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Form 990-PF

Department of the Treasury Internal Revenue Service.

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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

OMB No. 1545-0052 2016

Open to Public Inspection

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For calendar year 2016 or tax year beginning 2016, and ending Name of foundation A Employer identification number Momeni Foundation 93-1317612 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 727-433-2133 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ► Clearwater, FL 33757 G Check all that apply:

Initial return ☐ Initial return of a former public charity D 1. Foreign organizations, check here . . . ▶ ☐ Final return Amended return 2. Foreign organizations meeting the 85% test. Address change ☐ Name change check here and attach computation . H Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation Fair market value of all assets at J Accounting method: Cash Accrual F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here end of year (from Part II, col. (c), Other (specify) line 16) ► \$ 308269.00 (Part I, column (d) must be on cash basis.) Part Analysis of Revenue and Expenses (The total of (d) Disbursements (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal cpenses per books income purposes the amounts in column (a) (see instructions).) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 10000 Statement B & 2 Check ▶ ☐ if the foundation is not required to attach Sch. B 3 Interest on savings and temporary cash investments 16 Dividends and interest from securities . . Æ 370 Gross rents Ь Net rental income or (loss) **6a** Net gain or (loss) from sale of assets not on line 10 2594 h Gross sales price for all assets on line 6a 150 Capital gain net income (from Part IV, line 2) . 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances Less: Cost of goods sold . . . Gross profit or (loss) (attach schedule) Other income (attach schedule) . . . 11 11700 Statement 2 12 Total Add lines 1 through 11 . 24680 13 Compensation of officers, directors, trustees, etc. EXPONSES 14 Other employee salaries and wages 15 Pension plans, employee benefits t6a Legal fees (attach schedule) b Accounting fees (attach schedule) . . . Administrative C Other professional fees (attach schedule) . . 17 Interest 18 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion . . . 3112 20 21 Travel, conferences, and meetings . **22** Phinting and publications . . . 23 Other expenses (attach schedule) Derating 2720 Statement 3 24 5832 Contributions, gifts, grants paid <u>1.05 i contribution and dictions ements.</u> Subtractions 26 nomine 122 **25** 12000 17832 Excess of revenue over expenses and disbursements 6848 Net investment income (if negative, enter -0-) Adjusting net income (if negative, enter -0-) Form **990-PF** 2016 For Paperwork Reduction Act Notice, see instructions. Cat. No. 11289X

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Part II		Reference Shoots Attached schedules and amounts in the description column	Beginning of year	End or	of year	
-		Balance Sheets should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash—non-interest-bearing	5443	5928	5928	
	2	Savings and temporary cash investments	17121	24176	24176	
	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 instructions)				
	7	Other notes and loans receivable (attach schedule) ▶				
		Less: allowance for doubtful accounts ▶				
Assets	8	Inventories for sale or use				
ğ	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)				
I	11	Investments—land, buildings, and equipment: basis ▶	,		•	
		Less: accumulated depreciation (attach schedule) ▶				
		Investments—mortgage loans			4004/5	
	13	Investments—other (attach schedule)	121923	128165	128165	
	14	Land, buildings, and equipment: basis ► 107000	B	(050)	450000	
		Less: accumulated depreciation (attach schedule) ► 37474	72638	69526	150000	
1	15	Other assets (describe				
	16	Total assets (to be completed by all filers—see the	247435	201710	308269	
		instructions. Also, see page 1, item l)	217125	227795	308207	
	17	Accounts payable and accrued expenses				
2	18	Grants payable				
Labilities	19	Deferred revenue				
ত্র	20	Loans from officers, directors, trustees, and other disqualified persons				
٦	21	Mortgages and other notes payable (attach schedule)			•	
	22 23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)				
\dashv	23	Foundations that follow SFAS 117, check here >				
8		and complete lines 24 through 26 and lines 30 and 31.				
alances	24	Unrestricted	217125	227795		
靐ㅣ		Temporarily restricted				
∞		Permanently restricted				
Net Assets or Fund		Foundations that do not follow SFAS 117, check here ▶ □				
로		and complete lines 27 through 31.				
6	27	Capital stock, trust principal, or current funds				
윤	26	Paid-in or capital surplus, or land, bldg., and equipment fund				
8	29	Retained earnings, accumulated income, endowment, or other funds	217125	227795		
₹	30	Total net assets or fund balances (see instructions)	217125	227795		
<u>ة</u> ا	31	Total liabilities and net assets/fund balances (see				
	<u> </u>	instructions)	217125	227795		
	rt III [Analysis of Changes in Net Assets or Fund Balances				
1		net assets or fund balances at beginning of year-Part II, colu	mn (a), line 30 (mus	i i		
		of-year figure reported on prior year's return)		1	217125	
2		r amount from Part I, line 27a		2	6848	
3		r increases not included in line 2 (itemize) Unrealized Capital G	ains - Statement 9	3	3822	
		lines 1, 2, and 3		4	227795	
5	Decr	eases not included in line 2 (itemize)	Detiles	5	227705	
6	rotal	net assets or fund balances at end of year (line 4 minus line 5)-	rart II, column (b), lii	ne 30 6	227795 Form 990-PF (2016)	
					Orm 334-FF (2016)	

