

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)

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

A For the **2010** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INTERNATIONAL SOCIETY FOR CHILDREN WITH CANCER ("ISCC")		D Employer identification number 73-1712284
	Doing Business As N/A		E Telephone number 949-679-9911
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 16808 ARMSTRONG AVENUE, SUITE 170	G Gross receipts \$ 703288.	
	City or town, state or country, and ZIP + 4 IRVINE, CA 92606		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: NEGIN TAFAZZOLI MOHAMMAD 3148 WHITE CEDAR PLACE, THOUSAND OAKS, CA 9			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ N/A			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2004 M State of legal domicile: CA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ISCC PROVIDES ASSISTANCE TO CHILDREN BETWEEN THE AGES OF ONE AND EIGHTEEN SUFFERING FROM CANCER		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	0
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	1
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1331.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	178292.	701957.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2225.	1331.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	180517.	703288.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	266500.	27000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8913.	103919.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 178327.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	52151.	224870.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	327564.	355789.	
19 Revenue less expenses. Subtract line 18 from line 12	-147047.	347499.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 216732.	End of Year 564231.
	21 Total liabilities (Part X, line 26)	0.	0.
	22 Net assets or fund balances. Subtract line 21 from line 20	216732.	564231.

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date			
	▶ NEGIN TAFAZZOLI MOHAMMADZADEH, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ A R KAKHSAZ COMPANY AN ACCOUNTANCY CORP	Firm's EIN ▶	08/12/11		
	Firm's address ▶ 20501 VENTURA BOULEVARD SUITE 310 WOODLAND HILLS, CA 91364	Phone no. 818 713 9322			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No