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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash—non-interest-bearing . . . . .	209200	19727		
	2	Savings and temporary cash investments . . . . .				
	3	Accounts receivable ▶ . . . . .				
		Less: allowance for doubtful accounts ▶ . . . . .				
	4	Pledges receivable ▶ . . . . .				
		Less: allowance for doubtful accounts ▶ . . . . .				
	5	Grants receivable . . . . .				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions) . . . . .				
	7	Other notes and loans receivable (attach schedule) ▶ . . . . .				
		Less: allowance for doubtful accounts ▶ . . . . .				
	8	Inventories for sale or use . . . . .				
	9	Prepaid expenses and deferred charges . . . . .				
	10a	Investments—U.S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule) . . . . .				
	c	Investments—corporate bonds (attach schedule) . . . . .				
	11	Investments—land, buildings, and equipment basis ▶ . . . . .				
	Less: accumulated depreciation (attach schedule) ▶ . . . . .					
12	Investments—mortgage loans . . . . .	124604	82707			
13	Investments—other (attach schedule) . . . . .					
14	Land, buildings, and equipment basis ▶ . . . . .	107000				
	Less: accumulated depreciation (attach schedule) ▶ . . . . .	12578	94422			
15	Other assets (describe ▶ . . . . .)					
16	<b>Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I) . . . . .	431338	196856			
Liabilities	17	Accounts payable and accrued expenses . . . . .			Same as previous years	
	18	Grants payable . . . . .				
	19	Deferred revenue . . . . .				
	20	Loans from officers, directors, trustees, and other disqualified persons . . . . .				
	21	Mortgages and other notes payable (attach schedule) . . . . .				
	22	Other liabilities (describe ▶ . . . . .)				
	23	<b>Total liabilities</b> (add lines 17 through 22) . . . . .				
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted . . . . .	431338	196856		
	25	Temporarily restricted . . . . .				
	26	Permanently restricted . . . . .				
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds . . . . .				
	28	Paid-in or capital surplus, or land, bldg., and equipment fund . . . . .	431338	196856		
	29	Retained earnings, accumulated income, endowment, or other funds . . . . .				
	30	<b>Total net assets or fund balances</b> (see page 17 of the instructions) . . . . .	431338	196856		
31	<b>Total liabilities and net assets/fund balances</b> (see page 17 of the instructions) . . . . .	431338	196856			

## Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) . . . . .	1	431338
2	Enter amount from Part I, line 27a . . . . .	2	-5929
3	Other increases not included in line 2 (itemize) ▶ See Statement 7 . . . . .	3	-228553
4	Add lines 1, 2, and 3 . . . . .	4	196856
5	Decreases not included in line 2 (itemize) ▶ . . . . .	5	
6	<b>Total net assets or fund balances at end of year</b> (line 4 minus line 5)—Part II, column (b), line 30 . . . . .	6	196856

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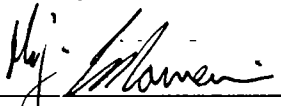
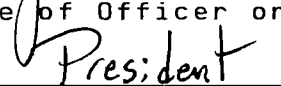
MOMENI FOUNDATION  
12170 SW ALLEN BLVD  
BEAVERTON OR 97005



DECLARATION

09515

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

  
\_\_\_\_\_  
Signature of Officer or Trustee  
  
\_\_\_\_\_  
President  
\_\_\_\_\_  
Title

12/10/09  
Date

## Change of Address

► Please type or print.

OMB No 1545-1163

► See instructions on back.

► Do not attach this form to your return.

### Part I Complete This Part To Change Your Home Mailing Address

Check **all** boxes this change affects:

- 1 ☐ Individual income tax returns (Forms 1040, 1040A, 1040EZ, 1040NR, etc.)  
► If your last return was a joint return and you are now establishing a residence separate from the spouse with whom you filed that return, check here ☐
- 2 ☐ Gift, estate, or generation-skipping transfer tax returns (Forms 706, 709, etc.)  
► For Forms 706 and 706-NA, enter the decedent's name and social security number below
- Decedent's name \_\_\_\_\_ ► Social security number \_\_\_\_\_

3a Your name (first name, initial, and last name)

3b Your social security number

4a Spouse's name (first name, initial, and last name)

4b Spouse's social security number

5 Prior name(s). See instructions

6a Old address (no., street, city or town, state, and ZIP code) If a P.O. box or foreign address, see instructions

Apt. no.

6b Spouse's old address, if different from line 6a (no., street, city or town, state, and ZIP code) If a P.O. box or foreign address, see instructions

Apt. no.

7 New address (no., street, city or town, state, and ZIP code) If a P.O. box or foreign address, see instructions

Apt. no.

### Part II Complete This Part To Change Your Business Mailing Address or Business Location

Check **all** boxes this change affects:

- 8 ☒ Employment, excise, income, and other business returns (Forms 720, 940, 940-EZ, 941, 990, 1041, 1065, 1120, etc.)
- 9 ☐ Employee plan returns (Forms 5500, 5500-EZ, etc.)
- 10 ☐ Business location

11a Business name

Momeni Foundation

11b Employer identification number

93-1317612

12 Old mailing address (no., street, city or town, state, and ZIP code) If a P.O. box or foreign address, see instructions

Room or suite no.

12170 SW Allen Blvd. Beaverton, OR 97005

13 New mailing address (no., street, city or town, state, and ZIP code) If a P.O. box or foreign address, see instructions

Room or suite no.

12720 SW Allen Blvd. Beaverton, OR 97005

14 New business location (no., street, city or town, state, and ZIP code) If a foreign address, see instructions

Room or suite no.

### Part III Signature

Daytime telephone number of person to contact (optional) ► ( )

Sign Here

Your signature

Date

If joint return, spouse's signature

Date

If Part II completed, signature of owner, officer, or representative Date

Title

*[Signature]*  
President

12/10/09