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Part	V Capital Gains an	d Losses for Tax on Invest	ment income			
•	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) (b) How acquired P—Purchase D—Donation (m					(d) Date sold (mo., day, yr.)
1a						
<u>b</u>						
C						
<u>d</u>						
<u>е</u>			1 (10-11-1			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		or (łoss)) minus (g)
<u>a</u>			_			
<u>b</u>						
<u>c</u>						
<u>d</u> e			 			
	Complete only for assets sha	owing gain in column (h) and owner	d by the foundation	on 12/31/69	Coine (Col	(h) gain minus
	(i) F.M.V. as of 12/31/69	Adjusted basis as of 12/31/69	(k) Exces	ss of col. (i) L. (j), if any	col. (k), but not	less than -0-) or om col. (h))
a						
<u>b</u>	· · · · · · · · · · · · · · · · · · ·					····
c						
d	- · · · · · · · · · · · · · · · · · · ·					
е						
2	Capital gain net income of		n, also enter in Pa s), enter -0- in Pa		2	
3	Net short-term capital ga	in or (loss) as defined in section	ns 1222(5) and (6)) :	=	
		t I, line 8, column (c) (see instr				
				· }	3	
Part	V Qualification Und	der Section 4940(e) for Rec	luced Tax on I	let investment	Income	
Was t	s," the foundation does not	e section 4942 tax on the distrib t qualify under section 4940(e).	Do not complete	this part.		☐ Yes ☐ No
1		ount in each column for each y	ear; see the instr		aking any enines.	60
Cale	(a) Base period years ndar year (or tax year beginning in	n) Adjusted qualifying distribution	ons Net value o	(c) of noncharitable-use a: 		(d) ribution ratio livided by col. (c))
	2015					<u> </u>
	2014					
	2013					
	2012				· · · · · · · · · · · · · · · · · · ·	
	2011					
2	Total of line 1, column (d	n.			. 2	
3)		line 2 by 5, or by		
ŭ		dation has been in existence if			. 3	
	, , , , , , , , , , , , , , , , , , ,				1-7 1	
4	Enter the net value of nor	ncharitable-use assets for 2016	from Part X, line	5	. 4	
5	Multiply line 4 by line 3					
6	Enter 1% of net investme	ent income (1% of Part I, line 27	7b)		. 6	
7	Add lines 5 and 6				. 7	
8	Enter qualitaine dietributie	ons from Part XII, line 4			. 8	
-	If line 8 is equal to or gre	ater than line 7, check the box	in Part VI, line 1	b, and complete		% tax rate. See the
	Part VI instructions.	•		•	· · · · · · · · · · · · · · · · · · ·	
		, , , , , , , , , , , , , , , , , , , ,				Form 990-PF (2016

Part	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	instr	ctio	ns)		
1a	Exempt operating foundations described in section 4940(d)(2), check here ► □ and enter "N/A" on line 1.			F		
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)]		
b	b Domestic foundations that meet the section 4940(e) requirements in Part V, check					
	here ▶ ☐ and enter 1% of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			0		
3	Add lines 1 and 2			0		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			0		
6	Credits/Payments:			1		
a	2016 estimated tax payments and 2015 overpayment credited to 2016 6a Exempt foreign organizations—tax withheld at source 6b			ł		
b	Exempt foreign organizations—tax withheld at source 6b Tax paid with application for extension of time to file (Form 8868) . 6c			1		
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d			0		
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			0		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10					
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax ► Refunded ► 11					
	VII-A Statements Regarding Activities					
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	<u> </u>	Yes	No		
	participate or intervene in any political campaign?	1a		-		
Þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1b		,		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?	1c		~		
đ	 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$ 					
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$			-		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		-		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			1		
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		•		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		V		
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b		~		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		~		
_	If "Yes," attach the statement required by General Instruction T.			1		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			ŀ		
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that 					
	conflict with the state law remain in the governing instrument?	6	•]		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	1			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	~	 		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"					
	complete Part XIV	9	~	<u> </u>		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses	10	0.55			
	Fig. 1	200 m	U-PF	(2016)		

