

Form 990-EZ

Short Form  
Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2008

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

G Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

G The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public  
Inspection

A For the 2008 calendar year, or tax year beginning , 2008, and ending ,

B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C ONE UMMAH FOUNDATION IN  
MEMORY OF MUSTAFA SAEED RAHMAN  
7 Wal king Woods Drive  
Lake Oswego, OR 97035

D Employer identification number

93-1281392

E Telephone number

503-546-4800

F Group Exemption Number

G

? Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☒ Cash ☐ Accrual  
Other (specify) G

I Website: G WWW.ONEUMMAH.COM

H Check G ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) ☒ 501(c) ( 3 ) H (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check G ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. G\$ 94,598.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

R E V E N U E	1	Contributions, gifts, grants, and similar amounts received	1	94,598.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here. G <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe G )	8		
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	G 9	94,598.	
E X P E N S E S	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	173.
	16	Other expenses (describe G See Statement 1 )	16	89,228.
17	Total expenses (add lines 10 through 16)	G 17	89,401.	
A S S E T S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,197.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	22,012.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	G 21	27,209.

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	21,797.	22 26,994.
23 Land and buildings		23
24 Other assets (describe G See Statement 2 )	215.	24 215.
25 Total assets	22,012.	25 27,209.
26 Total liabilities (describe G )	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	22,012.	27 27,209.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

## Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28	See Statement 4		
	(Grants \$ ) If this amount includes foreign grants, check here. . . . .	G <input type="checkbox"/>	28 a 88, 805.
29			
	(Grants \$ ) If this amount includes foreign grants, check here. . . . .	G <input type="checkbox"/>	29 a
30			
	(Grants \$ ) If this amount includes foreign grants, check here. . . . .	G <input type="checkbox"/>	30 a
31	Other program services (attach schedule) . . . . .		
	(Grants \$ ) If this amount includes foreign grants, check here. . . . .	G <input type="checkbox"/>	31 a
32	Total program service expenses (add lines 28a through 31a) . . . . .	G	32 88, 805.

[illegible]

**Part V** Other Information (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity. . . . .	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes. . . . .	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? . . . . .	35a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year? . . . . .	35b	
36 Was there a liquidation, dissolution, termination, or substantial contraction 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. . . . . G 37a 0.		
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 were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved. . . . .	38b	N/A
39 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 . . . . .	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	N/A
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 G 0. ; section 4912 G 0. ; section 4955 G 0.		
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I. . . . .	40b	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. . . . . G 0.		
d Enter amount of tax on line 40c reimbursed by the organization . . . . . G 0.		
e 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 G OR		

42a The books are in care of G MOHAMMAD RAHMAN Telephone no. G 503-635-4453  
 Located at G 7 Wal king Woods Drive Lake Oswego OR ZIP + 4 G 97035

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . 42b X  
 If 'Yes,' enter the name of the foreign country: . . . G

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . . 42c X  
 If 'Yes,' enter the name of the foreign country: . . . G

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 ' Check here . . . . . G ☐ N/A  
 and enter the amount of tax-exempt interest received or accrued during the tax year. . . . . G 43 N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. . . . .	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. . . . .	45	X

**Part VI** Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. See Statement 6

- |  | Yes | No |
|--|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. | 46  | X  |
| 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.   | 47  | X  |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.   | 48  | X  |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?  | 49a | X  |
| b If 'Yes,' was the related organization(s) a section 527 organization?  | 49b |    |

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000. . . . . G				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors receiving over \$100,000. . . . . G		

Sign Here	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.				
	G	Signature of officer		Date	
	G	Type or print name and title.			
Paid Preparer's Use Only	Preparer's signature	G Thomas McCaulley	Date	Check if self-employed G <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	CEDAR TAX & CONSULTING SERVICES INC.			
		G 1470 N 20TH ST	EIN	G 65-1214979	
		WASHOUGAL, WA 98671-8278	Phone no. G	(360) 606-5262	

May the IRS discuss this return with the preparer shown above? See instructions. . . . . G ☒ Yes ☐ No



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)	80,335.	94,086.	49,168.	128,738.	94,598.	446,925.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-3.	80,335.	94,086.	49,168.	128,738.	94,598.	446,925.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						446,925.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	80,335.	94,086.	49,168.	128,738.	94,598.	446,925.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	26.	16.				42.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						446,967.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 First 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.						G <input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	100.0 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	100.0 %
16a 33-1/3 support test ' 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.	G <input checked="" type="checkbox"/>	
b 33-1/3 support test ' 2007. 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.	G <input type="checkbox"/>	
17a 10%-facts-and-circumstances test ' 2008. 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	G <input type="checkbox"/>	
b 10%-facts-and-circumstances test ' 2007. 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	G <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	G <input type="checkbox"/>	

BAA

Schedule A (Form 990 or 990-EZ) 2008

**Part III** Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
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 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
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						
c 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 IV.)						
13 Total support. (add lns 9, 10c, 11, and 12.)						

