DLN: 93493319105641

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 2010

		e Treasury e Service ► The organization may have to use a copy of this return to satisfy state	te reporting re	quireme	nts	Open to Public Inspection
		2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010 C Name of organization	1	D Emplo	yer i	dentification number
	еск іт а Iress ch	Applicable NATIONAL IRANIAN AMERICAN COUNCIL		73-16	3260	26
Nar	ne cha	Doing Business As	-	E Teleph	one	number
	ıal retu mınate	Number and street (of F O box in main is not delivered to street address)	Room/suite	(202)	386	-6325
— _{Am}	ended	return City or town, state or country, and ZIP + 4		G Gross r	eceip	ts \$ 1,217,863
— App	lication	WASHINGTON, DC 20005 n pending				
		F Name and address of principal officer TRITA PARSI	H(a) Is this a gro	oup return fo	or affili	ates? Yes No
		6909 CHELSEA ROAD MCLEAN,VA 22101	H(b) Are all aff	ılıates ıncl	uded´	Yes No
			_			(see instructions)
I Ta	x-exen	npt status	H(c) Group (exemptio	וח חכ	imber F
y W	ebsit 6	e: ► WWW NIACOUNCIL ORG				
K Forr	n of or	rganization	L Year of forma	ition 200		4 State of legal domicile 4D
Pa	rt I	Summary				
Governance	,	AMERICAN LIFE DESIMINATION OF INFORMATION CONCERNING ISSUES THEIR CIVIL RIGHTS PROMOTION OF IRANIAN-AMERICAN PARTICIPATIO WEB SITE AND ACTIVITIES TO ENCOURAGE THE COMMUNITY EMBRACE TI INTO AMERICAN LIFE DESIMINATION OF INFORMATION CONCERNING IS AND THEIR CIVIL RIGHTS	N IN AMERIO HE IRANIAN	CAN LIF	E E	STABLISHMENT OF A HILE ASSIMILATING
2 5						
Activities		Check this box if the organization discontinued its operations or disposed of r Number of voting members of the governing body (Part VI, line 1a)	nore than 25%	ő of≀tsr 	net a 3	ssets 18
St.		Number of independent voting members of the governing body (Part VI, line 1b)		-	4	17
वं	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a) .			5	8
		Total number of volunteers (estimate if necessary)			6	
		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34		-	7a 7b	0
			Prior Y	ear		Current Year
o o	8	Contributions and grants (Part VIII, line 1h)		953,5	81	895,507
Revenue	9 10	Program service revenue (Part VIII, line 2g)			_	0
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		123,4	43	201,189
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,077,0	24	1,096,696
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)				0
	14	Benefits paid to or for members (Part IX, column (A), line 4)				0
\$	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		386,0	44	372,901
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		9,3	84	0
五	17	Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		386,8	44	406,503
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		782,2	-	779,404
	19	Revenue less expenses Subtract line 18 from line 12		294,7	_	317,292
Net Assets or Fund Balances			Beginning o Yea		t	End of Year
Asse Bak	20	Total assets (Part X, line 16)		430,1	_	753,157
See Fee	21 22	Total liabilities (Part X, line 26)		1,2 428,8	-	753,157
	t III			420,0	09	753,157
know	edge :	Ities of perjury, I declare that I have examined this return, including accompanying sche and belief, it is true, correct, and complete. Declaration of preparer (other than officer) ****** Signature of officer TRITA PARSI PRESIDENT	is based on all			
		Type or print name and title				
				eck if self- ployed 🕨		PTIN
Paid Prepa	arer	Firm's name				Firm's EIN
Use (Firm's address				Phone no (301) 829-8218

