EXHIBIT T

DLN: 93490227014568

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

		"	be	nefit trust or private fou	ndation)			2007
0	c tment	of the		•				Open to Public
	ıry	►The	organization may have to u	ise a copy of this return t	o satisfy st	ate reporting re-	quirements	Inspection
Servi	hal Rev	renue						
		007 calendary	ear, or tax year beginning (1-01-2007 and ending	12-31-2007			
	eck if ap	-1-10	C Name of organization			Ū	Employer id	entification number
_	dress ch	* 1444	NATIONAL IRANIAN AMERIC	CAN COUNCIL			73-162602	26
_	me char	label or	, Numberand Street (or P U	box if mail is not delivered to	street addres	s) Room/suite	Télephone n	nupe.
		type, S	GR SOUTH SIKEEL NA					
	tial retur	Instruc	- City or town, state or cour	try, and 21P + 4		F	Accounting me	Hod T Cash T Accrual
Fir	nuten lear	tions.	WASHINGTON, DC 20007				Other (spe	cofy) 🕨
∏ Aπ	nended f	etum						
Γ 4ρ	pheation	pending				1 w	analeshia ta s	ection 527 organizations
		Sect	ios 501(c)(3) organizations a ts must attach a completed Sc	ind 4947(a)(1) nonexempt	charitable 1-EZ 1.			alfiliates? Tyes V No
		1105	ts most attach a completee or	and and a feet was a second	,-	H(b) If "Yes" e		
G W	eb site	E: ► WWW NIA	COUNCIL ORG			H(c) Are all aff	Mates included	Yes No
		No 1-1	only one) ▶ 🕫 🕏 501(c) (3) •	# (monet no.) [#4947/a\/11	~ □ 527	(3f "No,"	atlach a list Si	ee instructions)
				**************************************		H(d) Is this a i	separate return	filed by an organization
K C	heck her omaily o	re ▶ I if the orga not more than 25.0	nization is not a 509(a)(3) suppo: 000 A return is not required, but i	filing organization and its gross f the organization chooses to fi	receipts are . le a return,	covered l	y a group rulir	ng?
		file a complete ret				I Group E	xemption N	umber ►
						M Check ▶	If the orga	entration is not required to
			es 6b, 8b, 9b, and 10b to h		F A D-1), 990-EZ, or 990-PF)
1.5	rt I		Expenses, and Chang		Fund Bar	ances (See I	ne Instru	CIONS.)
	1		gifts, grants, and similar an		1 1			
	-		to donor advised funds		18			
	ь	-	upport (not included on line		1b			
	C		support (not included on hi		1c			
	d	Government co	ontributions (grants) (not in	cluded on line 1a)	1d			
	e	Total (add line	s 1a through 1d) (cash \$ _	noncash \$)	10	
	2	Program servi	ce revenue including govern	iment fees and contracts	(from Part	V11, line 93) -	2	419,709
	A	Membership di	. zinemzaezze bne zeu				3	71,265
	4	Interest on sa	yings and temporary cash ii	nvestments			4	
	5	Dividends and	interest from securities .				. 5	
1	6a	Gross rents			6a			
	ь	Less rentales	rpenses		6Ь			
	c	Net rental inco	ome or (loss) subtract kna 6	ib from line 6e			6c	
희	7	Other investm	ient income (describe 🕨)	<u></u>			7	
Revenue	84	Gross amount	from sales of assets	(A) Securities	1	(B) Other		
άř		other than inve	entory		8a			
	ь	Less cost or other	r basis and sales expenses		8b			
	c	Gain or (loss)	(attach schedule)		8c			
	d	Net gain or (lo	ss) Combine line 8c, colum	ns (A) and (B)			. Bd	
	9	Special events	and activities (attach sch	adule) If any amount is fi	rom gaming	, check here ▶ŗ	-	
		C	dank analoidan #	of				
			reported on line 1b) 📆 .		9a	213	,284	
	ь		xpenses other than fundrais		9b		,786	
	c	Net income or	(loss) from special events	Subtract line 9b from line	98		. 9c	188,498
	10a	Gross sales of	Inventory, less returns and	lallowances	10a			
	ь		goods sold		10b			
	c		ss) from sales of inventory (attac		rom line 10a		10c	
	11	· -	(from Part VII, line 103)	·				
	12		Add lines 1e, 2, 3, 4, 5, 6c					679,472
	13		ces (from line 44, column (I				13	13,830
£	14	-		••			. 14	432,423
Expenses	15						15	
2	16		filiates (attach schedule)	,			16	
	17		s Add lines 16 and 44, colu				17	446,253
	18		host) for the year Subtract Is				16	.233,219
*>>#	19		fund balances at beginning				19	182,809
3	20		in net assets or fund balar				20	
49				,			<u> </u>	

