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Form 990-EZ

## Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150 **2014** 

Open to Public Inspection

Department of the Treasury
Juternal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990

211101		ende Service								
A		or the 2014 calendar year, or tax year beginning , and ending								
ם ב	Check if a	•	C Name of organization		D Employer identification number					
Ц	Address o	_				4000504				
Ц	Name cha	•	Iranian American Community Center		27-4038581					
	Initial retu			om/suite		E Telephone number				
Ц		m/terminated	PO Box 11336		703-929-6556					
٠Ц	Amended		City or town, state or province, country, and ZIP or foreign postal code			ip Exemption				
Ш	Applicatio	on pending	McLean VA 22102-9336  X Cash	T		ber ▶				
G		nting Method			if the organization is not					
I	Websit	te: ▶ <u>WWW</u>	. IACOMMUNITYCENTER . ORG  eck only one) — X 501(c)(3) 501(c) ( )	1		ach Schedule B				
<u>J</u>	Tax-exe	<u>m</u> 990, 99	0-EZ, or 990-PF)							
K Form of organization										
L			to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets			. 54 762				
_			e \$500,000 or more, file Form 990 instead of Form 990-EZ		<u> </u>					
P	art I		ue, Expenses, and Changes in Net Assets or Fund Balances (see	the instruc	tions for	Part I)				
	1 .		f the organization used Schedule O to respond to any question in this Part I			X				
•	1		gifts, grants, and similar amounts received		1	95				
ì	2	•	vice revenue including government fees and contracts		2_	54,668				
>	3	•	dues and assessments		3					
2	4	Investment i			4	<u> </u>				
5	5a		nt from sale of assets other than inventory 5a							
	b		other basis and sales expenses		<b></b> -  ₋					
	C		rom sale of assets other than inventory (Subtract line 5b from line 5a)	5c						
נ	6	•	fundraising events	l						
Z.	а		e from gaming (attach Schedule G if greater than							
Revenue		\$15,000)	<u> 6a                                   </u>							
S.	b		e from fundraising events (not including \$ of contributions	ļ						
¥			gross income and contributions exceeds \$15,000)							
•		sum of such								
	C		expenses from gaming and fundraising events							
	d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	ľ						
		line 6c)	7 AF 184 A 18 A		6d					
	7a		of inventory, less returns and allowances 7a							
	b	Less cost o			<del></del> -∤ _					
	C		or (loss) from sales of inventory (Sübtractiline 77b from line 7a)		7c					
	8		ie (describe in Schedule O)		8	EA 763				
_	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	54,763				
	10		imilar amounts paid (list in Schedule O)		10					
	11	•	to or for members		11	<del>                                     </del>				
es	12		er compensation, and employee benefits		12	900				
Expenses	13		fees and other payments to independent contractors		13					
Š	14		rent, utilities, and maintenance lications, postage, and shipping		14	<del> </del>				
ш	15		15	20,040						
	16	Other expen	16	20,040						
_	17		ses. Add lines 10 through 16		17	33,823				
t	18	•	eficit) for the year (Subtract line 17 from line 9)		18					
SSe	19		r fund balances at beginning of year (from line 27, column (A)) (must agree with	40	30 000					
Net Assets	00	•	igure reported on pnor year's return)		19	30,998				
Ž	20	_	es in net assets or fund balances (explain in Schedule O)		20	64 001				
_	21_	Net assets of	r fund balances at end of year Combine lines 18 through 20		21	64,821				