Pai	t VII-A Statements Regarding Activities (continued)			
•			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			<u> </u>
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		"
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	•	L
	Website address > momenifoundation.org			
14		7-433-		
	Located at ▶ POB 322 Clearwater, FL ZIP+4 ▶	3375	7	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		. i	▶□
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		1
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No		1	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here			-
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2016?	1c		~
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			·
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2016?			
	If "Yes," list the years ▶ 20, 20, 20,		.	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
_	all years listed, answer "No" and attach statement—see instructions.)	2b		
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20, 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		į	
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or		ł	
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of		l	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
_	foundation had excess business holdings in 2016.)	3b		
48	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			_
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		

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Par	t VII-B Statements Regarding Activitie	es for V	Vhich Form	4720	May Be F	tequin	ed (continue	d)		
5a	During the year did the foundation pay or incur	any am	ount to:							
	(1) Carry on propaganda, or otherwise attempt						☐ Yes 🗹	No		
	(2) Influence the outcome of any specific pub		ion (see sect	ion 495	55); or to c	arry on			İ	
	directly or indirectly, any voter registration				• • •		☐ Yes ☑		ł	ļ
	(3) Provide a grant to an individual for travel, s						☐ Yes ☑	No		ĺ
	(4) Provide a grant to an organization other the section 4945(d)(4)(A)? (see instructions).		intable, etc.,	_		nibea ir · · ·	l ∐Yes ☑	No		
	(5) Provide for any purpose other than religious purposes, or for the prevention of cruelty to				ary, or edu	cationa	I □Yes ☑	Ma		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?					in	5b				
Organizations relying on a current notice regarding disaster assistance check here										
' C	c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?						ļ			
	If "Yes," attach the statement required by Regu	<i>ilations</i> s	ection 53.49	45-5(d)	L				ŀ	
6a	Did the foundation, during the year, receive an	y funds,	directly or in	directily	, to pay pro	emiums	3	1	ŀ	
	on a personal benefit contract?		·			· · ·	☐ Yes 🗹	No		- 1
ь	Did the foundation, during the year, pay premiu	ıms, dire	ectly or indire	ctly, on	a personal	benefi	t contract?	.	6b	
	If "Yes" to 6b, file Form 8870.	_							1	
	At any time during the tax year, was the foundation if "Yes," did the foundation receive any procee						☐Yes ☑		_	
	Information About Officers, Dire								7b	<u></u>
all	and Contractors	ctors,	irusuees, r	ounda	uon mark	ayers,	riigiliy Palu	Emp	лоуе	es,
1	List all officers, directors, trustees, foundation	on man	agers and th	eir con	npensation	ı (see i	nstructions).			······
			e, and average		mpensation			_		
	(a) Name and address	hou	rs per week	(C)	not paid,	empk	Contributions to byee benefit plans arred companyations			se account, lowances
Moji M		hou	rs per week ed to position	(C)	not paid, iter -0-)	emple and def		on C		lowances
	(a) Name and address lomeni 22 Clearwater, FL 33757	hou devot	rs per week ed to position	(C)	not paid,	emple and def	yee benefit plans			
POB 3	lomeni	hou devot	rs per week ed to position ent 2	(C)	not paid, iter -0-)	emple and def	yee benefit plans	on o		lowances 0
POB 3	lomeni 22 Clearwater, FL 33757	hou devot Preside	rs per week ed to position ent 2	(C)	not paid, iter -0-)	emple and def	yee benefit plans	on C		lowances
POB 3 Camro	lomeni 22 Clearwater, FL 33757 on Momeni	hou devot Preside	rs per week ed to position ent 2 ary 2	(C)	of paid, ther -0-)	emple and def	yee benefit plans	On O		0