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 (See the instructions 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) Fundraisin
 3	Grants paid from donor advised funds (attach Schedule)					
-	(cash \$	220	550	550		ı
b	Other grants and allocations (attach schedule)					
	(cash \$) If this amount includes foreign grants, check here	22Ь				
3	Specific assistance to individuals (attach schedule)	23				
ı	Benefits paid to or for members (attach schedule)	24				
5 a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	82,083		82,083	
b	Compensation of former officers, directors, key employees etc. listed in Part V-8 (attach schedule)	25Ь				
c	Compensation and other distributions not icluded above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	148,632		148,632	
27	Pension plan contributions not included on lines 25a, b and c	27				
28	Employee benefits not included on fines 25a - 27	28			1.50	
9	Payroll taxes	29	1,904		1,904	
10	Professional fundraising fees	30	.		<u> </u>	
11	counting fees	31	5,105		5,105	1
12	egal fees	32	2,243		2,243	
33	Supplies	33	12,017	ļ	12,017	
34	Telephone	34	6,999	<u> </u>	6,999	
35	Postage and shipping	35	10,077		10,077	+
36	Occupancy	36	37,178		37,178	
37	Equipment rental and maintenance	37		<u> </u>		
38	Printing and publications	38	18,451		18,451	+
39	Travel	39	21,302	<u> </u>	21,302	
40	Conferences, conventions, and meetings	40	ļ	<u> </u>	ļ	<u></u>
41	Interest	41		ļ		
42	Depreciation, depletion, stc. (attach schedule) 🕏	42	2,874	<u> </u>	2,874	<u> </u>
43	Other expenses not covered above (itemize)		ļ		İ	ļ
8	ADVERTISING PROMOTION NETWORKING	43a	14,793		14,79	1
b		43b	33,531		33,53	<u> </u>
c	OFFICE AND ADMINISTRATIVE	430	13,872	3,28		+
d	I INTERNET AND WEB HOSTING	43d	7,630	s	7,630	5
-		43e	17,000	5	17,000	5
f		431	10,000	10,00	0	<u> </u>
•		439				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (6)-(D), carry these totals to lines 13—15)	44	446,25	3 13,83	432,42	3

Page 3

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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 Paratti Statement of Program Service Accomplishments (See the instructions.) accomplishments

Wh:	What is the organization's primary exempt purpose? P promote Iranian-American participation in American Infe All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	nian-American participation in American concise manner State the number of clients served, (01(c)(3) and (4) organizations and 4947(a)(1) nonexempt	Program Service Expenses (Required for 501(¢)3) and (4) orgs, and 4947(a)(1) musts, but optional for others)
e.	WEB SITE AND OTHER ACTIVITIES TO PROMOTE IRANIAN AMERICAN RELATIONS	N AMERICAN RELATIONS	
٤	(Grants and allocations \$) If this am	If this amount includes foreign grants, check here 🕨 🦵	13,830
	(Grants and allocations ¢) If this am	If this amount includes foreign grants, check here	
v			-
7	(Grants and allocations \$ If this am	If this amount includes foreign grants, check here 🕨 🦳	
			·
	(Grants and allocations \$ 1fthis arr	If this amount includes foreign grants, check here	
ø	Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here 🕨 🦵	
•	Tatal of Dissers Service Expenses (Should equal line 44, column (B), Program Services)	mn (B), Program services) •	13,830
-			Form 990 (2007)

rt IV	Balance Sheets (See the instruc	tions.)			
):	Where required, attached schedules and amou	nts within the description	(A) Beginning of year		(B) End of year
	column should be for end-of-year amounts only		179,815	45	347,91
	W			46	68,17
45	Savings and temporary cash investments				
47a	Accounts receivable	47a 32	1	Ì	
ь	Less allowance for doubtful accounts	47b		47c	
48a	Piedges receivable	48a			
ь	Less allowance for doubtful accounts	48b		48c	
49	Grants receivable		2	49	
	Receivables from current and former office key employees (attach schedule)			50a	
b	Receivables from other disqualified person 4958(c)(3)(B) (attach schedule)			50ь	
51a	Other notes and loans receivable (attach schedule)	51=			
١.		51b		51c	
52	Inventories for sale or use			52	
53	Prepaid expenses and deferred charges .			53	8,0
	Investments—publicly-traded securities	. F Cost FMV		54a	
	Investments—other securities (attach sch	edule) ► Cost FMV		54b	
55a		,			
	equipment basis	55a			
b	Less accumulated depreciation (attach schedule)	55b		55c	
56	Investments—other (attach schedule) .	1 1		- 30	
57a	Land, buildings, and equipment basis	57a 16.751			
	Less accumulated depreciation (attach schedule)	57b 9.923	4,159	57c	6,8
58	Other assets, including program-related ii	ivestments			
	(describe ►			58	
)			
59	Total assets (must equal line 74) Add line	s 45 through 58	183,976	59	418,5
60	Accounts payable and accrued expenses		1.167	60	2,6
61	Grants payable			61	
62	Deferred revenue			62	
63	Loans from officers, directors, trustees, at	nd key employees (attach			
1	schedule)			63	
64.	Tax-exempt bond liabilities (attach sched			64=	
	Mortgages and other notes payable (attac		64b		
65	Other habilities (describe				
ł)			65	
1			1		2,6
66	Total liabilities Add lines 60 through 65		1,167	66	4.0
Or	ganizations that follow SFAS 117, check here 67 through 69 and lines 73 and 74	and complete lines			
67	Unrestricted			67	
68	Temporarily restricted			68	
69	Permanently restricted			69	
1	ganizations that do not follow SFAS 117, che	ck here ► 🎵 and			
į	complete lines 70 through 74				
70	Capital stock, trust principal, or current fo			70	
71	Paid-in or capital surplus, or land, building		,	71	ļ
72	Retained earnings, endowment, accumula		182,806	72	416.
	Total net assets or fund belances Add in	nes 67 through 69 or lines 70		1	
1	through 79 /Calumn /Al mumb sourching 4	Q and column (A) must anier			
	through 72 (Column (A) must equal line 1 line 21)	9 and column (B) must equal	182,809	73	416,0