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014

Tranian American Col		ter 2/-40	38281		raye Z
Part II Balance Sheets (see the instructions for	•	wasten in this Deat II			
Check if the organization used Schedule O	to respond to any o		ginning of year		(B) End of year
22 Cash, savings, and investments		(A) Bet	30,998	22	64,821
23 Land and buildings		<del>-</del>	0	23	04,021
24 Other assets (describe in Schedule O)		-	0	24	<del></del>
25 Total assets			30,998	25	64,821
26 Total liabilities (describe in Schedule O)			0	26	0
27 Net assets or fund balances (line 27 of column (B) must ag	ree with line 21)		30,998	27	64,821
Part III Statement of Program Service Acco		e the instructions for P	art III)		
Check if the organization used Schedule O	to respond to any o	uestion in this Part III			Expenses
What is the organization's primary exempt purpose?				(Re	equired for section
Educational and cultural programs and events				l	I(c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for	<del>-</del>	· · ·		l -	anizations, optional for
as measured by expenses In a clear and concise manner, descri	•	ed, the number of		l oth	ers)
persons benefited, and other relevant information for each progra			<del></del>	$\vdash$	
28 Educational and cultural programs and events	3				
(Grants \$ ) If this amount include	es foreign grants, chec	k hara	▶ □	28a	17,511
29	s loreign grants, chec	KIICIC		200	
<del></del>					
				!	
(Grants \$ ) If this amount include	es foreign grants, chec	k here	▶	29a	
30					<del></del>
				]	
(Grants \$ ) If this amount include	es foreign grants, chec	k here	<b>&gt;</b>	30a	
31 Other program services (describe in Schedule O)					
(Grants \$ ) If this amount include		k here		31a	10 544
32 Total program service expenses (add lines 28a through 31  Part IV List of Officers, Directors, Trustees, and Key		one even if not compone	ented non-thou	32	17,511
Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to res	spond to any question	in this Part IV	ateu — see tile ii		ons for Part IV)
(a) Name and Ma	(b) Average	(c) Reportable compensation	(d) Heath ben contributions to e	efits,	(e) Estimated amount of
(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, deferred compe	and	other compensation
Fred Aryan		(ii not paid, citer -0-)	deletted compe	11384011	
Director	2.00	l			o
Bita Golshan Lotfi					
Director	10.00	o			0 0
Forough P Yazdani					
Director	5.00	0		- 1	0 0
Termeh Rassi					
Director	5.00	0			0 0
Mandana Deghanian			i		
Director	2.00	0			0 0
Alexander Soltany	F 00		!		
Director	5.00	0			0 0
		[	[		
<del></del>					<del></del>
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	-		<u> </u>		
			<u></u>	_	<u> </u>
		<u> </u>	<u> </u>		
DAA	<del></del>	· —			Form <b>990-EZ</b> (2014)

	granian American Community Center 27-403				age J
Pa ——	rt V Other Information (Note the Schedule A and personal benefit contract statement re instructions for Part V) Check if the organization used Schedule O to respond to any q	quirements in the uestion in this Part V			
	D. d.t.		Γ	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed		- 33	-	
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the				
	change on Schedule O (see instructions)		34		x
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business				
	activities (such as those reported on lines 2, 6a, and 7a, among others)?		35a		x
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in So	chedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice	œ,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets				ĺ
	during the year? If "Yes," complete applicable parts of Schedule N		36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	1			
b	Did the organization file Form 1120-POL for this year?		37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or wer	e	ĺ		l
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved	)			
39	Section 501(c)(7) organizations Enter				
а	Initiation fees and capital contributions included on line 9				
b	Gross receipts, included on line 9, for public use of club facilities	<u> </u>			
40a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		į į		
<b>L</b>	section 4911 , section 4912 , section 4955 , section 4955 , section 504(a)(2), 504(a)(4), and 504(a)(2), section 4955 , sectio		<del></del>		
D	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year.		ŀ		
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		40Ь		x
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed		405	1	
Ŭ	on organization managers or disqualified persons during the year under sections 4912,		J		
	4955, and 4958		İ		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line				
	40c reimbursed by the organization				
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		_		
	transaction? If "Yes," complete Form 8886-T		40e		X
41	List the states with which a copy of this return is filed None				_
42a	The organization's books are in care of ▶ Fred Aryan	Telephone no ▶	703-92	9-6	55€
	11723 Great Owl Court				
	Located at ▶ Reston VA	ZIP + 4 ▶	20194		,
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account	nt)?	42b	-	X
	If "Yes," enter the name of the foreign country ►  See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		<del></del>	1	
	Financial Accounts (FBAR)	4			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?		42c		X
	If "Yes," enter the name of the foreign country			•	
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041 — Check here				▶□
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43			_
				Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be				
	completed instead of Form 990-EZ		44a	<u>L</u>	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be				}
	completed instead of Form 990-EZ		44b	1	X
С	Did the organization receive any payments for indoor tanning services during the year?		44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an				
	explanation in Schedule O		44d	<del>                                     </del>	<del>  _</del> -
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		45a	<b></b>	X
b	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," Form 990 and Schedule R may need to be completed instead of				-
	Form 990-EZ (see instructions)		45b	L	X

