUND BALANCES Excess or (deficit) for the year Net assets/fund bal. at beg. of year Net assets/fund bal. at end of year	80,590 250,237 330,827	250,237 0 250,237	-169,647 250,237 80,590			

2006	California 199 Ta	ax Summary		Page 1		
Client I209	IRANIAN SCHOLARSH	20-3100594				
12/18/07						
DEVENUE		2006	2005	Diff		
REVENUE InterestGross contributions, gifts	s, & grants	6,962 450,868	2,940 334,728	4,022 116,140		
Total income		457,830	337,668	120,162		
EXPENSES AND DISBURSEMENT Contributions, gifts, grar Other deductions	nts	276,734 100,506	41,085 46,346	235,649 54,160		
Total deductions		377,240	87,431	289,809		
Excess of receipts over di	.sbursements	80,590	250,237	-169,647		
FILING FEE Filing feeBalance due		10 10	10 10	0 0		
SCHEDULE L Beginning Assets Beginning Liabilities & Ne		250,237 250,237	0	250,237 250,237		
Ending Assets Ending Liabilities & Net V		330,827 330,827	250,237 250,237	80,590 80,590		