	A Reconciliation of Revenue the Instructions.)					ie per l	Return (588
T	otal revenue, gains, and other support p	er audited financial state	ments			•	
	mounts included on line a but not on Pa					Ì	
	et unrealized gains on investments		b1	l		- 1	
	Donated services and use of facilities		b2			l	
	Recoveries of prior year grants		b3			i i	
	Other (specify)					1	•
_			b4	<u> </u>			
	Add lines b1 through b4						
5	Subtract line b from line a						
,	Amounts included on Part I, line 12, but	not on line a					
. 1	Investment expenses not included on Pa	art 1, line	مد أ	j			
	6ь		d1				
2 (Other (specify)		d2	1			
-	Add lines d1 and d2					d	
	Total revenue (Part I, line 12) Add line						
	d	🕨				e	
art I\	V-B Reconciliation of Expense	es per Audited Finar	icial S	atements V	Vith Expe	ises pe	r Return
	Total expenses and losses per audited	hnancial statements .			•	-	
	Amounts included on line a but not on P						
	Donated services and use of facilities		b1			l	
	Prior year adjustments reported on Part					1 1	
	20	•	b 2				
_	Losses reported on Part I, line		b3	l		}	
	20		03			i	
4	Other (specify)		b4	1			
	Add lines b1 through b4					ь	
	Subtract line b from line a			. ,		c	
	Amounts included on Part I, line 17, bu						
Y	Investment expenses not included on P		1	1		1	
	6b		d1			1 1	
2	Other (specify)					1 1	
			d2			1 1	
	Add lines d1 and d2						
	Total expenses (Part I, line 17) Add lin					1 _ 1	
	<u>d</u>			/luch	anch carea	n who w	as an officer
art V	Current Officers, Director director, trustee, or key emp	's, Trustees, and Ke	y Empi	oyees (LISC) vear even if	thev were:	not com	pensated.) (See ti
	instructions.)	noyee at any anic don	g a.c	,			
		(B) Title and average hours	(0)	Compensation	(D) Contri employee ber		(E) Expense
	(A) Name and address	per week devoted to position	(If not	paid, enter -0)	deferred con	npensation	account and other allowances
					pla	15	<u> </u>
	PARSI FUCLID ST NW - G1	PRES		82,083			
	NGTON, DC 20009	040 00					
	HID FOROUGH	TREAS		_			
	CORNFLOWER RD	002 00	1	0	ŀ		
	5,MD 20841 LFASSIHIAN		 				1
	RHODES ST - APT 403	SECY 002 00		. 0			
RLING	GTDN, VA 22209	002 00					
					1		
			1				
		<u> </u>	<u> </u>		<u> </u>		<u> </u>
					1		}
		ļ			ļ	···········	
		1					
		1					
							
			ļ				
							Form 990 (2
							/4

orf (20)	07)						Page
Part V-A	Current Officers, Director	s, Trustees, and Key	Employees (conti	nued)		Yes	No
75a Enter th	e total number of officers, directo	ers, and trustees permitted	to vote on organization	business at board			
meeting	 .		▶ <u>9</u>		1 1		
ъ Аге апу	officers, directors, trustees, or k	ey employees listed in For	m 990, Part V-A, or hig	hest compensated	1 1		
employe	es listed in Schedule A, Part I, o	r highest compensated pro	ofassional and other ind	ependent			
contract	tors listed in Schedule A, Part II	A or II-B, related to each	other through family or	business			
relation	ships? If "Yes," attach a stateme	nt that identifies the indivi	duals and explains the	relationship(s) .	75b		No
c Do any	officers, directors, trustees, or ke	y employees listed in For	n 990, Part V-A, or hig	hest compensated			
	es listed in Schedule A, Part I, o						
contrac	tors listed in Schedule A, Part II	-A or II-B, receive compe	nsation from any other o	organizations, whether			ĺ
tax exer	mpt or taxable, that are related to	the organization? See the	instructions for the de	finition of "related	75c		No
If "Yes,"	" attach a statement that include	s the information described	d in the instructions				
d Does th	e organization have a written con	flict of interest policy? .	<i>,</i> , , , ,		75d	Yes	<u> </u>
Part V-B	Former Officers, Directo Benefits (If any former off (described below) during the benefits in the appropriate	ficer, director, trustee, le year, list that person	or key employee red below and enter the	eived compensation	or oti	ner be	nefits
(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		pense ac ner allow:	
			·				
					,		
						• • • • • • • • • • • • • • • • • •	