14 First 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

G ☐**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33-1/3 support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

G ☐

b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

G ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

G ☐

## Part IV

**Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

[illegible]



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

Department of the Treasury  
Internal Revenue Service

Schedule of Contributors

G Attach to Form 990, 990-EZ and 990-PF  
G See separate instructions.

OMB No. 1545-0047

2008

Name of the organization **ONE UMMAH FOUNDATION IN  
MEMORY OF MUSTAFA SAEED RAHMAN**

Employer identification number  
**93-1281392**

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☒ 501(c)( 3 ) (enter number) organization  
☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation  
☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation  
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation  
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule ' ☐

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules ' ☒

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc, purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ..... G\$ \_\_\_\_\_

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

ONE UMMAH FOUNDATION IN

93-1281392

**Part I** Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ADVANCE NETWORK SYSTEMS 7 Wal king Woods Drive Lake Oswego, OR 97035	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Ghi as U Di n 7 Wal king Woods Drive Lake Oswego, OR 97035	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

ONE UMMAH FOUNDATION IN

93-1281392

**Part II** Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A		
		\$	
_____			
		\$	
_____			
		\$	
_____			
		\$	
_____			
		\$	
_____			
		\$	
_____			
		\$	

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

ONE UMMAH FOUNDATION IN

93-1281392

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once ' see instructions.) . . . . . G\$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

Application for Extension of Time To File an  
Exempt Organization Return

OMB No. 1545-1709

G File a separate application for each return.

? If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ..... G ☒

? If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I** Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension ' check this box and complete Part I only ..... G ☐

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization <b>ONE UMMAH FOUNDATION IN MEMORY OF MUSTAFA SAEED RAHMAN</b>	Employer identification number <b>93-1281392</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. <b>7 Wal king Woods Drive</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Lake Oswego, OR 97035</b>	

Check type of return to be filed (file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

? The books are in the care of G MOHAMMAD RAHMANTelephone No. G 503-635-4453 FAX No. G \_\_\_\_\_? If the organization does not have an office or place of business in the United States, check this box ..... G ☐? If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . G ☐ . If it is for part of the group, check this box . G ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until <u>8/15</u> , 20 <u>09</u> , to file the exempt organization return for the organization named above. The extension is for the organization's return for: G <input checked="" type="checkbox"/> calendar year 20 <u>08</u> or G <input type="checkbox"/> tax year beginning _____, 20 _____, and ending _____, 20 _____.		
2 If this tax year is for less than 12 months, check reason: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Change in accounting period		
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions .....	3a	\$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit .....	3b	\$ 0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions .....	3c	\$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

? If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box. .... G ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

? If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Part II** Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>ONE UMMAH FOUNDATION I N MEMORY OF MUSTAFA SAEED RAHMAN</b>		Employer identification number <b>93-1281392</b>
	Number, street, and room or suite number. If a P.O. box, see instructions. <b>CEDAR TAX &amp; CONSULTING SERVICES I NC. 1470 N 20TH ST</b>		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHOUGAL, WA 98671-8278</b>		

Check type of return to be filed (File a separate application for each return):

- |   |  |                                      |                                    |
|---|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-PF                                 | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 5227   |                                    |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

? The books are in care of **G MOHAMMAD RAHMAN**

Telephone No. **G 503-635-4453** FAX No. **G**

? If the organization does not have an office or place of business in the United States, check this box ..... G ☐

? If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) .... . If this is for the whole group, check this box ... G ☐ . If it is for part of the group, check this box G ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **11/15** , 20 **09**.