POB 3 Camro POB 3 Jasmir	lomeni 22 Clearwater, FL 33757 on Momeni 22 Clearwater, FL 33757	Preside	rs per week ed to position ent 2 ary 2	(C)	not paid, iter -0-)	emple and def	yee benefit plans	on o		lowances 0
POB 3 Camro POB 3 Jasmir POB 3	lomeni 22 Clearwater, FL 33757 on Momeni 22 Clearwater, FL 33757 ne Ahrndt	Preside	ars per week ed to position ent 2 ary 2	(C)	of paid, ster -0-)	emple and def	yee benefit plans	0 0		0 0
POB 3 Camro POB 3 Jasmir POB 3 Roxan POB 3	lomeni 22 Clearwater, FL 33757 on Momeni 22 Clearwater, FL 33757 ne Ahrndt 22 Clearwater, FL 33757 ne Momeni 22 Clearwater, FL 33757 ne Momeni 22 Clearwater, FL 33757	Preside Secrate Directo	ary 2	(ti i	or paid, ster -0-) 0 0	emple and def	oyee benefit plans erred compensati	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	other al	0 0 0
POB 3 Camro POB 3 Jasmir POB 3 Roxan	lomeni 22 Clearwater, FL 33757 on Momeni 22 Clearwater, FL 33757 ne Ahrndt 22 Clearwater, FL 33757 one Momeni	Preside Secrate Directo	ary 2	(ti i	or paid, ster -0-) 0 0	emple and def	oyee benefit plans erred compensati	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	other al	0 0 0
POB 3 Jasmis POB 3 Roxan POB 3	lomeni 22 Clearwater, FL 33757 on Momeni 22 Clearwater, FL 33757 one Ahrndt 22 Clearwater, FL 33757 one Momeni 22 Clearwater, FL 33757 one Momeni 22 Clearwater, FL 33757 Compensation of five highest-paid employer	Preside Secrate Directo Directo	ary 2	se incl	or paid, ster -0-) 0 0	emple and def	oyee benefit plans erred compensati	On O	if no	0 0 0
POB 3 Jasmis POB 3 Roxan POB 3	lomeni 22 Clearwater, FL 33757 on Momeni 22 Clearwater, FL 33757 ne Ahrndt 22 Clearwater, FL 33757 one Momeni 22 Clearwater, FL 33757 one Momeni 22 Clearwater, FL 33757 Compensation of five highest-paid employe "NONE."	Preside Secrate Directo Directo	ary 2 or or (b) Title, and a hours per veet	se incl	oter -0-) 0 0 uded on li	emple and def	see instructions employee benefit plans	On O	if no	0 0 0 ne, enter
POB 3 Camro POB 3 Jasmii POB 3 Roxan POB 3	lomeni 22 Clearwater, FL 33757 on Momeni 22 Clearwater, FL 33757 ne Ahrndt 22 Clearwater, FL 33757 one Momeni 22 Clearwater, FL 33757 one Momeni 22 Clearwater, FL 33757 Compensation of five highest-paid employe "NONE."	Preside Secrate Directo Directo	ary 2 or or (b) Title, and a hours per veet	se incl	oter -0-) 0 0 uded on li	emple and def	see instructions employee benefit plans	On O	if no	0 0 0 ne, enter
POB 3 Jasmis POB 3 Roxan POB 3	lomeni 22 Clearwater, FL 33757 on Momeni 22 Clearwater, FL 33757 ne Ahrndt 22 Clearwater, FL 33757 one Momeni 22 Clearwater, FL 33757 one Momeni 22 Clearwater, FL 33757 Compensation of five highest-paid employe "NONE."	Preside Secrate Directo Directo	ary 2 or or (b) Title, and a hours per veet	se incl	oter -0-) 0 0 uded on li	emple and def	see instructions employee benefit plans	On O	if no	0 0 0 ne, enter
POB 3 Jasmis POB 3 Roxan POB 3	lomeni 22 Clearwater, FL 33757 on Momeni 22 Clearwater, FL 33757 ne Ahrndt 22 Clearwater, FL 33757 one Momeni 22 Clearwater, FL 33757 one Momeni 22 Clearwater, FL 33757 Compensation of five highest-paid employe "NONE."	Preside Secrate Directo Directo	ary 2 or or (b) Title, and a hours per veet	se incl	oter -0-) 0 0 uded on li	emple and def	see instructions employee benefit plans	On O	if no	0 0 0 ne, enter
POB 3 Camro POB 3 Jasmii POB 3 Roxan POB 3	lomeni 22 Clearwater, FL 33757 on Momeni 22 Clearwater, FL 33757 ne Ahrndt 22 Clearwater, FL 33757 one Momeni 22 Clearwater, FL 33757 one Momeni 22 Clearwater, FL 33757 Compensation of five highest-paid employe "NONE."	Preside Secrate Directo Directo	ary 2 or or (b) Title, and a hours per veet	se incl	oter -0-) 0 0 uded on li	emple and def	see instructions employee benefit plans	On O	if no	0 0 0 ne, enter
POB 3 Camro POB 3 Jasmii POB 3 Roxan POB 3	lomeni 22 Clearwater, FL 33757 on Momeni 22 Clearwater, FL 33757 ne Ahrndt 22 Clearwater, FL 33757 one Momeni 22 Clearwater, FL 33757 one Momeni 22 Clearwater, FL 33757 Compensation of five highest-paid employe "NONE."	Preside Secrate Directo Directo	ary 2 or or (b) Title, and a hours per veet	se incl	oter -0-) 0 0 uded on li	emple and def	see instructions employee benefit plans	On O	if no	0 0 0 ne, enter