Part VI	Other Information (See the	instructions.)				Yes	No
76 Did the o	rganization make a change in its activity	es or methods of conducting acti	vities? If "Yes," attach a		T		
detailed :	statement of each change				76		No
77 Were ai	ny changes made in the organizin	g or governing documents	but not reported to the	IRS?	77		No
	," attach a conformed copy of the	· •					Π
		-	and the year covered by this	return?	78a		No
8a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?						 	No
	e a liquidation, dissolution, termination,	· ·			78b	 	†
a statem					79		No
	janization related (other than by associa	tion with a statewide of nationw	rde organization) through co	nmon membership,		t	
	bodies, trustees, officers, etc., to any			•	80a		No
b If "Yes,	," enter the name of the organizat		is Texempt or The			[
81a Enter de	rect or indirect political expendit		1	onexempt]		
b Did the	organization file Form 1120-POL	for this year?			816		No
					F	orm 99	0 (200

	VI Other Information (continued)		Yes	No
	Old the organization receive donated services or the use of materials, equipment, or facilities at no charge or			
82a (it substantially less than fair rental value?	82m	1	
	es," you may indicate the value of these items here. Do not include this amount as revenue			
T	and 1 or as an expense in Part II (See instructions in Part III)			
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	- [No
838	Did the organization comply with the public inspection requirements for returns one accompany assembly and a comply with the public inspection requirements for returns one accompany and a comply with the public inspection requirements for returns one accompany and a comply with the public inspection requirements for returns one accompany and a comply with the public inspection requirements for returns one accompany and a comply with the public inspection requirements for returns one accompany and a comply with the public inspection requirements for returns one accompany and a comply with the public inspection requirements for returns one accompany and a comply with the public inspection requirements of the comply of the complete comply and a comply of the complete co	83b		No
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	84a		No
84a	Did the organization solicit any contributions or gifts that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		1	
	gifts were not tax deductible?	84b		No
	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85e		No
b	Did the organization make only in-house lobbying expanditures of \$2,000 or less?	85b	Yes	
	If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
c	Dues assessments, and similar amounts from members	1 1	ļ	
	Section 162(e) lobbying and political expenditures	ł	ì	
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	1	l	
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	1 1	1	
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	850		No
9	Does the organization elect to pay the section obside tax on the amount of the amount on line Affin its			
	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 65f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	1 1		No
	·	85h		-,,0
	501(c)(7) orgs. Enter a Enitiation fees and capital contributions included on line 12 86a	4 1		
. ь	Gross receipts, included on line 12, for public use of club facilities	4 1		
87	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a	. I		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
(At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disragarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88a		No
		85b		No
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
	section 4911 ► , section 4912 ► , section 4955 ►			
b	501(c)(3) and $501(c)(4)$ orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		No
	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	-		
	Enter Amount of tax on line 89c, above, reimbursed by the organization >	-		ł
e	All organizations. At any time during the tax year was the organization a party to a prohibited tax shalter	1		Ì
	transaction?	89e		No
	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?			
•		89f		No
		991		No
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time			
	during the year?	1	1	1
	•	890		
90a	List the states with which a copy of this return is filed >			
	Number of employees employed in the pay period that includes March 12, 2007 (See 90b)			
91a	The books are in care of ▶ Ms Nahzi Nikki Telephone no ▶ (310) 828-	7008	
	1532 Berkeley St - 5 Located at > Santa Monica, CA ZIP +4 > 90404321	7		
b 4	At any time during the calendar year, did the organization have an interest in or a signature or other authority are a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	ount),	91b	 	No
	If "Yes," enter the name of the foreign country >	1		1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and	1	1	1
	Financial Accounts	١.,	=orm 99 	U 120:
,			Ottil A7	LE C C

Other Information (con	ntinued)						Yes	No
At any time during the calendar yea	r, did the organization	on maintain ar	office outside	of the United	States?	9:	1c	No
		•				_		
If "Yes," enter the name of the foreig Section 4947(a)(1) nonexempt charita	she tourkly P	990 in Deu of	Form 1041-C	heck here .		- 		٠ (
and enter the amount of tax-exempt	unterest received O	r accrued dur	ing the tax year	r	9	2		
t VII Analysis of Income-Pr	oducing Activit	ies (See th	e instructio	ns.)				
e: Enter gross amounts unless otherwi		Unrelated b	ousiness income	Exchanged by a	ection 512,	\$13, or 514	(E) Relate	
e. Line gras should bines while		(A) Business code	(B) Amount	(C) Exclusion code	Amo		exempt fu	enction
Program service revenue							ļ	
DIRECT PUBLIC SUPPORT				42				153,1 45,8
b NGO RESOURCES				42			<u> </u>	
c GRANTS				42			ļ	220,7
d	· · · <u>· · · · · · · · · · · · · · · · </u>							
e							 	
f Medicare/Medicaid payments .							ļ	
g Fees and contracts from governme	ent agencies							71,2
Membership dues and assessmen		 					 	/1,2
Interest on savings and temporary cash in	nvestments	 					-	
Dividends and interest from secur	ities	<u> </u>					 	
Net rental incomé or (loss) from re		├ ──┼		_	 		+	
a debt-financed property				-			 	
b non debt-financed property				 	 		 	
Net rental income or (loss) from personal					 			
Other investment income					 		 	
Gain or (loss) from sales of assets other i					 		 	188,4
t income or (loss) from special		 -					 	
Gross profit or (loss) from sales o								
3 Other revenue a			· · · · · · · · · · · · · · · · · · ·				 	
							1	
4					† · · · · · · · · · · · · · · · · · · ·		1	
4								
4 Subtotal (add columns (B), (D), ar	nd (F)\	 					†	679,
5 Total (add line 104, columns (B), (. >		79,4
e: Line 105 plus line Le, Part I, should								
Relationship of Actionship of Action No. Explain how each activity for wof the organization's exempt put	ivities to the Ac	complishs ted in column	nent of Exer	i contributed ii	es (See	the in: y to the a	st <i>ruction</i> ccomplishing	s.) nent
art IX Information Regardi	ng Taxable Sub	sidiaries a	nd Disrega	rded Entitle	s (See	the ins	tructions	
(A) Name, address, and EIN of corporation,	(B) Percentage of		(C) Nature of activity		1 (D) income	End-o	f-year
	ownership interest	<u> </u>			 		1	
partnership, or disregarded entity		*						
					1		1	
		%						
partnership, or disregarded entity Part X Information Regardi		%	with Person:	al Benefit C	ontract	s (See	the	
pannership, or disregarded entry Part X Information Regardi instructions.)	ng Transfers As	ssociated v				s (See	the	. ₽ n
partnership, or disregarded entity Part X Information Regardi	ng Transfers As	ssociated v	ay premiums on a	personal benefit	contract?	s (See		_