г	01	m	99	U	(20	10)	
							_

age 2	2
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Par			ce Accomplishments onse to any question in this P	art III	
1	Briefly describe t	he organization's mission			
INFO	RMATION ON DI	PLOMACY WITH IRAN, H		E AND NEWSLETTER ON THEIR NCTIONS PROMOTION OF SMA NLIFE	
2	the prior Form 990	0 or 990-EZ?		he year which were not listed on	「Yes 「No
	If "Yes," describe	these new services on Sc	hedule O		
3	Did the organizati	on cease conducting, or n	nake significant changes in ho	ow it conducts, any program	┌ Yes ┌ No
	If "Yes," describe	these changes on Schedu	ıle O		
4	Section 501(c)(3)) and 501(c)(4) organizat		s three largest program services b rusts are required to report the ar ogram service reported	
4a	(Code) (Expenses \$	156,136 including grants of	of \$) (Revenue \$)
	WEB SITE AND OTHE	ER ACTIVITIES TO PROMOTE IRA	ANIAN AMERICAN RELATIONS THIS	INCLUDES ALL PUBLIC OUTREACH	
4b	(Code) (Expenses \$	59,587 including grants of	of \$) (Revenue \$)
	MEMBERSHIP SERVI	CES FOR NIAC MEMBERS			
4c	(Code) (Expenses \$	18,751 including grants of	of \$) (Revenue \$)
	GRASSROOTS, DIREC	CT AND NON-LEGISLATIVE LOBE	YING ON BEHALF OF THE IRANIAN A	MERICAN COMMUNITY	
4d	Other program s	ervices (Describe in Sch	edule O)		
	(Expenses \$	ıncl	uding grants of \$) (Revenue \$)
4e	Total program se	ervice expenses -\$	234 474		

Part IV Checklist of Required Schedule
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	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	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Νο
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section $170(b)(1)(A)(II)$? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV \cdot	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Νo
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization 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	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νo
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νo
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νo
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. 🔽	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
-	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 8			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		N o
4a	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)?	4a		Νο
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N o
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			 N o
-		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		N o
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).			NI -
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b		N o
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	70		
Ī	file Form 8282?	7c		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N o
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		N o
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.			K.1
	Did the organization make any taxable distributions under section 4966?	9a		No No
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		N o
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
	facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No_
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Νο

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
	year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		Νο
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11a	Yes	
D	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Νο
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		N o
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed►MD , DC			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website 🗸 Upon request			

- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 20 GARRETT A ISACCO 1516 CHESSIE COURT MOUNT AIRY, MD 21771 (301) 829-8218

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organiz	•	lated or	ganı	zatio	n co	mpen	sate	d any current office	er, director, or trust	ee
(A) Name and Title	(B) A verage hours	Posi	((C) (che	ckal			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
(1) TRITA PARSI PRESIDENT	40 00	х		х	х	х		88,083	0	0
(2) ALI FATEMI TREASURER	1 00	х		х				0	0	0
(3) DOKHI FASSIHIAN SECRETARY	1 00	х		х				0	0	0
(4) REZA FIROUZBAKHT CHAIRMAN OF THE BOARD	1 00	х		х				0	0	0

\$100,000 in compensation from the organization 🕨

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) Average hours per	1	(tion that a	(che	')			(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estima imount o compens	ated fother
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)		from rganizat relat organiza	the ion and ed
Lb								<u> </u>					
c	Total (add lines the and to)						-	>	88,083		_		
 2	Total (add lines 1b and 1c). Total number of individuals (inc							-	,	n			
	\$100,000 in reportable comper	-						,					
												Yes	No
3	Did the organization list any for on line 1a? <i>If</i> "Yes," complete Sc							ee, o	r highest compens	ated employee	3		No
1	For any individual listed on line organization and related organizindividual										4		No
5	Did any person listed on line 1a services rendered to the organiz						•		-	r individual for	5		
								,			5		No
	ction B. Independent Con												
L	Complete this table for your five \$100,000 of compensation from			ındep	ende	ent c	ontrac	tors	that received more	e than			
	Nai	(A) me and business add	dress						Descr	(B) iption of services		(C Comper	

	Statement of Revenue	I	(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
1a	, ,					
. E	Membership dues 1b	77,981				
, c	Fundraising events 1c					
į c	Related organizations 1d					
•	Government grants (contributions) 1e					
. f	All other contributions, gifts, grants, and similar amounts not included above	817,526				j i
<u> </u>						
; °	•					
, h	Total. Add lines 1a-1f	▶	895,507			
		Business Code				
2a	,					
6	, 					
						