Form 990-PF (2016)			Page 7
		 _	

Form 9	390-PF	(2016)
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Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	
3 Five	nighest-paid independent contractors for professional services (see instructions). If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
Total number	er of others receiving over \$50,000 for professional services	
Part IX-A	Summary of Direct Charitable Activities	
List the four organization	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of s and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1		
2		
3		
4		
Part IX-B		
Describe the	two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1		
2		
	gram-related investments. See instructions.	
3		
Total Add F	nes 1 through 3	
TOTAL AUG H	nes i dirougits	Form 990-PF (20

Part	X Minimum Investment Return (All domestic foundations must complete this part. Forei	gn fo	undations,
•	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	-	
	purposes:		1
а	Average monthly fair market value of securities	1a	
Ь	Average of monthly cash balances	1b	
C	Fair market value of all other assets (see instructions)	1c	· · · · · · · · · · · · · · · · · · ·
đ	Total (add lines 1a, b, and c)	1d	
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	_	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	<u> </u>
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see	.	
_	instructions)	4	<u> </u>
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 6	
6	Minimum investment return. Enter 5% of line 5		
Part	and certain foreign organizations check here ► ☐ and do not complete this part.)	ound	auors
	Minimum investment return from Part X, line 6	1	<u> </u>
1		-	
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Add lines 2a and 2b	2c	
Ç	Distributable amount before adjustments. Subtract line 2c from line 1	3	
3 4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
_	Deduction from distributable amount (see instructions)	6	
6 7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	<u> </u>	
-	line 1	7	
		<u> </u>	L
Part	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	15	
a ·	Expenses, contributions, gifts, etc.—total from Part I; column (d), line 26	1a	12000
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	1
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	12000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
•	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	12000
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	a wh	ether the foundation
	qualifies for the section 4940(e) reduction of tax in those years.	J	
			Form 990-PF (2016

Part	XIII Undistributed Income (see instruction	ons)			
1	Distributable amount for 2016 from Part XI, line 7	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
_					
2	Undistributed income, if any, as of the end of 2016:		-		
a	Enter amount for 2015 only	· · · · · · · · · · · · · · · · · · ·			·
Ь	Total for prior years: 20,20,20				<u> </u>
3	Excess distributions carryover, if any, to 2016:	. :			-
а	From 2011				
Ь	From 2012				
C	From 2013	-			
d	From 2014		-		
e	From 2015				
f	Total of lines 3a through e				
4	Qualifying distributions for 2016 from Part XII,			,	
	line 4: ▶ \$				•
а	Applied to 2015, but not more than line 2a .				
b	Applied to undistributed income of prior years				
	(Election required—see instructions)				· .
C	Treated as distributions out of corpus (Election		· · · · · · · · · · · · · · · · · · ·		
_	required—see instructions)				
d	Applied to 2016 distributable amount		· · · · · · · · · · · · · · · · · · ·		
e	Remaining amount distributed out of corpus			· · · · · · · · · · · · · · · · · · ·	,
5	•				
3	Excess distributions carryover applied to 2016 (If an amount appears in column (d), the same				-:
	amount must be shown in column (a).)		. •	<u> -</u> . ⁻	-
•	• • •	· · · .			; -
6	Enter the net total of each column as indicated below:				
				-	
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5		, ,		
b	Prior years' undistributed income. Subtract line 4b from line 2b				* * * * * * * * * * * * * * * * * * * *
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has			-	
	been issued, or on which the section 4942(a)				-
_	tax has been previously assessed	-			<u> </u>
d	Subtract line 6c from line 6b. Taxable				
	amount—see instructions	-			·
e	Undistributed income for 2015. Subtract line				
	4a from line 2a. Taxable amount—see				•
	instructions				+-
f	Undistributed income for 2016. Subtract lines			2.	
	4d and 5 from line 1. This amount must be	. 1			
	distributed in 2017		٠		
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section	ŀ			-
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required-see instructions)				
8	Excess distributions carryover from 2011 not				,
	applied on line 5 or line 7 (see instructions) .		, ,	,	•
9	Excess distributions carryover to 2017.			•	· · · · · · · · · · · · · · · · · · ·
	Subtract lines 7 and 8 from line 6a			-	
0	Analysis of line:9:				
a	Excess from 2012	-	- ·	· · · · · · · · · · · · · · · · · · ·	Γ
b	Excessifion 2013	k · ·	-	÷	<u></u> .
C	Excess from 2014		-		
đ	Excess from 2015	! I		-	
e	Excess from 2016			-	-
<u> </u>		<u> </u>	<u> </u>		<u> </u>