Page 8

Yes

Form 990 (2007)

Part XI Information Regarding Transfers To and From C a controlling organization as defined in section 512(b)(1)

Page 9 pilled Entitles Complete only If the organization is

Form 990 (2007)

DLN: 93490227014568 efile CRAPHIC print - DO NOT PROCESS | As Filed Data -OMB No 1545-0047 Organization Exempt Under Section 501(c)(3) SCREDULE A (Except Private Foundation) and Section 501(e), 501(f), 501(k), (Form 990 or 501(n), or 4947(a)(1) Nonexempt Charitable Trust 2007 Supplementary Information—(See separate instructions.) 990EZ) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Department of the Treasury Internal Revenue Service Employer identification number Name of the organization NATIONAL IRANIAN AMERICAN COUNCIL 73-1626026 Part I Compensation of the Five Highest Pald Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None." (d) Contributions (e) Expense to employee benefit (a) Name and address of each employee (b) Title and average hours account and other (c) Compensation plans & deferred per week devoted to position allowances paid more than \$50,000 compensation None Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II-A (See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.") (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service None Total number of others receiving over \$50,000 for professional services Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.) (b) Type of service (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 None

Schedule A (Form 990 or 990-EZ)

Total number of other contractors receiving over

rwork Reduction Act Notice, see the Instructions for Form 990 and Cat No 11285F

O for other services

L During the year, ha to influence public connection with the of part V1-B) Organizations that organizations check organizations check organizations check organizations check organizations as Safe, exchange, or b Lending of money or Furnishing of good d Payment of compect of payment of compect of how the organization of condition of of c		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	0
συα pσ υα φυσυαπ	is the organization attempted to influence national, state, or local legislation, include any attempt to be coganization attempted to influence national, state, or local legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in the lobbying activities *** (Must equal amounts on line 38, Part VI-A, or line that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other hecking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lines it is the organization, either directly or indirectly, engaged in any of the following acts with any tributors, trustees, directors, officers, creators, key employees, or members of their families, or with lanization with which any such person is affiliated as an officer, director, trustee, majority owner, or iclary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) ey or other extension of credit? ayor other extension of credit? ands, services, or facilities?	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
συα φσ υα φυσυαπ	blic opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in the lobbying activities *** (Must equal amounts on line 38, Part VI-A, or line that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other hecking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lines in the organization, either directly or indirectly, engaged in any of the following acts with any tributors, trustees, directors, officers, creators, key employees, or members of their families, or with janization with which any such person is affiliated as an officer, director, trustee, majority owner, or iclary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.), or leasing property? ey or other extension of credit? and odds, services, or facilities?	7 7 7 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8	
συα φσυα φυσυα π	the lobbying activities ** ** ** ** ** ** ** ** ** ** ** ** **	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
συα φσυα σ	hecking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the hecking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the sites in the following acts with any state organization, either directly or indirectly, engaged in any of the following acts with any litributors, trustees, directors, officers, creators, key employees, or members of their families, or with janization with which any such person is affiliated as an officer, director, trustee, majority owner, or iciary (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.), or leasing property? eay or other extension of credit? soods, services, or facilities? more payment or reimbursement of expenses if more than \$1,000)?	8 8 8 8 8 1	
συα φυ υα φυσυαπ	that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other hecking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the hecking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the files in the following acts with any itributors, trustees, directors, officers, creators, key employees, or members of their families, or with fanization with which any such person is affiliated as an officer, director, trustee, majority owner, or iciary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.), or leasing property? eay or other extension of credit? and of services, or facilities? months are then \$1,000)?	2 2 2 2 2	
rue prue puruen	hecking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the stress must complete Part VI-B AND attach a statement giving a detailed description of the following acts with any firit but or structers, directors, officers, creators, key employees, or members of their families, or with janization with which any such person is affiliated as an officer, director, trustea, majority owner, or iciary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.), or leasing property? eay or other extension of credit? soods, services, or facilities? more as a finance than \$1,000)?	2 2 2 2 2	