Form	990-EZ (20	(14)	Ira	nian	Ame	erica	n Co	ommu:	nity	Cen	ter	27-4	03858	1				Page 4
		•											·· <del>·</del>			Г	Ye	s No
46		-				ndırectly, ır omplete S				tivities o	n behalf	of or in opposit	ion				46	x
Pa	rt VI	Secti	ion 501	(c)(3)	orgar	nization	s only	у			-							
				1(c)(3)	organı	zations r	must ar	nswer	questio	ns 47–	49b and	f 52, and con	nplete the	tables	s for line	es		
		50 an Check		rganiza	ation u	sed Sche	edule C	O to re	spond 1	o anv o	uestion	in this Part \	<b>/</b> I					
				_													Ye	s No
47		•		_			r have a	a sectio	n 501(h)	) electior	ın effec	t during the tax				ſ	47	х
40	-		omplete S				170/h)	\/1\/ <b>\</b> \/ı	1\2 If "Ve	e " com	nlata Sci	nedule E			•	ŀ	48	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  49a Did the organization make any transfers to an exempt non-charitable related organization?						49a	X											
						49b												
50	Complet	e this tat	ble for the	organiz	zation's	five highe	est comp	pensate	ed emplo	yees (o	ther than	officers, direct	ors, truste	es and	key			
	employe	es) who	each rec	eived mo	ore tha	n \$100,00	0 of cor	mpensa	ition fror	n the org		n If there is no						
		(a) N	ame and ti	tle of eac	h emolo	ovee			(b) Ave hours pe	week	ò	Reportable mpensation	contribut		employee		timated ar	
		(6) 14	anc and t	uc or cao	on emple	,,,,,		de	evoted to	position	(Forms	W-2/1099-MISC)	) bene deferre	efit plans d compe	, and ensation			
No	one																	
							<del></del>						-			<del> </del>		
																<b></b>		
																<del> </del>	<del> </del>	
	Total nu	mber of	other emi	olovees	paid ov	er \$100,0	000			-	l	•				<u> </u>		
51	Complet	te this tal	ble for the	organiz	zation's	five highe	est com	pensate	ed indep	endent o	contracto	rs who each re	ceived mo	re than				
	\$100,00	0 of com	pensation	n from th	ne orga	nization I	f there is	is none,	enter "I	None "								
		(a) Nan	ne and bus	iness ad	dress of	f each indep	pendent o	contract	or			(b) Ty	ype of service	ce		(c)	compensat	ion
No	ne																	
											-							
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						<del>.</del>												
												<u></u>			J			
d	Total nu	mber of	other indi	ependen	nt contr	actors ead	ch recei	iving ov	er \$100,	000	>							
52	Did the	organiza	ition comp	olete Sch	hedule .	A? Note.	All secti	ion 501	(c)(3) or	ganızatı	ons mus	t attach a			_			<b>-</b>
		ed Sche														> X		No
Unde true,	r penalties correct, an	ot perjury d complet	y, i declare te Declara	that I havi tion of pr	ve exam eparer (	other than	eturn, inc officer) is	s based	ccompan on all info	ying scre omation (	edules and of which p	statements, and reparer has any	a to the besi knowledge	t of my K	nowieage	and bei	er, it is	
										<del>1</del>						,		·
Sig	ח		ature of office					/,_	71	na.			Date	2	10	/,		
Her	e		red .				[d][	2	f- <i>N</i> O	175	_	Directo	<u> </u>		19/	15		
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Paid	.		•					1	1	RIC	ί Kα	un CPA	-   _	3/04/1	Check self-e	< ∐ ∉ mployed	P00070	1051
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	`~ F	rim's addre				mpus					410	/	_					
				Rest	ton,	VA	201	.91						Pho	ne no		734-:	L507
May	May the IRS discuss this return with the preparer shown above? See instructions																	
																Fo	m <b>990-</b> l	<b>EZ</b> (2014)

SCHEDULE A (Form 990 or 990-EZ) **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.