Part)	
1a	If the foundation has received a ruling foundation, and the ruling is effective for	-		private operating		
		-			-ti [7] 40.400/	0) [] 4040[0[5]
b	Check box to indicate whether the four		operating toundate		ction 4942()(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(5)
	each year listed					
b	85% of line 2a					
	Qualifying distributions from Part XII,					
_	line 4 for each year listed	12000	0000	0000	2520	20500
_	<u> </u>	12000	9000	8000	9500	38500
đ	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
0	Qualifying distributions made directly					
	for active conduct of exempt activities.	<u> </u>				
	Subtract line 2d from line 2c	12000	9000	8000	DEDO	38500
2		12000	7000	8000	9500	36000
3	Complete 3a, b, or c for the	1				
	alternative test relied upon:]				
a	"Assets" alternative test-enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
			į			
_	section 4942(j)(3)(B)(i)					
þ	"Endowment" alternative test-enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed				l	
c	"Support" alternative test-enter:					
•						
	(1) Total support other than gross				ł	
	investment income (interest, dividends, rents, payments on					
	securities loans (section				1	
	512(a)(5)), or royalties)				į	
	(2) Support from general public			· ,	·	
	and 5 or more exempt					
	organizations as provided in]				
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization				Ì	
	(4) Gross investment income					
Part		n /Complete thi	in most only if th	o formdelion b	ad \$5 000 as ma	ro in coorte et
T GILL				e louildadon il	an 30,000 or me	he iii assets at
	any time during the year-		S.)	 	· · · · · · · · · · · · · · · · · · ·	
1	Information Regarding Foundation					
а	List any managers of the foundation v	who have contribut	ted more than 2%	of the total contr	ibutions received I	by the foundation
	before the close of any tax year (but o					•
	control and choose of any analysis (conse	,,	(40,000/. (000 0.	304011 001 (4) (2)1)	
				,		
b	List any managers of the foundation					ge portion of the
	ownership of a partnership or other er	ntity) of which the f	oundation has a 1	0% or greater inte	rest.	
2	Information Regarding Contribution	Grant Gift Loss	Scholarskin et	o December		
			T -	-		
	Check here ▶ ☐ if the foundation					
	unsolicited requests for funds. If the f		gifts, grants, etc. (see instructions) to	o individuals or orq	ganizations under
	other conditions, complete items 2a, I	b, c, and d.				
а	The name, address, and telephone nu	mber or e-mail add	tress of the nerso	n to whom applies	tions should be ac	dressed:
	i Foundation - POB 322 Clearwater FL 3		aroso or any porce	ii to virioiti appiiot		JG 1 GG GGG
	ifoundation@aol.com - Also on Stateme					
			 	····		
b	The form in which applications should	l be submitted and	information and n	naterials they sho	uld include:	
_	w. momenifoundation.org and statemen			_		
	3					
	Amenda and an analysis					
C	Any submission deadlines:					
June 30	of each year					
d	Any restrictions or limitations on aw	ards, such as by	geographical are	eas, charitable fie	lds, kinds of inst	tutions, or other
	factors:		G G	,		,
		elt_		- 4-42		
-hhucs	ints must be full time college students o	r iranian descent (se	e www.momenifou	indation.org)		
					<u>~</u>	OOLDE man

	XV Supplementary Information (conti	nued)			
3	Grants and Contributions Paid During t		ed for Ful	ture Payment	
	Recipient	If recipient is an individual; show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	any foundation manager or substantial contributor	recipient	33.13.23.2	
	Paid during the year				}
SEE S	STATEMENT 4			EDUCATION	12000
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	Total			▶ 3a	12000
b	The state of the s				
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	Total	<u>lt </u>		▶ 38	
	· · · · · · · · · · · · · · · · · · ·			For	m 990-PF (2016)