συα φσ υα φυσυαπ	ines , has the organization, either directly or indirectly, engaged in any of the following acts with any itributors, trustees, directors, officers, creators, key employees, or members of their families, or with janization with which any such person is affiliated as an officer, director, trustee, majority owner, or iciary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) , or leasing property? eay or other extension of credit? and or other extension of credit? oods, services, or facilities? mpensation (or payment or reimbursement of expenses if more than \$1,000)?	2 2 2 2 2	
rua prua prua prua prua prus prus prus prus prus prus prus prus	r, has the organization, either directly or indirectly, engaged in any of the following acts with any itributors, trustees, directors, officers, creators, key employees, or members of their families, or with janization with which any such person is affiliated as an officer, director, trustea, majority owner, or iciary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.), or leasing property? eay or other extension of credit? and or other extension of credit?	2222	
	itributors, trustees, directors, officers, creators, key employees, or members of their families, or with janization with which any such person is affiliated as an officer, director, trustee, majority owner, or iciary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.), or leasing property? ey or other extension of credit? oods, services, or facilities? mpensation (or payment or reimbursement of expenses if more than \$1,000)?	25 25 25 26 26 26 26 26 26 26 26 26 26 26 26 26	
	janization with which any such person is affiliated as an officer, director, trustee, majority owner, or iciary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.), or leasing property? ey or other extension of credit? oods, services, or facilities? npensation (or payment or reimbursement of expenses if more than \$1,000)?	2 2 2 2 2	
	iclary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.), or leasing property? ey or other extension of credit? oods, services, or facilities? npensation (or payment or reimbursement of expenses if more than \$1,000)?	22222	
	t, or leasing property? ey or other extension of credit? gods, services, or facilities? npensation (or payment or reimbursement of expenses if more than \$1,000)?	2 2 2 2 2	
	ey or other extension of credit? aods, services, or facilities? npensation (or payment or reimbursement of expenses if more than \$1,000)?	2 2 2 2	
	oods, services, or facilities? npensation (or payment or reimbursement of expenses if more than \$1,000)?	2 R 2	
	npensation (or payment or reimbursement of expenses if more than \$1,000)?	2 2	
		2	-
	part of its income or assets?		
			_
	of how the organization determines that recipients qualify to receive payments)	200	1
	Did the organization have a section 403(b) annuity plan for its employees?	8	ž
	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open	%	2
	space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	75	ž
	Did the organization provide credit counseling, debt management, credit repair, or debt negociation services	+	\dagger
	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines Afand 4a	4	Š
	of the organization make any taxable distributions under section 4966?	용	ž
	Did the organization make a distribution to a donor, donor advisor, or related person?	4	Š
	number of donor advised funds owned at the end of the tax year		
e Enter the aggrega	egate value of assets held in all donor advised funds owned at the end of the tax year		
f Enter the total nu advised funds inc investment of am	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 of investment of amounts in such funds or accounts		
the aggre	egate value of assets held in all funds or accounts included on line 4fat the end of the tax		
Year			ĺ

Schedule A (Form 990 or 990-EZ) 2007

:	Foundation
	Non-Private
	Reason for
	Part IV

lages 4 through 7 of the instructions.) Reason for Non-Private Foundation Status (St

organization is not a private foundation because it is (Please check only ONE applicable box) I certify that the

An organization operated for the benefit of a college or university owned or operated by a governmental unit

Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)

20

An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross An organization that normally receives a substantial part of its support from a governmental unit or from the general public A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A) Section 170(b)(1)(A)(vi) (A iso complete the Support Schedule in Part IV-A) 1 116 112 77

receipts from activities related to its charitable, etc , functions —subject to certain exceptions, and (2) no more than 331/3% of acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses

An organization that is not controlled by any disqualried 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 III - Other Type III - Functionally Integrated T Type !! Type I 13

(b) Type of Employer (described in support do organization(s) of support do organization(s) functification lines 5 through	(b) Employer identification number	(c) Type of organization (described in lines 5 through	(d) Is the supported organization listed in the supporting organization's governing documents?	ported sted in the anization's cuments?	(e) Amount of support?
		12 above of IRC section)	Yes	Ν	
Total				•	

An organization organized and operated to test for public safety. Section 509(a)(4) (See page 7 of the instructions.) L

