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990-PF

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

2009

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

Use the IRS Interest Industretum Industretum of a former public charty Industretum Industretum of a former public charty Industretum Industretum of a former public charty Industretum of a f	For	calend	ar year 2009, or tax year beginning , a	and ending					
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Table Tab			Amended return Add	ress change		Name	change	_	
IMAMI FAMILY POUNDATION INC Specific Number and street (or P D bes number of mail is not delivered to street address) Part Pa	Use	the IR	S Name of foundation				A Emp	lover identification num	nber
Otherwise, TMANT FAMILY FOUNDATION INC 118 AARON STREET City or byte or organization Section 501 (c)(s) exempt private foundation Section 501 (c)(s)			~]					-	
print Number and street (or P O box number of mail is not delivered to street address) S41.528-0799 C Hexeroption application pending, check here D PORT CHARLOTTE FL 33952 H Check type of organization Section 4947(a)(1) nonexempt chantable trust Other tissable private foundation Section 4947(a)(1) nonexempt chantable trust Other tissable private foundation Fair market value of all assets at each J Accounting method of year (from Part II, col (c), Other (specify) Tear market value of all assets at each J Accounting method of year (from Part II, col (c), Other (specify) Tear market value of all assets at each J Accounting method of year (from Part II, col (c), Other (specify) Tear market value of all assets at each J Accounting method of year (from Part II, col (c), Other (specify) Tear market value of all assets at each J Accounting method of year (from Part II, col (c), Other (specify) Tear			. IMAMI FAMILY FOUNDATION I	NC					10 of the instructions)
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1 Contributions_grifs, grants, etc. received (attach schedule)					,			1 ' ' '	purposes
2 Check		T 4		110 500			,		(cash basis only)
Second Comparison Compari	_			110,300					
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Part	Balance Sheets Attached schedules and amounts in the description column should be for and of year amounts only. (See instructions.)	Beginning of year	End o	f year		
Tare	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		<u>.</u>			
2	Savings and temporary cash investments	38,288	137,053	137,053		
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 16 of the	İ				
	instructions)					
7	Other notes and loans receivable (att. schedule)					
	Less allowance for doubtful accounts ▶					
इ ।	Inventories for sale or use					
Assets 9 10a	Prepaid expenses and deferred charges		500	500		
4 10a	Investments—U S and state government obligations (attach schedule) STMT 6	57,817	42,873	45,477		
ь	Investments—corporate stock (attach schedule) SEE STMT 7	282,087	232,217	254,004		
С	Investments—corporate bonds (attach schedule) SEE STMT 8	93,609	53,170	37,762		
11	Investments—land, buildings, and equipment basis					
ļ	Less accumulated depreciation (attach sch.) ▶					
12	Investments—mortgage loans					
13	Investments—other (attach schedule) SEE STATEMENT 9	328,908	356,119	356,119		
14	Land, buildings, and equipment basis					
	Less accumulated depreciation (attach sch.) ▶					
15	Other assets (describe ▶)					
16	Total assets (to be completed by all filers—see the					
	instructions. Also, see page 1, item I)	800,709	821,932	830,915		
17	Accounts payable and accrued expenses					
ဟ 18	Grants payable					
.≌ 19	Deferred revenue		,			
Liabilities 19 20 21 2	Loans from officers, directors, trustees, and other disqualified persons					
.0 21	Mortgages and other notes payable (attach schedule)					
- 22	Other liabilities (describe ▶)					
23	Total liabilities (add lines 17 through 22)	0	0			
	Foundations that follow SFAS 117, check here ▶					
Ses	and complete lines 24 through 26 and lines 30 and 31.					
24	Unrestricted					
rg 25	Temporarily restricted					
26	Permanently restricted					
Net Assets or Fund Balan 25 26 27 28 30 30 31	Foundations that do not follow SFAS 117, check here ► X and complete lines 27 through 31.					
D 27	Capital stock, trust principal, or current funds					
<u>ဖွ</u> 28	Paid-in or capital surplus, or land, bldg , and equipment fund					
တို့ 29	Retained earnings, accumulated income, endowment, or other funds	800,709	821,932			
30 AS	Total net assets or fund balances (see page 17 of the					
क	instructions)	800,709	821,932			
Z 31	Total liabilities and net assets/fund balances (see page 17					
	of the instructions)	800,709	821,932			
Part						
	I net assets or fund balances at beginning of year—Part II, column (a), line 30 (mus	st agree with				
	of-year figure reported on prior year's return)		1	800,709		
	r amount from Part I, line 27a		2	21,223		
3 Other increases not included in line 2 (itemize) ▶ 3						
4 Add lines 1, 2, and 3 4 821,93						
	eases not included in line 2 (itemize)		5			
6 Total	I net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b	o), line 30	6	821,932		