ا						
	<u> </u>					
e						
f	All other program service revenue					
g	T otal. Add lines 2a-2f	▶				
3	Investment income (including dividends, intere	est				
	and other similar amounts)	▶ [
4	Income from investment of tax-exempt bond proceeds	▶ [
5	Royalties	▶				
	(ı) Real	(11) Personal				
6a						
t	Less rental expenses					
0	Rental income or (loss)					
d	Net rental income or (loss)	►				
	(ı) Securities	(II) O ther				
7a						
	from sales of assets other					
	than inventory Less cost or					
-	other basis and sales expenses					
(Gain or (loss)					
d	Net gain or (loss)	▶				
_	Gross income from fundraising events					
	(not including					
	\$					
	See Part IV, line 18					
	a	322,545				
- 1	Less direct expenses b	121,167	201 270			
\vdash	Net income or (loss) from fundraising events	►	201,378			
9a	Gross income from gaming activities See Part IV, line 19 . a					
E	Less direct					
	expenses					
_	b _ • Net income or (loss) from gaming activities •					
_	a Gross sales of inventory, less					
	returns and allowances .					
	a					
	Less cost of goods sold b					
<u> </u>	Net income or (loss) from sales of inventory .					
	Miscellaneous Revenue	Business Code				
11	. ———					
- 1	b					
		ı				
	с					
	d All other revenue					

1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21 2 Grants and other assistance to individuals in the U S See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U S See	(C) Management and general expenses	(D) Fundraising expenses
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21 2 Grants and other assistance to individuals in the U S See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U S See	(C) Management and	Fundraising
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21 2 Grants and other assistance to individuals in the U S See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U S See	(C) Management and	Fundraising
In the U S See Part IV, line 21 2 Grants and other assistance to individuals in the U S See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U S See		
U S See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the U S See		
organizations, and individuals outside the U.S. See		
Part IV, lines 15 and 16		
4 Benefits paid to or for members 0		
5 Compensation of current officers, directors, trustees, and key employees	88,083	
Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		
7 Other salaries and wages 230,343 134,092	96,251	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	,	
9 Other employee benefits	29,211	
10 Payroll taxes	15,021	
a Fees for services (non-employees) Management	22,013	
b Legal	174,641	
c Accounting	6,331	
d Lobbying		
e Professional fundraising services See Part IV, line 17		
f Investment management fees		
g Other		
12 A dvertising and promotion	1,858	
13 Office expenses	20,755	
14 Information technology	,	
15 Royalties 0		
16 Occupancy	47,349	
17 Travel	2,041	
Payments of travel or entertainment expenses for any federal, state, or local public officials		
19 Conferences, conventions, and meetings		
20 Interest		
21 Payments to affiliates		
22 Depreciation, depletion, and amortization	2,751	
23 Insurance	6,600	
Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)	·	
a PRINTING AND REPRODUCTION 2,546 2,112	434	
b TELEPHONE 15,257	15,257	
c POSTAGE 1,615 428	1,187	
d PUBLIC RELATIONS 815 815		
e WEB DESIGN 11,757	11,757	
f All other expenses 3,390	3,390	
Total functional expenses. Add lines 1 through 24f 779,404 234,474	544,930	0
26 Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		

Pa	irt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			413,756	1	727,866
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			683	4	9,367
	5	Receivables from current and former officers, directors, trustees, highest compensated employees Complete Part II of	key er	nployees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B), and contributing em- sponsoring organizations of section 501(c)(9) voluntary employe organizations (see instructions)	ployers	s, and			
\$		Schedule L				6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges	. • •		9,710	9	9,710
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	22,132			
	ь	Less accumulated depreciation	10b	15,918	6,012	10c	6,214
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11		•		12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)			430,161	16	753,157
	17	Accounts payable and accrued expenses .	1,272	17			
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
<u>. 0</u>	21	${\tt Escroworcustodialaccountliability}\ \textit{Complete PartIVofSchedule}$	D.			21	
abilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties $\ \ \ .$		•		24	
	25	Other liabilities $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$				25	
	26	Total liabilities. Add lines 17 through 25			1,272	26	0
S do S		Organizations that follow SFAS 117, check here ► ☐ and complet through 29, and lines 33 and 34.	te line	es 27			
e e	27	Unrestricted net assets				27	
Balance	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
or Fund		Organizations that do not follow SFAS 117, check here ▶	compl	ete			
	30	Capital stock or trust principal, or current funds	ı			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Ą	32	Retained earnings, endowment, accumulated income, or other fund	ds		428,889	32	753,157
Net	33	Total net assets or fund balances			428,889	33	753,157
Z	34	Total liabilities and net assets/fund balances			430,161	34	753.157

Pa	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1.0	096,69
2	Total expenses (must equal Part IX, column (A), line 25)	2			779,404
3	Revenue less expenses Subtract line 2 from line 1	3			317,29
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			128,889
5	Other changes in net assets or fund balances (explain in Schedule O)	5			6,97
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		7	753,15
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
ь	Were the organization's financial statements audited by an independent accountant?		2b		Νo
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is:	-			110
_	on a separate basis, consolidated basis, or both	Jucu			
	Separate basis Consolidated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		Νo

DLN: 93493319105641

OMB No 1545-0047

Employer identification number

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization NATIONAL IRANIAN AMERICAN COUNCIL

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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.