Schedule A (Form 990 or 990-EZ) 2007

A (Form 990 or 990-EZ) 2007 I-A Support Schedule (Complete only if You may use the worksheet in the instructions for com-	(a) 2006	(b) 2005	(c) 2004	(d) 200		(e) Total
ndar year (or fiscal year beginning in) Gifts, grants, and contributions received (Do not		187,577	187,445	1	30,048	843,203
include unusual grants See line 28)	338,133				13,360	117,684
Membership fees received	43,994	33,745	26,585		13,300	
Gross receipts from admissions, merchandise]				88,031
gold or services performed, or furnishing of	13,874	14,527	8,750		50,880	88,031
facilities in any activity that is related to the	1					
organization's charitable, etc., purpose Gross income from interest, dividends, amounts					- 1	
received from payments on securities loans	Į.	1			- 1	0
(action 51.7/a)/51), rents, royalties, and	1				1	U
unrelated business taxable income (less section			ŀ		- 1	
511 taxes) from businesses acquired by the organization after June 30, 1975						
Net income from unrelated business activities			ľ		- 1	0
not included in line 18						
Tax revenues levied for the organization's benefit	i				- 1	0
and either paid to it or expended on its	ļ					
behalf The value of services or facilities furnished to					1	
the organization by a governmental unit without	i		Į į		1	0
charge Do not include the value of services or					l	
facilities generally furnished to the public without						
Other income Attach a schedule Do not include					128	128
pain or (loss) from sale of capital assats						1,049,041
Total of lines 15 through 22	396,001	235,849			194,416	961,01
Line 23 minus line 17	382,127	221,322			143,536	981,01.
Enter 1% of line 23 Organizations described on lines 10 or 11: a En	3,960	2,358		269	1,944	
of all these excess amounts • Total support for section 509(a)(1) test. Enter lin	e 24, column (e)		•	26b 26c		
d Add Amounts from column (e) for lines 18		19				
22		266		26d		
e Public support (line 26c minus line 26d total)				26e		
	divided by line 260	(denominator))	<u> </u>	26f		
Total and the same	unte included in li	nes 15.16.and	1 / that were rece	ived from	a "disqu	latified person,
accounts a liet for your records to show the name of	r, and total amoun	Cz tecetnen ili es	ch year from, eac	h "disqual	lified pa	rson - ·
Do not file this list with your return. Enter the su	m of such amount	s for each year				
(2005)		(2004)		_(2003)_		A for walls
a supermetuded in time 17 that was recei	ved from each per	son (other than '	disqualified perso	ns"), prep	are a III	st for your
	d for each vear, th	at was more thai	u the taile t of [1]	the emon	it on ini	E 23 (0) 1110 /
and a second second and a second seco	lescribed in lines.	5 through 110, a	2 MGII 92 IUDIAIAN	119 100 100		
or (2) \$5,000 (Include in the list organizations of return. After computing the difference between th	e amount receive	d and the larger a	amount described	ın (1) or (2), ente	er the sum or
these differences (the excess amounts) for each	year					
(2006) (2005)		_(2004)		_(2003)_		
c Add Amounts from column (e) for lines 19	5	3,203 16	117,684		1 1	1,048,9
17 88,031 20	0	0 21		-	27c	1,046,3
d Add Line 27a total	and line 27b to	tal			27d	1,048,9
- Public support (line 27c total minus line 27d total	1)			>	27e	1,040,
. Total support for section 509(a)(2) test Enter a	mount from line 2:	3, column (e) 🟲	271	1,049,046	ų i	
- public support percentage (line 27e (numerator)	divided by line 27	(denominator))}	270	<u> </u>	99 99
value and became percent age (line 18, splumn)	(e) (numerator) d	ivided by line 27	((GBIIOLININGCOL))	27h	<u></u>	
war and comment of the same accompany to the contract of	tine 10, 11, or 12	that received b	ny unusual grants	auring 20	02 thro	ugh 2005,
a het fac your records to show, for each y	ear, the name of t	he contributor, t	ue date and amon	it of the 9		d a brief
				to in line	15	
description of the nature of the grant Do not file	this list with you	return. Do not	nclude these gran	ts in line		90 or 990-EZ) 20

che	A (Form 990 or 990-EZ) 2007			19e 5
Pα	Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
.9	other governing instrument, or in a resolution of its governing body?	29		No
	Does the organization include a statement of its recially nondiscriminatory policy toward students in all its		- 1	
Ð	brochures, catalogues, and other written communications with the public dealing with student admissions,	1	- 1	i
		30		No
	programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
1	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way	1		l
	that makes the policy known to all parts of the general community it serves?	31		No
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
	17-785," please describe, ii 180, please exploiii (57,700.000.000)	1		
				•
32	Does the organization maintain the following			
_	Becords indicating the racial composition of the student body, faculty, and administrative staff?	32=		No
	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory			1
	basis?	32b	l	No
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			Г
		32c	ĺ	No
	with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		No
	Copies of all material used by the organization of our as senant to senant services			
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		ļ	
		1		
33	Does the organization discriminate by race in any way with respect to			
1	dents' rights or privileges?	33a	-	₩ N
	₿ Admissions policies?	33b	<u> </u>	No
	e Employment of faculty or administrative staff?	33c	<u> </u>	No
	•	33d		N
	d Scholarships or other financial assistance?			1
	e Educational policies?	33e	╀	N.
	y Use of facilities?	33f		N
	A new orderings.			N
	g Athletic programs?	339	+-	┼
	h Other extracumcular activities?	33h	+	N
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
		1		-
		4		
3	4a Does the organization receive any financial aid or assistance from a governmental agency?	34a	4	N
		346		
	B Has the organization's right to such aid ever been revoked or suspended?		·	<u>-i</u> ;

If you answered "Yes" to either 34s 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

Page 6 (Form 990 or 990-EZ) 2007 Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768)