Part IV Capital Gains and	d Losses for Tax on Investment Inc	come			
	the kind(s) of property sold (e.g., real estate, buse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquir (mo , day, yr		
1a MERRILL LYNCH IN	IVESTMENTS		, <u></u>		
b					
С					
					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		Gain or (loss) lus (f) minus (g)	
a 236				236	
b				······································	
С					
e Complete and for accept about		10/01/00			
Complete only for assets snowing of	gain in column (h) and owned by the foundatio			(Col (h) gain minus	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		t not less than -0-) or es (from col (h))	
a				236	
b					
С			-		
d					
е					
2 Capital gain net income or (net cap	oital loss) If gain, also enter in Part I, Ii If (loss), enter -0- in Part I, Ii	.	2	236	
3 Net short-term capital gain or (loss)) as defined in sections 1222(5) and (6)	···· -	-		
	column (c) (see pages 13 and 17 of the instruc	tions) ¬			
If (loss), enter -0- in Part I, line 8	(a) (as pages to and the analysis		3		
Part V Qualification Und	ler Section 4940(e) for Reduced Ta	x on Net Investment Incor	ne		
	on 4942 tax on the distributable amount of any y under section 4940(e) Do not complete this	· —	s X No		
1 Enter the appropriate amount in ea	ch column for each year, see page 18 of the ir	nstructions before making any enti	ies		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use asse		(d) Distribution ratio	
2008	43,951		(601	(col (b) divided by col (c)) 2 0.061134	
2007	30,557				
2006	26,457				
2005	56,286				
2004	700			0.001509	
2. Takat af land 4 and 4 (2)					
2 Total of line 1, column (d)		- · · ·	2	0.277050	
	year base period—divide the total on line 2 by s been in existence if less than 5 years	5, or by the	3	0.055410	
4 Enter the net value of noncharitable	e-use assets for 2009 from Part X, line 5		4	739,632	
				· · · · · ·	
5 Multiply line 4 by line 3			5	40,983	
6 Enter 1% of net investment income	(1% of Part I, line 27b)		6	150	
7 Add lines 5 and 6			7	41,133	
8 Enter qualifying distributions from F			8	57,075	
If line 8 is equal to or greater than li Part VI instructions on page 18	ine 7, check the box in Part VI, line 1b, and co	mplete that part using a 1% tax ra	te See the		

Form	1 990-PF (2009) IMAMI FAMILI FOUNDATION INC 65-6249254			Pa	age J
Pa	art VII-A Statements Regarding Activities (continued)				
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 page 20 of the instructions)		11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			1	
	August 17, 2008?		12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	_X_	
	Website address ► N/A				
14	The books are in care of ▶ RIAZUL H IMAMI Telephone no ▶	941-6	29-	400	0
	2118 AARON STREET				
	Located at ▶ PORT CHARLOTTE, FL ZIP+4 ▶	33952			_
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here			1	▶
	and enter the amount of tax-exempt interest received or accrued during the year	5			
_Pa	art 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		_			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	_			
	disqualified person? Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	X No X No X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	X 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)?	X No			
	(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)	X No			
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 page 20 of the instructions)?	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here	▶ ∐			
С	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 2009?	N/A	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 2009, did the foundation have any undistributed income (lines 6d and				
		X No			
	If "Yes," list the years ▶ 20 , 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 page 20 of the instructions.)	N/A	2b		
С	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				
	at any time during the year?	X No			
Ь	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or				
	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				
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	37 / 5			
	foundation had excess business holdings in 2009)	N/A	3b		77
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its				Y
	Charliania nurnosa that had not been removed from leonardy before the first day of the tay year beginning in 20002		ah I		E