Open to Public Inspection

									73-16260			
Par				blic Charity Stat						structions		
Γhe o	rganı	zation is	not a privat	e foundation becaus	eıtıs (Forl	ines 1 throu	gh 11, check	only one bo	x)			
1	Γ	A churc	h, conventi	on of churches, or as	sociation of	churches de	escribed in se	ection 170(b)(1)(A)(i).			
2	Γ	A schoo	ol described	ın section 170(b)(1)(A)(ii). (A t	tach Schedu	le E)					
3	Γ	A hospı	tal or a coo	perative hospital ser	vice organiz	atıon descri	bed in sectio i	n 170(b)(1)((A)(iii).			
4	Γ			i organization operat ty, and state	ed in conjun	ction with a	hospital desc	cribed in sec t	tion 170(b)(1)(A)(iii). E	nter the	
5	Γ	An orga	nızatıon ope	erated for the benefit	of a college	or universit	y owned or o	perated by a	government	al unit desc	rıbed ın	
		section	170(b)(1)(A)(iv). (Complete Pa	art II)							
6		A federa	al, state, or	local government or	government	al unit desci	ribed in secti	on 170(b)(1)(A)(v).			
7	Γ	describ	ed ın	it normally receives A)(vi) (Complete Pa		l part of its s	support from	a governmeı	ntal unit or fr	om the gene	eral public	:
8	\sqcap	A comm	nunity trust	described in section	170(b)(1)(A)(vi) (Com	plete Part II)				
9	▽	receipts its supp	n organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross eceipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses cquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)									
10	Γ	A n orga	nızatıon org	anized and operated	exclusively	to test for p	ublic safety	See section	509(a)(4).			
11	_	one or r the box a	nore publici that descri Type I	anized and operated y supported organiza bes the type of supp b Type II	ations descri orting organi . c	bed in section and control Type III	on 509(a)(1) omplete line: - Functionall	or section 5 s 11e throug ly integrated	509(a)(2) Se ph 11h	ee section 5	09(a)(3). III - Ot	. Check her
е	ı	other th		ox, I certify that the on managers and oth								
f g		check t Sınce A	his box	received a written de						II supportir	ng organiz	ation,
				rectly or indirectly co	ontrols, eithe	eralone orto	aether with i	persons des	cribed in (ii)		Yes	No
				, governing body of th	•				. ,	11g		
				r of a person describ		=				11g(
		• •		led entity of a persor	• •		bove?			11g(
h				ig information about								.
(i) Name support organiza		organization orga e of (ii) (described on col (rted EIN lines 1 - 9 above your or IRC section do		(iv) Is the organizati col (i) list your gove docume	e ion in ted in rning	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support		
				(see instructions))	Yes	No	Yes	No	Yes	No		
												-

Total

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	under Fait III. II tile	organizacion i	ans to quanty t	inder the tests	iisted below, pic	Jase con	ipicte	i dittiii.	_
S	ection A. Public Support								
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	10	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received (Do not								
	ınclude any "unusual								
	grants ")								
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						\longrightarrow		
	Total. Add lines 1 through 3								
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)						\longrightarrow		
6	Public Support. Subtract line 5 from								0
	line 4								
	ection B. Total Support								
Cale	endar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 20	10 l	(f) Total	
	ın) 🟲	(,	(=, ===:	(5, 2555	(=,====	(-,		(1)	
7	A mounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar								
	sources						\longrightarrow		
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)						\longrightarrow		
11	Total support (Add lines 7								
	through 10)					<u> </u>			
12	Gross receipts from related activities	s, etc (See inst	ructions)			12			_
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, thırd, fourth, or	fıfth tax year as a	501(c)(3)	organi	zation,	
	check this box and stop here							► □	
									_
S	ection C. Computation of Pub	lic Support P	ercentage						
14	Public Support Percentage for 2010	(line 6 column ((f) divided by line	11 column (f))		14		0 (%
15	Public Support Percentage for 2009	Schedule A Pa	rt II line 14			15			_
		•	•						_
16a	33 1/3% support test—2010. If the	_		•	line 14 is 33 1/3%	or more,	check	_	
	and stop here. The organization qua	•				22 4/201		▶ ┌	
Ь	33 1/3% support test—2009. If the				ba, and line 15 is .	33 1/3% 0	r more,	. —	
	box and stop here. The organization			-	12 16 45'		1.4	▶-	
1/a	10%-facts-and-circumstances test-	-							
	is 10% or more, and if the organization								
	in Part IV how the organization mee	is the facts and	circumstances"	test ine organiz	cation qualifies as	a publicly	suppor	ted ▶□	
L	organization	_2000 If+ba a==	anization did not	chack a bay on li	no 13 165 166 a	r 172 and	Llina	F-1	
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	-							
	Explain in Part IV how the organizat			•		-		ď	
	supported organization	.on meets the 10	acts and circuitis	tances test file	. organization qual	c. us d	Papilel	′ ▶□	
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16h 17a c	or 17b, check this	box and s	ee	- 1	
	instructions	on all hot check	a box on fine 15	, 100, 100, 1700	I / D, CHECK HIIS	DON UIIU D		▶ □	

