

IN

MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
Telephone: (916) 445-2021

WEBSITE ADDRESS:  
<http://ag.ca.gov/charities/>

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number <u>0179767</u>  <b>PARS EQUALITY CENTER</b> <small>Name of Organization</small> <u>PO BOX 1383</u> <small>Address (Number and Street)</small> <u>MENLO PARK, CA 94026</u> <small>City or Town</small> <span style="margin-left: 100px;"><small>State</small></span> <span style="margin-left: 20px;"><small>ZIP Code</small></span>		Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report  Corporate or Organization No. <u>3295442</u>  Federal Employer I.D. No. <u>27-2969900</u>			
<b>ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)</b> <b>Make Check Payable to Attorney General's Registry of Charitable Trusts</b>					
<b>Gross Annual Revenue</b> Less than \$25,000 Between \$25,000 and \$100,000	<b>Fee</b> 0 \$25	<b>Gross Annual Revenue</b> Between \$100,001 and \$250,000 Between \$250,001 and \$1 million	<b>Fee</b> \$50 \$75	<b>Gross Annual Revenue</b> Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million	<b>Fee</b> \$150 \$225 \$300
<b>PART A – ACTIVITIES</b>					
For your most recent full accounting period (beginning <u>1/01/15</u> ending <u>12/31/15</u> ) list: Gross annual revenue \$ <u>2,088,336.</u> Total assets \$ <u>326,610.</u>					
<b>PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT</b>					
<b>Note:</b> If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.					
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Organization's area code and telephone number <u>(650) 321-6400</u>					
Organization's e-mail address _____					
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.					
Signature of authorized officer _____		Printed Name _____		Title _____	
				Date _____	



Form **990**

OMB No. 1545-0047

**Return of Organization Exempt From Income Tax**

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

- ▶ Do not enter social security numbers on this form as it may be made public.  
 ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

<b>A For the 2015 calendar year, or tax year beginning</b>		<b>, 2015, and ending</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> PARS EQUALITY CENTER PO BOX 1383 MENLO PARK, CA 94026		<b>D</b> Employer identification number 27-2969900
			<b>E</b> Telephone number (650) 321-6400
			<b>G</b> Gross receipts \$ 2,264,846.
			<b>F</b> Name and address of principal officer: <b>BITA DARYABARI</b> SAME AS C ABOVE
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	
<b>J</b> Website: ▶ <a href="http://WWW.PARSEQUALITYCENTER.ORG">WWW.PARSEQUALITYCENTER.ORG</a>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 2010	<b>M</b> State of legal domicile: CA

<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>THE MISSION OF PARS EQUALITY CENTER IS TO OFFER AND SOLICIT SOCIAL AND LEGAL SUPPORT FOR ALL MEMBERS OF THE IRANIAN AMERICAN COMMUNITY, INCLUDING REFUGEES, ASYLEES AND IMMIGRANTS. OUR GOAL IS TO ENGAGE ALL OF OUR COMMUNITY IN THE EFFORT TO LEARN AND DEFEND OUR RIGHTS AND</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	5
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	16
	6	Total number of volunteers (estimate if necessary)	50
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
<b>Revenue</b>	7b	Net unrelated business taxable income from Form 990-T, line 34	0.
<b>Expenses</b>	8	Contributions and grants (Part VIII, line 1h)	1,763,195.
	9	Program service revenue (Part VIII, line 2g)	2,180,517.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-75,400.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,687,806.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	92,085.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	90,257.
<b>Not Assets or Fund Balances</b>	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	959,130.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,206,525.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 146,954.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	479,322.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	762,384.
	19	Revenue less expenses. Subtract line 18 from line 12	1,530,537.
	20	Total assets (Part X, line 16)	297,517.
<b>Net Assets or Fund Balances</b>	21	Total liabilities (Part X, line 26)	30,039.
	22	Net assets or fund balances. Subtract line 21 from line 20	29,962.
			267,478.

<b>Part II Signature Block</b>					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
<b>Sign Here</b>	Signature of officer				Date
	Type or print name and title.				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	GREGORY M. LOMAZZI	GREGORY M. LOMAZZI	11/09/16		P00281327
	Firm's name ▶ MOSS ADAMS, LLP				Firm's EIN ▶ 91-0189318
	Firm's address ▶ 635 CAMPBELL TECHNOLOGY PKWY CAMPBELL, CA 95008-5071				Phone no. 408-558-7500
May the IRS discuss this return with the preparer shown above? (see instructions)					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No