orn	n 990-PF (2009) IMAMI FAMILY			249234			Pa	age 6
Pa	art VII-B Statements Regarding	Activities for Which Form	<u> 14720 May Be R</u>	Required (cont	inued)			
5a	During the year did the foundation pay or inc	cur any amount to		_	_			
	(1) Carry on propaganda, or otherwise atter	mpt to influence legislation (section	1 4945(e))?	\ \ \	res X No			
	(2) Influence the outcome of any specific pu	ublic election (see section 4955), o	r to carry on,		_			
	directly or indirectly, any voter registration	on drive?		Y	'es X No 'es X No			
	(3) Provide a grant to an individual for trave	l, study, or other similar purposes	>	Y	′es X No			
	(4) Provide a grant to an organization other	than a charitable, etc., organization	n described in					
	section 509(a)(1), (2), or (3), or section			\	′es X No			
	(5) Provide for any purpose other than relig	ious, charitable, scientific, literary,	or educational	_				
	purposes, or for the prevention of cruelty	y to children or animals?			res X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of	of the transactions fail to qualify un	der the exceptions de	escribed in				
	Regulations section 53 4945 or in a current				N/A	5b		
	Organizations relying on a current notice reg			,	▶ □			
С	If the answer is "Yes" to question 5a(4), doe	es the foundation claim exemption	from the tax		_			
	because it maintained expenditure responsi	•		N/A 🗌 Y	res No			
	If "Yes," attach the statement required by Ri	•		, _				
6a	Did the foundation, during the year, receive		pav premiums					
-	on a personal benefit contract?		F-7 F		res X No			
ь	Did the foundation, during the year, pay prei	miums, directly or indirectly, on a r	ersonal benefit conti	_		6ь		х
	If "Yes" to 6b, file Form 8870	, , ,						
7a	At any time during the tax year, was the four	ndation a party to a prohibited tax	shelter transaction?	П	res X No			
	If yes, did the foundation receive any proces			_	N/A	7b		
-		ers, Directors, Trustees, F						
	and Contractors	, ,,, -				,		
1 1	List all officers, directors, trustees, foundat	ion managers and their compens	sation (see page 22	of the instruction	ıs).			
			(b) Title and average	(c) Compensation	(d) Contributions to			
	(a) Name and addr	ress	(b) Title, and average hours per week	(If not paid, enter	employee benefit		pense ac	
			devoted to position	-0-)	plans and deferred compensation	Oute	ii allowal	IICES
RI	IAZUL H. IMAMI	PORT CHARLOTTE	DIRECTOR			1		
21	118 AARON ST	FL 33952	1.00	0	o			0
	ZRA R. IMAMI	PORT CHARLOTTE	DIRECTOR			†		
21	118 AARON ST	FL 33952	0.50	o	0	İ		0
IF	RFAN R. IMAMI	PORT CHARLOTTE	DIRECTOR					
21	118 AARON ST	FL 33952	0.50	o	o			0
2	Compensation of five highest-paid employ	yees (other than those included	on line 1—see page	23 of the instruct	tions).			
	If none, enter "NONE."							
			(b) Title, and average		(d) Contributions to			
	(a) Name and address of each employee	paid more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		pense ad r allowar	
			devoted to position		compensation	0	· anovia	
NC	ONE							
						<u> </u>		
-		· · · · · · · · · · · · · · · · · · ·						
						<u></u>		
_		- : 						
ota	I number of other employees paid over \$50,0	00				•		

Form **990-PF** (2009)

Form 990-PF (2009)

Total. Add lines 1 through 3

Form 990-PF (2009)

57,075

3b

4

5

b

4

5

6

Cash distribution test (attach the required schedule)

Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

_ <u>P</u>	art XIII Undistributed Income	(see page 26 of	the instructions)			
1	. • Distributable amount for 2009 from Part XI	l.	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
·	line 7	•				36,832
2	Undistributed income, if any, as of the end	of 2009				30,832
- а		01 2000			3,664	
b		20			3,004	
3						
	Excess distributions carryover, if any, to 20 From 2004	109				
						