2014

Open to Public Inspection

-Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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			Iranian Am	ericar	n Community C	Cente:	r	27	<u>-4038</u>	3581
P	art l	Reas	on for Public Char	rity Status	s (All organizations i	nust coi	nplete t	his part ) See ins	ructions	
The	orga				or lines 1 through 11, che					
1	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	П	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	П				zation described in <b>secti</b>	on 170(b)	(1)(A)(iii)			
4	П	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and state		•	·			• • • • • • • • • • • • • • • • • • • •		
5										
	_	•	b)(1)(A)(iv). (Complete		•	•				
6	$\Box$			-	ntal unit described in sec	tion 170(	b)(1)(A)(v	·).		
7	П		•	-	al part of its support from				ublic	
	_	_	section 170(b)(1)(A)(vi)							
8					(A)(vi). (Complete Part II	)				
9	X	-			han 33 1/3% of its suppor	•	tributions	, membership fees, ar	d gross	
		-	•		ons—subject to certain ex				_	
					ited business taxable inco					
		acquired by th	he organization after Jur	e 30, 1975	See section 509(a)(2). (	Complete	Part III)			
10		An organization	on organized and operat	ed exclusive	ely to test for public safety	See sec	tion 509(a	a)(4).		
11		An organization	on organized and operat	ed exclusive	ely for the benefit of, to pe	rform the	functions	of, or to carry out the p	urposes o	f
	_	one or more p	oublicly supported organ	izations des	cribed in section 509(a)(	1) or sect	ion 509(a	)(2). See section 509	(a)(3). Ch	eck
		the box in line	es 11a through 11d that	describes the	e type of supporting organ	nization ar	d comple	te lines 11e, 11f, and	l1g	
а		Type I. A sup	porting organization ope	rated, super	rvised, or controlled by its	supported	d organiza	ition(s), typically by giv	ing	
		the supported	d organization(s) the pow	er to regular	rly appoint or elect a majo	rity of the	directors	or trustees of the supp	orting	
		organization	You must complete Pa	art IV, Secti	ons A and B.					
þ		Type II. A sup	pporting organization su	pervised or o	controlled in connection w	ith its sup	ported org	ganization(s), by having	3	
		control or mai	nagement of the suppor	ting organiza	ation vested in the same p	ersons th	at control	or manage the suppor	ted	
	_	organization(s	s) You must complete	Part IV, Se	ctions A and C.					
С		Type III func	tionally integrated. A s	supporting or	ganization operated in co	nnection v	vith, and f	unctionally integrated	with,	
		its supported	organization(s) (see inst	tructions) Y	ou must complete Part	IV, Sectio	ns A, D,	and E.		
d		Type III non-	-functionally integrated	d. A supporti	ng organization operated	ın connec	tion with i	ts supported organizat	ion(s)	
		that is not fun	ectionally integrated. The	organizatioi	n generally must satisfy a	distributio	n requirei	ment and an attentiver	ess	
		requirement (	(see instructions) You n	nust comple	ete Part IV, Sections A a	and D, and	d Part V.			
е		Check this bo	x if the organization rec	eived a writte	en determination from the	IRS that	tıs a Typ	e I, Type II, Type III		
	_	=	•	-	integrated supporting org	ganization				<del>[</del>
f			of supported organization							<u></u>
_ g			ving information about th			1			— т	<del></del>
1		e of supported	(ii) EIN		(iii) Type of organization (described on lines 1–9		rganization ir governing	(v) Amount of monet support (see	ary	(∨i) Amount of other support (see
		<b>34.</b>			above or IRC section		ment?	instructions)		instructions)
					(see instructions))		No.			
/A)				<del>-  -</del> -		Yes	No			
(A)			1	1					- 1	
(B)	—		<del></del>	<del></del>		<del> </del>				
(0)									l	
(C)						<del> </del>				<del></del>
(0)				ļ					- 1	
(D)					<del>_</del>	<del> </del>			+	· · · · · · · · · · · · · · · · · · ·
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Tota	al									