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	ndar year (or fiscal year beginning	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do no	t 382,127	490,974	362,253	789,886	895,507	2,920,74
2	include any "unusual grants") 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	13,874	213,284	78,595	163,695	322,545	791,99
3	Gross receipts from activities tha are not an unrelated trade or	t					
4	business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its						
5	behalf The value of services or facilities furnished by a governmental unit t the organization without charge	0					
6 7a	Total. Add lines 1 through 5 A mounts included on lines 1, 2,	396,001	704,258	440,848	953,581	1,218,052	3,712,74
b	and 3 received from disqualified persons A mounts included on lines 2 and 3 received from other than	3					
	disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b						
8	Public Support (Subtract line 7c from line 6)						3,712,74
	ction B. Total Support	T T					
	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 L0a	A mounts from line 6 Gross income from interest, dividends, payments received on	396,001	704,258	440,848	953,581	1,218,052	3,712,74
	securities loans, rents, royalties and income from similar sources						
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b 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)	396,001	704,258	440,848	953,581	1,218,052	3,712,74
14	First Five Years If the Form 990 is check this box and stop here	for the organization	on's first, second,	thırd, fourth, or f	ifth tax year as a	a section501(c)(3	3) organization, ►
Se	ction C. Computation of Pul						
15	Public Support Percentage for 201	0 (line 8 column (f	divided by line	13 column (f))		15	100 000 %
16	Public support percentage from 20	09 Schedule A, Pa	art III, line 15			16	100 000 %
Se	ction D. Computation of Inv						
17	Investment income percentage for	2010 (line 10c co	lumn (f) dıvıded b	y line 13 column	(f))	17	0 %
18	Investment income percentage fro					18	
19a	33 1/3% support tests—2010. If the	ne organization did	not check the bo	x on line 14, and	line 15 is more	than 33 1/3% and	l line 17 is not

more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported

▶▽ organization 33 1/3% support tests—2009. 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