b						
c	From 2006	·				
d		- · · · · · · · · · · · · · · · · · · ·				
е	<u> </u>	··				
f	Total of lines 3a through e					
4	Qualifying distributions for 2009 from Part	XII,				
	line 4 ▶ \$57,075					
а	Applied to 2008, but not more than line 2a				3,664	
b	Applied to undistributed income of prior ye	ars				
	(Election required—see page 26 of the ins	tructions)				
С	Treated as distributions out of corpus (Elec	ction				
	required—see page 26 of the instructions)					
d	Applied to 2009 distributable amount					36,832
е	Remaining amount distributed out of corpu	s	16,579			
5	Excess distributions carryover applied to 2					
	(If an amount appears in column (d), the sa		-			
	amount must be shown in column (a))					
6	Enter the net total of each column as					
_	indicated below:					
а		line 5	16,579			
	Prior years' undistributed income Subtract		10,379			
	line 4b from line 2b					
_		a d	****			
·	Enter the amount of prior years' undistribut					
	income for which a notice of deficiency has					
	been issued, or on which the section 4942	(a)				
	tax has been previously assessed					
a	Subtract line 6c from line 6b Taxable					
	amount—see page 27 of the instructions					
е	Undistributed income for 2008 Subtract lin	-				
	4a from line 2a Taxable amount—see pag	e				
_	27 of the instructions					
f	Undistributed income for 2009 Subtract lin	es			İ	
	4d and 5 from line 1 This amount must be				[
_	distributed in 2010					0
7	Amounts treated as distributions out of cor					
	to satisfy requirements imposed by section					
	170(b)(1)(F) or 4942(g)(3) (see page 27 of	the				
	instructions)					
8	Excess distributions carryover from 2004 n	ot				
	applied on line 5 or line 7 (see page 27 of t	he	I			
	instructions)					
9	Excess distributions carryover to 2010.					
	Subtract lines 7 and 8 from line 6a	i	16,579			
10	Analysis of line 9	ļ				
а	Excess from 2005	ļ	ļ			
b	Excess from 2006		-			
c	Excess from 2007		ŀ			
d	Excess from 2008		[
е	Excess from 2009	16,579	[
	······································		L	l	L.,	

an exempt organization
(4) Gross investment income

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see page 28 of the instructions.)

1	Information	Regarding	Foundation	Managers:
---	-------------	-----------	------------	-----------

securities loans (section 512(a)(5)), or royalties)

(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

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

RIAZUL H IMAMI

\$110,500

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here X if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed N/A

b The form in which applications should be submitted and information and materials they should include N/A

c Any submission deadlines

N/A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors
 N/A

Part XV Supplementary Information (co	ontinued)			
3 Grants and Contributions Paid During the		uture 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)	or substantial contributor	recipient		
Recipient Name and address (home or business) Paid during the year SEE STATEMENT 10	show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	57,075
Total b Approved for future payment N/A			▶ 3a	57,075
Total		1	▶ 3b	

DAA

-	Part XVI-A	Analysis of Income-Producing A	ctivities				
		punts unless otherwise indicated		d business income	Excluded	by section 512, 513, or 514	(e)
	· ·		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
1	Program sei	rvice revenue			-		the instructions)
					 		
			_		++		· · · · · · · · · · · · · · · · · · ·
			_		+		
		· · · · · · · · · · · · · · · · · · ·			+		
	f				+		
		d contracts from government agencies			+		
2	=	dues and assessments					
	•	savings and temporary cash investments			14	2,382	
4		nd interest from securities			14	15,041	
5	Net rental in	come or (loss) from real estate					
	a Debt-fin	anced property					
		t-financed property				.,	
		come or (loss) from personal property			-		
		ment income			 _ 		
		s) from sales of assets other than inventory			14	236	-45,091
		or (loss) from special events	-	<u></u>	╁┈┼		
		or (loss) from sales of inventory			+		
• •		ue a			 		 -
					 		
						· · · · · · · · · · · · · · · · · · ·	
	e						
12	Subtotal Ad	d columns (b), (d), and (e)		(0	17,659	-45,091
13	Total. Add I	ne 12, columns (b), (d), and (e)				13	-27,432
		in line 13 instructions on page 28 to verify calcula					
	Part XVI-B	Relationship of Activities to the					·
	Line No. ▼	Explain below how each activity for which incor accomplishment of the foundation's exempt pu instructions)					of the
_	N/A						
						···- <u>-</u>	
_							
							· · · · · · · · · · · · · · · · · · ·
							
_							
			·				
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				·			
_			- · · · · ·	 		· · · · · · · · · · · · · · · · · · ·	·
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			- <u>-</u>				
_							 _
_							