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)

1 Gifs, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues lewed for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities from the state of the organization without charge. 4 Total, Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or the organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 5 Public supports subtract time 5 from line 4  Section B. Total Support Callendar year (or fiscal year beginning in) P 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on secunities loans, renis, royalties and income from similar sources 9 Net innovement of the 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 assests (Explain in Part VI) 11 Total support. Add lines? through 10 12 Gross receipts from related activities, etc. (see instructions) 15 Prist five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 16 Public support percentage from 2013 Schedule A, Part II, line 14 18 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 10 4%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. check this box and stop here. Explain in Part VI ow the organization meets the "facts-and-circumstances" test. Check this box and stop here. Explain in Part VI ow the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization organization.		
membership fees received (Co not include any "unusual grants")  2 Tax revenues leved 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'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 is a service of the property o	(e) 2014	(f) Total
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<ul> <li>Section C. Computation of Public Support Percentage</li> <li>Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))</li> <li>Public support percentage from 2013 Schedule A, Part II, line 14</li> <li>33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization</li> <li>10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> <li>10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization</li> <li>Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see</li> </ul>		
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· · · · · · · · · · · · · · · · · · ·		▶ [
INSTRUCTIONS		⊾ □

Part III Support Schedul

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.

Sec	tion A. Public Support						
Caler	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					95	95
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				7,245	54,668	61,913
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge			_			
6	Total. Add lines 1 through 5				7,245	54,763	62,008
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
Sec	tion B. Total Support						62,008
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6			, , , , , , , , , , , , , , , , , , , ,	7,245	54,763	62,008
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	L			7,245	54,763	62,008
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	second, third, four	th, or fifth tax year a	is a section 501(c)(3	3)	<b>X</b>
Sec	tion C. Computation of Public Su		tage				
15	Public support percentage for 2014 (line 8,			(f))		15	%
16	Public support percentage from 2013 Sche	• • •	-	(7)		16	%
Sec	tion D. Computation of Investme						
17	Investment income percentage for 2014 (lin	ne 10c, column (f) o	divided by line 13,	column (f))		17	%
18	Investment income percentage from 2013	Schedule A, Part II	I, line 17			18	%
19a	33 1/3% support tests—2014. If the organ						. ~~
_	17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization						▶ ∐
b	33 1/3% support tests—2013. If the organ						▶ □
20	line 18 is not more than 33 1/3%, check the		=			nization	Z H
<u> 20</u>	Private foundation. If the organization did	HOL CHECK a DOX OF	1 mile 14, 19a, of 1	ou, check this dox a	ing see instructions	<del></del>	

Part IV

**Supporting Organizations** 

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete	te Part V )		
ect	ion A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
•	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			_
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			-
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a_		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	[		
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		ł	
	designated in the organization's organizing document?	_5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent	1.		İ
_	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	8		
0-	If "Yes," complete Part I of Schedule L (Form 990)  Was the organization controlled directly or indirectly at any time during the tax year by one or more	1.0		
9a	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		1
ь	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which	34	<del>                                     </del>	
	the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	96		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit		$t^-$	
٠	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	90		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)	<u>                                   </u>		1
u	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
-	determine whether the organization had excess business holdings )	10Ь	1	

determine whether the organization had excess business holdings )