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493319105641

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

ch to Form 990 or Form 990-EZ. 🕨 See separate instructions

nterna	I Revenue Service		Actual to Form 550 of Form 550	Ez. F See Separat	c matractions.		Inspec	tion
f the	e organization ar	nswered "Ye	s," to Form 990, Part IV, Line 3, o	r Form 990-EZ, Pa	rt V, line 46 (Politic	cal Cam		
then								
■ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C ■ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B ■ Section 527 organizations Complete Part I-A only								
	, , ,		· · · · · · · · · · · · · · · · · · ·	irts I-A and C below	Do not complete Pa	art I-B		
	•	•	s," to Form 990, Part IV, Line 4, o	r Form 990-F7 Pa	rt VI line 47 (Lobb	vina Ac	tivities) then	
	_		have filed Form 5768 (election unde		•	-	•	
	, , , ,		have NOT filed Form 5768 (election	, , ,	•			l-A
	_		s," to Form 990, Part IV, Line 5 (P	roxy Tax) or Forn	n 990-EZ, Part V, lir	ne 35a (I	Proxy Tax), the	en
	, , , , , ,	,, , ,	rations Complete Part III		T			
	me of the organiza IONAL IRANIAN AMER				Employe	er identii	fication number	-
					73-162	6026		
Par	t I-A Comple	te if the or	ganization is exempt under	section 501(c) or is a sectior	า 527 ต	organizatior	۱.
1	Provide a descri	ption of the ord	ganization's direct and indirect polit	ıcal campaıgn actı	vities in Part IV			
2	Political expendi		'		1	- ¢	:	
3	Volunteer hours					Ψ		
	v oranical modify							
Par	t I-B Comple	te if the or	ganization is exempt under	section 501(c)(3).			
1	Enter the amoun	t of any excise	tax incurred by the organization ur	ider section 4955		► \$;	
2	Enter the amoun	t of any excise	tax incurred by organization mana	gers under section	4955	► \$	i	
3	If the organization	on incurred a s	ection 4955 tax, did it file Form 47	20 for this year?			☐ Yes	┌ No
4a	Was a correction	n made?					☐ Yes	☐ No
ь	If "Yes," describ	e in Part IV						
Par			ganization is exempt under	section 501(c) except sectio	n 501(c)(3).	
1	•		nded by the filing organization for s		•	<u> </u>		
2			rganization's funds contributed to o					
	exempt funtion a	_	. •	5		► \$;	
3	Total exempt fur	nction expendit	cures Add lines 1 and 2 Enter here	and on Form 1120	-POL, line 17b	.		
4	Did the filing org	anization file F	form 1120-POL for this year?			Þ	` Г Yes	
				TNV of all costion i	= 2.7 nolitical organi	antions t	,	,
5	organization mad amount of politic	de payments F al contribution	d employer identification number (E for each organization listed, enter th is received that were promptly and political action committee (PAC)	ne amount paid fror directly delivered t	n the filing organiza o a separate politica	tıon's fuı al organı	nds Also enter zation, such as	the
	(a) Name	e	(b) Address	(c) EIN	(d) A mount paid	from	(e) A mount of	politica

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3) a	nd filed Form 5768	(election
A				
В	Limits on Lobbying I	Expenditures	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public	opinion (grass roots lobbying)	7,018	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)	11,733	
c	Total lobbying expenditures (add lines 1a and 1	b)	18,751	
d	under section 501(h)).		879,258	
е	Total exempt purpose expenditures (add lines 1	c and 1d)	898,009	
f		from the following table in both	159,701	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
 g	Grassroots nontaxable amount (enter 25% of lu	ne 1f)	39,925	
_	•	,	,	
i	Subtract line 1f from line 1c If zero or less, ento	er - O-		

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expend	litures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a	Lobbying non-taxable amount		8,841	16,989	18,751	44,581
ь 	Lobbying ceiling amount (150% of line 2a, column(e))					66,872
c	Total lobbying expenditures		8,841	16,989	18,751	44,581
d	Grassroots non-taxable amount		5,930	850	7,018	13,798
e 	Grassroots ceiling amount (150% of line 2d, column (e))					20,697
f	Grassroots lobbying expenditures		5,930		7,018	15,288

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

	(election under section 501(n)).	(a)			(b)	
		Yes	No	,	A moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	501(c)(5),	or s		
_			1		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Par 	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part I answered "Yes".				ectio	n
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a				
b	Carryover from last year	2b				
c	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				

Part IV Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions)