If the organization belongs to an affiliated group Chack > b | If you checked "a" and "limited control" provisions apply if the organization belongs to an affiliated group (b) Limits on Lobbying Expenditures To be completed Affiliated group for all electing totals (The term "expenditures" means amounts paid or incurred) organizations 36 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 37 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 38 38 Total lobbying expenditures (add lines 36 and 37) 39 39 Other exempt purpose expenditures 40 40 Total exempt purpose expanditures (add lines 38 and 39) 41 Lobbying nontaxable amount Enter the amount from the following table-The lobbying nontaxable amount is— If the amount on line 40 is-20% of the amount on line 40 Nat over \$500,000 \$100,000 plus 15% of the excess over \$500,000 Over \$500,000 but not over \$1,000,000 \$175,000 plus 10% of the excess over \$1,000,000 41 Over \$1,000,000 but not over \$1,500,000 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 42 42 Grassroots nontaxable amount (enter 25% of line 41) 43 43 Subtract line 42 from line 36 Enter -0 - if line 42 is more than line 36 44 Subtract line 41 from line 38 Enter - 0 - if line 41 is more than line 38 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 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 45 through 50 on page 11 of the instructions Lobbying Expenditures During 4-Year Averaging Period (e) (d) Calendar year (or 2004 fiscal year beginning in) 🕨 45 Lobbying nontaxable amount 46 Lobbying ceiling amount (150% of line 45(e)) 47 Total lobbying expenditures 48 Grassroots nontaxable amount 49 Grassroots ceiling amount (150% of line 48(a)) Grassroots lobbying expenditures Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) During the year, did the organization attempt to influence national, state or local legislation, including any Yes A mount attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers No Paid staff or management (Include compensation in expenses reported on lines of through h.) No Media advertisements No d Mailings to members, legislators, or the public No e Publications, or published or broadcast statements No f Grants to other organizations for lobbying purposes Direct contact with legislators, their staffs, government officials, or a legislative body Νo No

Railies, demonstrations, seminars, conventions, speeches, lactures, or any other means

Total lobbying expenditures (Add lines othrough h.)

ne A (F	form 990 or 990-EZ)	2007	,			Page 7
Part VII	Information F	Regarding Transf	ers To and Transactions (ge 12 of the instructions.)	and Relationships With No	ncnarita	DIE
Ded the			annage in any of the following Wi	th any other organization describe	ed in sectio	n
501/61	of the Code (other thi	an section 501(C)(J) (organizations) of in section 42.		Yes	No
a Transfe	ers from the reporting	organization to a nonc	haritable exempt organization of	·	la(i)	No
(i) (, ,	(ii)	No
(ii) (O ther assets			 -	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
b Other t	ransactions	•		1,	ь(і)	No .
(i)	Sales or exchanges of	f assets with a noncha	ritable exempt organization		(ii)	No
(ii)	Purchases of assets f	rom a noncharitable e	xempt organization		(18)	No
		uipment, or other asse	11.5	(<u>1</u>	(lv)	No
	Reimbursement arran				(v)	No
(v)	Loans or loan guarant	es or membership or f	fundraising solicitations	<u> </u>	(vI)	No
		ant mailing liete othe	rassats, or paid employees	L.	<u> </u>	No
		have in "Vee " comple	to the following schedule Colum	in (b) should always show the fair	market valu	le of the
	-th-country of CAN	uras awaa by the repo	orting organization. If the organiz	Stidu taceived igas right ign man	et value:in	any
transa	ction or sharing arran	gement, show in colun	nn (d) the value of the goods, oth	(d)		
(a)	(b) Amount involved	Name of noncha	(c) ritable exempt organization	Description of transfers, transa arrangement		sharing
Little 110	Amount moores					
	ļ					
						·
				<u> </u>		
			· · · · · · · · · · · · · · · · · · ·			
	ļ					
	 					
						
	 	 				
	 					
desci	organization directly ribed in section 501(c as," complete the follo	:) of the Code (other th	with, or related to, one or more to man section 501(c)(3)) or in sect	ion 5277	ſ Yes	F N
	(a) Name of organiz	ation	(b) Type of organization	(c) Description of relat	ionship	
				<u> </u>		
						
			 			

Schedule A (Form 990 or 990-EZ) 2007

TY 2007 Depreciation and Depletion Schedule

Name: NATIONAL IRANIAN AMERICAN COUNCIL EIN: 73-1626026

Software ID: 07000184

Accet	Amount
	7,000
CHECK FOLITOMENT	4/0/7
מון זכנו וליסיו	

DLN: 93490227014568

TY 2007 Land etc. Schedule

Name: NATIONAL IRANIAN AMERICAN COUNCIL

EIN: 73-1626026

Software ID: 07000184

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
EQUIPMENT	15/91	9,923	6,828

DLN: 93490227014568

TY 2007 Special Events Schedule

Name: NATIONAL IRANIAN AMERICAN COUNCIL

EIN: 73-1626026

Software ID: 07000184

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
Fundraiser	213,284		213,284	24,786	188,498

TY 2007 Other Income Schedule

Name: NATIONAL IRANIAN AMERICAN COUNCIL

EIN: 73-1626026

Software ID: 07000184

	_	-	
Total	128		
2003	128		
2004			
2005			
2006			
nogonis		INTEREST	