	ule A (Form 990 or 990-EZ) 2014 Iranian American Community Center 27-403656	<u> </u>		Page :
Par	t IV Supporting Organizations (continued)			
44	He discussed a second of the first of the fellows are assessed.		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b	_	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		162	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
2	Did the organization operate for the benefit of any supported organization other than the supported	'		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	2		
Sact	supervised, or controlled the supporting organization ion C. Type II Supporting Organizations			
SECT	O. Type ii Supporting Organizations		Voo	No
	18/		_Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	4		 
Soct	the supported organization(s) ion D. All Type III Supporting Organizations			
Sect	ion b. An Type in Supporting Organizations		Van	Ma
4	Did the executation arounds to each of the connected executations, but the last day of the fifth month of the	Γ -	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax	1		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	_	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		:	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	ا ۱		
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2	_	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Coat	supported organizations played in this regard	3		
	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions	).		
,	Advisor Test Agence (a) and (b) halou			- NI-
	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		<del></del>
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a_		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	_3b_		
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Schedule A (Form 990 or 990-EZ) 2014 Iranian American Community			581 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			··· <del>·</del> -
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov			
other Type III non-functionally integrated supporting organizations must complete Section	is A throu	gn <u> </u>	(D) C
Section A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	ŀ		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	L	
d Total (add lines 1a, 1b, and 1c)	1d	<u> </u>	
e Discount claimed for blockage or other	- 1		
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	1		
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-integrated T	ype III su	pporting organization (see	

Schedule A (Form 990 or 990-EZ) 2014

instructions)

chedu	le A (Form 990 or 990-EZ) 2014 Iranian American C			27-4038	<b>581</b> Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3) Su	upporting Organi	izations (co	ontinued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	3			
2	Amounts paid to perform activity that directly furthers exempt purposes of	supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes of supported	ed organizations			
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI) See instructions				
7	Total annual distributions. Add lines 1 through 6				
8	Distributions to attentive supported organizations to which the organizatio	n is responsive			
	(provide details in Part VI) See instructions				
9	Distributable amount for 2014 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributio		(ii) rdistributions Pre-2014	(iii) Distributable Amount for 2014
_1	Distributable amount for 2014 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2014		Ì		
	(reasonable cause required-see instructions)				
3	Excess distributions carryover, if any, to 2014				
<u>a</u>					
<u> </u>					
С					
<u>d</u>				_	
	From 2013				
	Total of lines 3a through e				
	Applied to underdistributions of prior years				
	Applied to 2014 distributable amount				
<u>i</u>	Carryover from 2009 not applied (see instructions)				
	Remainder Subtract lines 3g, 3h, and 3i from 3f				
4	Distributions for 2014 from Section				
	D, line 7 \$				
	Applied to underdistributions of prior years				
	Applied to 2014 distributable amount		<del></del>		
	Remainder Subtract lines 4a and 4b from 4		<del></del>	<del></del>	
5	Remaining underdistributions for years prior to 2014, if				
	any Subtract lines 3g and 4a from line 2 (if amount				
	greater than zero, see instructions)		<del></del>		
6	Remaining underdistributions for 2014 Subtract lines 3h	}	ł		
	and 4b from line 1 (if amount greater than zero, see				
	Instructions)				
7	Excess distributions carryover to 2015. Add lines 3j				
	and 4c	-	_		
8	Breakdown of line 7	<del>  -</del>		<del>-</del>	<del></del>
<u>a</u>					
<u>b</u>					
C			-+		<del>-</del>
đ	Excess from 2013	}	l		l

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014 Iranian American Community Center

27-4038581

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part VI

Part III, line 12. Also complete this part for any additional information (See instructions.)

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047
2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

Name of the organization

Iranian American Community Center

27-4038581

Form 990-EZ, Part I, Line 16 -	- Other	Expenses					
Description Amount							
Expenses							
Advertising	\$	227					
Postage and shipping	\$	278					
Information Technology	\$	439					
Meal Expense	\$	175					
Insurance	\$	1,410					
Catering and food expense	\$	14,225					
Valet service	\$	1,378					
Videography Services	\$	1,058					
Music and lighting serv.	\$	850					
	Total \$	20,040					