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
I-C	1	ADVERTISING FOR BOTH DIRECT AND GRASSROOTS
		LOOBYING

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DLN: 93493319105641

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Open to Public

nterna	al Revenue Service	► Attach to Fo	orm 990. ► See separate instructions.		Inspection
	ime of the organ			Employer identific	ation number
NA.	TOWAL TRAINTAIN AMI	ENIGAN COUNCIL		73-1626026	
Pā			dvised Funds or Other Similar Fo	unds or Account	s. Complete if t
	organi	zation answered "Yes" to Form 99	0, Part IV, line 6. (a) Donor advised funds	(h) Funds and	other accounts
	Total number a	it end of year	(a) Donor advised funds	(b) I dilus aliu	other accounts
		tributions to (during year)			
		nts from (during year)			
	Aggregate valu	ue at end of year			
	_	zation inform all donors and donor advi organization's property, subject to the o	sors in writing that the assets held in don organization's exclusive legal control?	or advised	┌ Yes ┌ N
,	used only for c conferring imp	haritable purposes and not for the ben ermissible private benefit	donor advisors in writing that grant funds efit of the donor or donor advisor, or for ar	ny other purpose	┌ Yes ┌ N
a	rt III Conse	rvation Easements. Complete	<u>if the organization answered "Yes" to</u>	o Form 990, Part 1	V, line 7.
	Protection Preservat Complete lines	ion of land for public use (e g , recreating for a finatural habitat ion of open space s 2a–2d if the organization held a qualing he last day of the tax year		i historically importa certified historic stru i of a conservation	•
	easement on t	ne last day of the tax year	I	Held at th	e End of the Year
3	Total number o	of conservation easements		2a	
)	Total acreage	restricted by conservation easements		2b	
:	Number of con	servation easements on a certified his	toric structure included in (a)	2c	
t	Number of con	servation easements included in (c) ac	equired after 8/17/06	2d	
	Number of con	servation easements modified, transfe	rred, released, extinguished, or terminate	ed by the organization	n during
	the taxable ye	ar ►			
	Number of stat	tes where property subject to conserva	ition easement is located 🛌		
	_	nization have a written policy regarding f the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of violations, ar	d
	Staff and volur	nteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents during the year	-
	A mount of exp	enses incurred in monitoring, inspecti	ng, and enforcing conservation easements	s during the year ► \$	
		nservation easement reported on line 2) and 170(h)(4)(B)(II)?	(d) above satisfy the requirements of sec	tion	┌ Yes ┌ N
	balance sheet		onservation easements in its revenue and he footnote to the organization's financial nents		
a i	Compl	ete if the organization answered "	· · ·		
a	art, historical	treasures, or other sımılar assets held	116, not to report in its revenue stateme for public exhibition, education or researc ancial statements that describes these it	ch in furtherance of p	
b	historical trea:	, , ,	116, to report in its revenue statement a public exhibition, education, or research ii		•
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1		► \$	
	(ii) Assets inc	luded in Form 990, Part X			
		tion received or held works of art, histo ints required to be reported under SFA	orical treasures, or other similar assets fo S 116 relating to these items		
а	Revenues incl	uded in Form 990, Part VIII, line 1		► \$	
ь	Assets include	ed in Form 990, Part X		► \$	
		,		· · · ·	

ar'	Organizations Maintaining Co	llections of Art	, His	<u>tori</u>	<u>cal Tr</u>	easur	es, or O	the	r Similar .	<u>Asse</u>	ts (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e foll	owing t	hat are	a sıgnıfıca	ant us	se of its coll	ection		
а	Public exhibition		d	\sqcap	Loan	orexcha	nge progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ın hov	v the y	furthe	r the org	ganızatıon	's ex	empt purpos	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Γ,	es es	┌ No
Pai	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an ar						answere	d "Y	es" to Forn	า 990	,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	diary	for c	ontribu	tions or	other ass	ets r	iot	Γ,	'es	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng ta	ble		_					
							-			A mou	nt	
c	Beginning balance						<u> </u>	1 c				
d	Additions during the year						L	1d				
е	Distributions during the year						L	1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?							Γ,	es es	√ No
b	If "Yes," explain the arrangement in Part XIV	/										
Pa	rt V Endowment Funds. Complete	ıf the organızatıor	n ans	were	d "Ye							
		(a)Current Year	(b)	Prior \	'ear	(c)Two	Years Back	(d) ¹	Three Years Ba	ck (e)	Four Ye	ars Back
la	Beginning of year balance											
b	Contributions											
С	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the year	r and halance hald a										
		i ella balance nela a	15									
а	Board designated or quasi-endowment 🕨											
Ь	Permanent endowment 🕨											
C	Term endowment 🕨											
За	Are there endowment funds not in the posses organization by	ssion of the organiza	ation t	:hat a	re held	and adi	ministere	tor	the	ſ	Yes	No
	(i) unrelated organizations								[:	Ba(i)		
	(ii) related organizations								3	Ba(ii)		
b	If "Yes" to 3a(II), are the related organizatio	ns listed as required	d on S	ched	ule R?				[3b		
4	Describe in Part XIV the intended uses of th	e organization's end	dowme	nt fu	nds							
Pai	t VI Investments—Land, Building:	s, and Equipme	nt. S	ee F	orm 9	90, Par	t X, line	10.				
	Description of investment				ı) Cost o sıs (ınve		(b) Cost or basis (otl		(c) Accumu depreciat		(d) Bo	ook value
La	Land											
b	Buildings		•									
c	Leasehold improvements											
d	Equipment						2	2,132		15,918		6,214
e	Other											