5 For calendar year **2008** , or other tax year beginning - , 20 , and ending - , 20 .

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension ... **Taxpayer needs additional time to gather necessary information to prepare an accurate income tax return.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions .....	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 .....	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs. ....	8c	\$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **G**

Title **G**

Date **G**

2008

Federal Statements  
ONE UMMAH FOUNDATION IN  
MEMORY OF MUSTAFA SAEED RAHMAN

Page 1

Client 1392

93-1281392

3/27/10

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Statement 1  
Form 990-EZ, Part I, Line 16  
Other Expenses

BANK CHARGES .....	\$	37.
MISC .....		310.
PROGRAM EXPENSES .....		88,632.
TRAVEL/ENTERTAINMENT .....		249.
Total	\$	89,228.

Statement 2  
Form 990-EZ, Part II, Line 24  
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Furniture and Fixtures .....	\$ 215.	\$ 215.
Total	\$ 215.	\$ 215.

Statement 3  
Form 990-EZ, Part III  
Organization's Primary Exempt Purpose

To break the cycle of poverty in the developing world, in particular Southeast Asia, the Indian Subcontinent, and parts of Africa. This is accomplished by promoting education, especially that of women, nutritional support, and removing children from prostitution and the workplace.

Statement 4  
Form 990-EZ, Part III, Line 28  
Statement of Program Service Accomplishments

Supporting operational expenses for primary and secondary schools in six countries. Provide nutritional programs directed at children and single mothers in countries like Sri Lanka. Help construct a modern hospital and a school for developmentally disabled children.

Statement 5  
Form 990-EZ, Part IV  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Mohammad S. Rahman 7 Walking Woods Drive Lake Oswego, OR 97035	Chairman 15.00	\$ 0.	\$ 0.	\$ 0.

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Statement 5 (continued)  
Form 990-EZ, Part IV  
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
Tasneem S. Rahman 7 Wal king Woods Drive Lake Oswego, OR 97035	Vice President 1.00	\$ 0.	\$ 0.	\$ 0.
BARBARA PRICE 7 Wal king Woods Drive Lake Oswego, OR 97035	President 1.00	0.	0.	0.
Dave Hal l man 7 Wal king Woods Drive Lake Oswego, OR 97035	Director 1.00	0.	0.	0.
ALI CIA EASTMAN 7 Wal king Woods Drive Lake Oswego, OR 97035	Director 1.00	0.	0.	0.
SALMA AHMAD 7 Wal king Woods Drive Lake Oswego, OR 97035	Director 1.00	0.	0.	0.
DON VALLASTER 7 Wal king Woods Drive Lake Oswego, OR 97035	Director 1.00	0.	0.	0.
BERNI E KRI SHER 7 Wal king Woods Drive Lake Oswego, OR 97035	Director 1.00	0.	0.	0.
Nora Semonsen 7 Wal king Woods Drive Lake Oswego, OR 97035	Director 1.00	0.	0.	0.
Arshad Mohammad 7 Wal king Woods Drive Lake Oswego, OR 97035	Director 1.00	0.	0.	0.
JOHN LASSELL 7 Wal king Woods Drive Lake Oswego, OR 97035	Director 1.00	0.	0.	0.
KAMRAN ANSARI 7 Wal king Woods Drive Lake Oswego, OR 97035	Director 1.00	0.	0.	0.
Sara Ol sen 7 Wal king Woods Drive Lake Oswego, OR 97035	Director 1.00	0.	0.	0.



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Statement 5 (continued)  
Form 990-EZ, Part IV  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
ELI ZABETH BOURGEOIS 7 Walking Woods Drive Lake Oswego, OR 97035	Treasurer 1.00	\$ 0.	\$ 0.	\$ 0.
DAVID STREIGHT 7 Walking Woods Drive Lake Oswego, OR 97035	Director 1.00	0.	0.	0.
Saba Ahmed 7 Walking Woods Drive Lake Oswego, OR 97035	Director 1.00	0.	0.	0.
THOMAS MCCAULLEY 7 Walking Woods Drive Lake Oswego, OR 97035	Director 1.00	0.	0.	0.
Peter Braun 7 Walking Woods Drive Lake Oswego, OR 97035	Executive Direc 10.00	0.	0.	0.
ABDUL RAHMAN ZAMAWI 7 Walking Woods Drive Lake Oswego, OR 97035	Director 1.00	0.	0.	0.
Total		\$ 0.	\$ 0.	\$ 0.

Statement 6  
Form 990-EZ, Part VI  
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No