Pa	rt X	VI-A Analysis of Income-Producing Ac	tivities				
		oss amounts unless otherwise indicated.		siness income	Excluded by sect	ion 512, 513, or 514	F
1			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
•	a	gram service revenue:			 		<u> </u>
	ь		ļ				ļ
	C						
	d				†		
	•			<u> </u>			
	f						
	a	Fees and contracts from government agencies					
2		mbership dues and assessments					
3	inte	rest on savings and temporary cash investments			14	16	
4		dends and interest from securities			14	370	
5		rental income or (loss) from real estate:			-		-
		Debt-financed property					
_		Not debt-financed property		····	16	8980	
6		rental income or (loss) from personal property					
7		er investment income				·	· · · · · · · · · · · · · · · · · · ·
8		or (loss) from sales of assets other than inventory				2594	
9		income or (loss) from special events					
10 11		ss profit or (loss) from sales of inventory er revenue: a	<u> </u>				
•••	b						· · · · · · · · · · · · · · · · · · ·
	C.					-	
	ď	***************************************					
	е.		h				
12	Sub	total. Add columns (b), (d), and (e)			2.2	11960	
13	Tot			 		13	11960
		sheet in line 13 instructions to verify calculation	s.)				
Pa	rt X\	Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes		
	e No.	Explain below how each activity for which accomplishment of the foundation's exempt pur	income is repo	orted in column	(e) of Part XVI	-A contributed in	nportantly to the
	<u>▼</u>	accomplishment of the fouridation's exempt pur	poses (other that	n by providing tun	as for such purp	oses). (See Instruc	TUONS.)
					 		
						· · · · · · · · · · · · · · · · · · ·	
							
						····	. ,
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			· · · · · · · · · · · · · · · · · · ·	·····			
							
		<u> </u>					
			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
							
			· • · · · · · · · · · · · · · · · · · ·				·····
			 				
				·			m 990-PF (2016)
						FO	444 . (CO (0)

Part	XVII		n Regarding Tran ganizations	sfers To and Transac	tions and R	elationshi	ps With Noncha	ritable	
1	in se	he organization o	directly or indirectly e	engage in any of the follov section 501(c)(3) organizat	ving with any tions) or in se	other organ ction 527, r	nization described elating to political	Yes N	0
а	Trans	sfers from the rep	porting foundation to	a noncharitable exempt	organization o	of:			
	(1) C	ash						1a(1)	
	(2) (ther assets .						1a(2)	_
ь		r transactions:							
	M) S	ales of assets to	a noncharitable exe	mpt organization			. .	1b(1)	7
				ble exempt organization					7
				assets					7
									_
		oans or loan gua							7
				ip or fundraising solicitati					7
C				ts, other assets, or paid ϵ					7
				;," complete the following		olumn (h) s	chould always sho		ket
u	outev	of the goods of	thar secote or corvic	cas given by the reporting	s foundation.	If the found	lation received less	than fair mar	ket
	value	in any transacti	on or sharing arrange	ement, show in column (d	the value of	the goods.	other assets, or se	rvices receive	d.
(a) Line		(b) Amount involved	· · · · · · · · · · · · · · · · · · ·	aritable exempt organization			rs, transactions, and sha		
(4) (3)		p) renount involved	(e) realie of trains	with the second					
					- 				
				 					
				 					—
									—
								 	—
 -		,		<u> </u>					
								 	
								<u> </u>	
		*							
		-							<u>.</u>
			·						
	desc	ribed in section 5 es," complete the	501(c) of the Code (o following schedule.	iliated with, or related to ther than section 501(c)(3))) or in sectio	n 527?	· · · · · [)
		(a) Name of organ	szanon	(b) Type of organizat	IOTI	<u> </u>	(c) Description of relation	エロ 中	—
		 					 		
						 ····			
				···-					
	· · · · · ·						ha dha ba' da ' da ' da	dan and ball to be	
 	Unde	r penalties of perjury, I	declare that I have examine	d this return, including accompany in taxpayer) is based on all informat	ng schedules and ion of which press	statements, and rer has env kno	to the best of my knowle wledge.	oge and belief, it is	irue,
Sign	i k		and the propagation (contact that			1 1	Nay the	RS discuss this ret	um
Here		My 1//	Vanen	4/27/11	Presid	len		preparer shown bei uctions)? [TYes []]!	
	Sign	ature of difficer or thu	stee	Date	litte				ᆜ
Paid		PrinttPype preparer	's name	Preparer's signature		Date	Check if	PTIN	
raiu Prepi	arcr						self-employed		
Use (Firm's name ▶	<u> </u>				Firm's EIN ▶		
U38 (JULY	Firm's address ▶					Phone no.		
								om 990-PF	0163