	Form 990, Part X, line 1	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	: Form 990, Part X, line T	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990. Part X. col (B) line 13)		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin		
(a) Descrip		(b) Book value
		, ,
Total (Column (h) should equal Form 200, Part V and (D) line of	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.		
Part X Other Liabilities. See Form 990, Part X	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability		
Part X Other Liabilities. See Form 990, Part X	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
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Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	

	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	IILS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,096,696
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	779,404
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	317,292
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10		10	317,292
	Excess or (deficit) for the year per financial statements Combine lines 3 and 9 XIII Reconciliation of Revenue per Audited Financial Statements With Revenue Pe		<u>'</u>
1	Total revenue, gains, and other support per audited financial statements	1	1,096,696
- 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	_	
- а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,096,696
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		· · · · · · · · · · · · · · · · · · ·
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
ь	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,096,696
art	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per	Return
1	Total expenses and losses per audited financial statements	1	779,404
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	779,404
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	779,404
	XIV Supplemental Information		

Identifier Return Reference Explanation

additional information

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OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

NATIONAL IRANIAN AMERICAN COUNCIL

Employer identification number

73-1626026

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and e-mail solicitations Solicitation of government grants Phone solicitations Special fundraising events ▼ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table (iii) Dıd (i) Name and address of (ii) Activity (iv) Gross receipts (v) A mount paid to (vi) A mount paid to individual fundraiser have from activity (or retained by) (or retained by) ntity (fundraic

or entity (fundraiser)	custody or control of contributions?		col (i)	organization		
	Yes	No				
A . I						
tal		.=-				

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

DC, MD

Pa	t II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1 VARIOUS EVENTS (event type)	(b) Event #2 (event type)	(c) O ther Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 2	Gross receipts Less Charitable	322,545	5		322,545
₩	3	contributions Gross income (line 1 minus line 2)	322,545	5		322,545
	4	Cash prizes				
10	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
ă ă	7	Food and beverages	835	5		835
Direct	8	Entertainment				
à	9	Other direct expenses .	120,332	2		120,332
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌	121,167
	11	Net income summary Combine li	nes 3 and 10 in column (d)		201,378
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or rep	orted more than
Revenue		,,,	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
se Se	2	Cash prizes				
xpenses	3	Non-cash prizes				
ш	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes %	<pre></pre>	┌ Yes %	1
		Direct expense summary Add lines		•		
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (a)	<u> </u>	
9 a b	Is t	er the state(s) in which the organiza the organization licensed to operate No," Explain	gaming activities in eac			Yes No
10a b		re any of the organization's gaming l Yes," Explain			the tax year?	· · Fyes Fno

11	Does the organization operate ga	aming activities with nonmembers? .			Yes	Γ_{No}
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	ber of a partnership or other entity			
	formed to administer charitable (gamıng?			Yes	Γ_{No}
13	Indicate the percentage of gamii	ng activity operated in				
а	The organization's facility			13a		
b	An outside facility			13b		
14		f the person who prepares the organıza	tion's gaming/special events books	and		
	records					
	Name 🕨					
	Address ►					
	Address F					
15a		ntract with a third party from whom the				
					Yes	▼ No
b		ning revenue received by the organizat		d the		
	amount of gaming revenue retain	ned by the third party 🟲 \$				
С	If "Yes," enter name and address	S				
	Name 🟲					
	Address ►					
16	Gaming manager information					
	Name 🟲					
	Gaming manager compensation l	> \$				
	Description of services provided	▶				
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions	. ,	•			
а	Is the organization required unde	er state law to make charitable distribu	itions from the gaming proceeds to			
					T Yes	▽ No
b	Enter the amount of distributions	s required under state law distributed t	o other exempt organizations or sp			
		t activities during the tax year 🏲 💲	-			
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to question on Scho	edule G (see	9	
	Identifier	ReturnReference	Explana	tion		
ı		I				

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OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service

SCHEDULE 0

(Form 990 or 990-EZ)

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

Name of the organization NATIONAL IRANIAN AMERICAN COUNCIL

Employer identification number

73-1626026

ldentifier	Return Reference	Explanation
Form 990 Part V	3B	NO UNRELATED BUSINESS INCOME

ldentifier	Return Reference	Explanation
Form 990 Part XI	3B	ORGANIZATION IS NOT REQUIRED TO HAVE OUTSIDE AUDITS