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2016

MOMENI FOUNDATION		93-1317612		
Organization type (check or	ne):			
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private for	undation		
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundate	ation		
•	501(c)(3) taxable private foundation			
	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule	and a Special Rule. See		
General Rule				
For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules				
regulations under s 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the sections 509(a)(1): and 170(b)(1)(A)(vi), that checked Schedule A (Form 9 d that received from any one contributor, during the year, total contributor amount on (i) Form 990, Part VIII; line 1h, or (ii) Form 990-EZ, line	990 or 990-EZ), Part II, line utions of the greater of (1)		
contributor, during	described in section 501(c)(7); (8), or (10) filing Form 990 or 990-EZ that the year, total contributions of more than \$1,000 exclusively for religious purposes, or for the prevention of cruelty to children or animals. Co	is, charitable, scientific,		
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.				
990 EZ or 990 PE), but it m	at isn't covered by the General Rule and/or the Special Rules doesn't ust answer "No" on Part IV, line 2, of its Form 990, or check the box or certify that it doesn't meet the filing requirements of Schedule B (Fo	on:line H:of:jis:Form:990-EZ or on its		
	A STATE OF THE STA			

CONTOCIONE D	Gill 550, 454-12, Gi 550-11 / (2010)		raye a
Name of organization		Employer identification number	
MOMENIFOUNDATION		93-1317612	
Part I	Contributors (See instructions). Use duplicate	e copies of Part I if additional spa	ace is needed.
(2)	(b)	(c)	(d)

(2)	Contabutors (occ insudencia). Osc duplicate copies o		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1	Moji Momeni 872 Harbor Island, Clearwater Beach, FL 33767	\$10000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c). Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		 \$!		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		 \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		 \$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
				

Name of organization Employer identification number Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or Part III (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) > \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferoe Transferee's name, address, and ZIP + 4

Federal Statements Momeni Foundation

Form-990:RE: Perty, Lines6a Net-Galin(Lese)/from-Nenixentory Sales Per Books Assets:Notificiuded in Partily

Statement 1.

Net Gain (loss)	\$1,076	\$1,518
Cost Net Basis	560,202	\$16,823
Gross Sales		\$ \$18,341
Date Sold	06/10/16	02/12/16
Date Purchased	01/12/16	09/24/14
Z Z	780 98	750 ea
Quantity Unit	780	750
Description	Spor tr shs ben (XLY)	Wells Fargo PFD

\$2,594		TOTAL \$11,700
\$79,619		Ĭ
TOTAL	Statement:2 Form-990=PE, Part I, Line 11 Other income	Rental Income - Noninvestment Property

	\$0 \$2,720	TOTAL \$2,720
Statement:3. Form:990:PF; Part'I, Line 23 Other:Expense	Misç. Fees. Rental Expenses	

toment-4	m 990 BF Rank, Line 25	ntributions, Giffs and Grants
Stator	FORE	Contr

Class of Activity

malizad \$1,000 han \$1,000 far \$1,000 shar	
51,000 \$1,000 11 \$1,000	1,000 University of Colorado
\$1,000 sr \$1,000	
\$1,000	
Salar Aghili	1,000 UC Berkeley
	1,000 University of Scranton
fzadeh \$1,000	
	1,000 Brown University
Niusha Jahanpanah Haghighi \$1,000	1,000 Brown University
Fariginal Nia	1,000 Northern Virginia Community College - Sterling, VA.
Amily All-Rezvani \$1,000	1,000 Yale University.
	1,000 University of Massachusetts - Amherst.

TOTAL \$12,000

Ine 13	
Part II, L	Other
Form 990.PF,	Investments.

Other Publicly Traded Securities

End of year Value Beg of Year **Book Value** Valuation Method

Market Value TOTAL Scottrade equity & dept securities

\$121,923

\$128,165

\$128,165

\$121,923

\$128,165

\$128,165

Fair Market

Statement-6

Form 9904PE, Part II, Line 14

Land, Buildings and Equipment

Category

Basis

Accumulated Depreciation

\$48,126 \$21,400

8

\$69,526

\$85,600 \$21,400

Fair Market

Value

Book Value

\$107,000

13525 SW Hazel Bulldings Land

\$37,474

\$37,474

TOTAL

Statement 7

Form: 990=PF, Part XV, Line 2a-d Application Submission information

Name of Grant Program

Name

Momeni Foundation

Federal Statements Moment Foundation

Street Address:

2016

PO Box 322

City, State, Zip Gode:

Telephone:

Submission deadline: Formand content:

Restriction on Awards:

Clearwater, FL 33757 727-433-2433

see www.momenifeundation.org

June 30 of each year

Applicants mustibe full time students of Iranian descent - see www.momenifoundation.org

Statement 8

Form1990, PERRICAL LINE Contributions to Bonds Contributions to Bonds Advised Funds

Name

Type of Contribution

cash

Moji Momeni

\$10,000

\$10,000

Amount of Contribution

TOTAL

Statement 9

Form 990 FP Part III, Line 3

increases not included in line 2

Unrealized Gain/Loss of Marketable Securities

\$3,822