	•										
orr				OUNDATION IN			-6249			Pa	ge 1
P			•	ansfers To and Tra	nsaction	s and Re	lationsh	ips With Nonch	aritable		
_		'Exempt Organiza			41 41	<u> </u>			<u> </u>	V	
1	-		-	ge in any of the following	-	_				Yes	No
			er than secti	on 501(c)(3) organization	is) or in sec	tion 527, rei	ating to po	iiticai			
	organization										
а		om the reporting found	iation to a no	oncharitable exempt orga	inization of				4-(4)		
	(1) Cash								1a(1)	 	X
	(2) Other a								1a(2)	<u> </u>	X
t	Other trans										l 🕶
	٠,	f assets to a noncharit	•	•					1b(1)	_	X
	• •	ses of assets from a no							1b(2)	-	X
	` '	of facilities, equipment,		sets					1b(3)		X
	, ,	rsement arrangements	S						1b(4)	 	X
	` '	or loan guarantees							1b(5)		X
	• •		•	r fundraising solicitations					1b(6)		X
	-		-	other assets, or paid emp	•				_1c_		X
C		· ·		plete the following sche			•				
		=	_	iven by the reporting fou							
				nt, show in column (d) th							
_	(a) Line no	(b) Amount involved	(c) Name	of noncharitable exempt org	anization	(d) Des	cription of tra	ansfers, transactions, an	d sharing arrang	ements	3
N/	<u>'A</u>		ļ <u> </u>								
			<u> </u>								
		 						 			
											
		ļ									
				,							_
			ļ								
			<u> </u>								
		<u> </u>									
28	a Is the found	lation directly or indirec	ctly affiliated	with, or related to, one of	r more tax-	exempt orga	nızatıons				_
	described in	section 501(c) of the	Code (other	than section 501(c)(3))	or in section	527?				es 🛚 🗶	No
t	o If "Yes," cor	mplete the following so	hedule								
	(a)	Name of organization		(b) Type of organiza	ation		(-	c) Description of relation	ship		
	N/A										
				_							
				ned this return, including acc						•	
				preparer (other than taxpaye							
		/ Siss	man		18/1.	3/10		DIRECTO	oR.		
<u></u>	Signature	e of officer or trustee	RIAZU	L H-IMAMI	Date	7	T	itle	·		
Ē				1.2.1.1.1		Date			Preparer's identi		
yn Here	P حري ا	reparer's	, ,	- 1		d	12./11	Check if self-employed ▶	number (see Sig page 30 of the in		

Voursif SUMMERS HORNER DAUGHTREY &

33951-0308

Firm's name (or yours if self-employed), address, and ZIP code

SUMMERS HORNEK P.O. BOX 510308

PUNTA GORDA, F.

Phone no 941-639-2146 Form 990-PF (2009)

P00131071

EIN > 59-1503003

self-employed ▶

CPAS

Paid Preparer's Use Only

Preparer's signature

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Employer identification number

IMAMI FAMILY FOUNDATION INC 65-6249234 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (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 |X| For an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and П For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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 **▶** \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization

Employer identification number

65-6249234 IMAMI FAMILY FOUNDATION INC Part I Contributors (see instructions) (a) (c) (d) Aggregate contributions Type of contribution Name, address, and ZIP + 4 No. 1 RIAZUL H IMAMI Person 2118 AARON STREET **Payroll** 110,500 Noncash PORT CHARLOTTE FL 33952 (Complete Part II if there is a noncash contribution) (a) (c) (d) Type of contribution No Name, address, and ZIP + 4 Aggregate contributions Person **Payroll** Noncash \$ (Complete Part II if there is a noncash contribution) (b) (c) (d) (a) **Aggregate contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Aggregate contributions** Person **Payroll** \$ Noncash (Complete Part II if there is a noncash contribution) (b) (c) (d) (a) Type of contribution No. Name, address, and ZIP + 4 **Aggregate contributions** Person **Payroll** Noncash \$ (Complete Part II if there is a noncash contribution) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Aggregate contributions Type of contribution Person Payroll \$ Noncash (Complete Part II if there is a noncash contribution)

Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

Ğ	Description			How Received						
_	Date	Date		Sale					Net	
Sold	Acquired	Sold		Price	Cost	Expense	De	Depreciation	Gain / Loss	Loss
RETURN PRINC-GNMA P595154	95154			PURCHASE						
	VARIOUS	VARIOUS	ᡐ	2,166 \$	2,166 \$		έS		৵	
RETURN PRINC-FNMA 2002	02			PURCHASE					•	
	VARIOUS	VARIOUS		11,648	11,648					
RETURN PRINC-FNMA 1999	66			PURCHASE						
	VARIOUS	VARIOUS		997	997					
MERRILL LYNCH #4059				PURCHASE						
	VARIOUS	VARIOUS		2,825	2,025					800
MERRILL LYNCH #4059				PURCHASE						
	VARIOUS VARIOUS	VARIOUS		47,729	55,066				,	-7,337
MERRILL LYNCH #4061-CASH IN LIEU	CASH IN LI	EU		PURCHASE						•
	VARIOUS VARIOUS	VARIOUS		77						77
MERRILL LYNCH #4061				PURCHASE						
	VARIOUS	VARIOUS		58,428	70,484				- 1	-12,056
MERRILL LYNCH #4061				PURCHASE						
	VARIOUS	VARIOUS		70,690	97,265				- 2	-26,575
TOTAL			υ	194,560 \$	239,651 \$		\$ 0 	0	\$ -4	-45,091

Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees

Charitable Purpose	w	٠ 0
Adjusted Net	w	φ.
Net Investment	w	۵ 0
Total	\$ 1,872	\$ 1,872
Description	ACCOUNTING FEE	TOTAL

65

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260

INVESTMENT EXPENSES

TOTAL

Statement 6 - Form 990-PF, Part II, Line 10a - US and State Government Investments

		Description							
	•			Beginning of Year		End of Year	Basis of Valuation		Fair Market Value
FNMA	CMO 1999	BOND	_					_	
		D 017D	\$	5,812	\$	4,810	COST	\$	5,323
FNMA	CMO 2002	BOND		41,375		29,669	COST		31,573
GNMA	P585154			11,3,3		23,003	0001		32,373
			_	10,630	_	8,394	COST		8,581
	TOTAL		\$_	57,817	\$_	42,873		\$_	45,477

Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description						
		Beginning of Year	End of Year	Basis of Valuation	_	Fair Market Value
MERRILL LYNCH EQUITIES #04061						
PIMCO COMMODITY FD CL C	\$	138,439 \$	90,037	COST	\$	107,947
	~	17,083		COST		
FRANKLIN CUSTODIAL UTIL FD CL	C	16,870	17,108	COST		16,657
OPPENHEIMER INTERNATIONAL		•	,			·
PRINCIPAL INVESTORS		83,913	87,216	COST		92,216
TRINCIPAL INVESTORS		25,782	27,299	COST		26,545
PIMCO DEVELOPING LOCAL MKTS			10 557	оо от		10 620
	_		10,557	COST	_	10,639
TOTAL	\$ <u>_</u>	282,087 \$	232,217		\$_	254,004

Statement 8 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

Description				
	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
FORD MOTOR CREDIT NOTES 7.875				
	\$ 20,345	\$ 20,112	COST	\$ 20,302
HERTZ CORP NOTES 7.625%	10 107	10 143	GO GE	10 060
GENERAL MOTORS CORP SR NOTES 8.3	12,197	12,143	COST	12,060
CONDIGION MOTORS CORT SK NOTES 6.5	21,068	20,915	COST	5,400
BAPTIST HEALTH BOND	,	20,320		3,100
	39,999		COST	
TOTAL	\$ 93,609	\$ 53,170		\$ 37,762

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Federal Statements

Statement 9 - Form 990-PF, Part II, Line 13 - Other Investments

Description

	Beginning of Year		End of Year	Basis of Valuation	Market 'alue
CERTIFICATE OF DEPOSIT-BE	3&T				
	\$ 25,36	3 \$	51,454	COST	\$ 51,454
CERTIFICATE OF DEPOSIT-PI	ENNINSULA BK				
	65,67	8	68,101	COST	68,101
CERTIFICATE OF DEPOSIT-F	RST COMM BK				
	106,05	5	99,176	COST	99,176
CERTIFICATE OF DEPOSIT-SU	INTRUST BK				
	131,81	2	137,388	COST	137,388
TOTAL	\$ 328,90	8 \$	356,119		\$ 356,119

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Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of N	/lanager	 Amount
RIAZUL H IMAMI		\$ 110,500
TOTAL		\$ 110,500

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Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the

Name	Address		
Address	Relationship Status	Purpose	Amount
RYAN BURKE PUNTA GORDA FL 33950	CHARLOTTE HIGH SCHOOL NONE NONE TICH SCHOOL	SCIENCE AWARD	250
DEFFERI WALSH PORT CHAROTTE FL 33952	FORI CHAROITE RIGH NONE P O ROX 1500	SCIENCE AWARD	250
PINELLAS PARK FL 33780		GENERAL DONATION	50
TAMPA FL 33681	400	FIGHT CANCER	200
AMERICAN DIABETES ASSOC MERRIFIELD VA 22116	P O BOX 1834	GENERAL DONATION	75
	P O BOX	FIGHT HEART DISEASE	100
AMERICAN INST OF CANCER R WASHINGTON DC 20090	1759 R ST NW	CANCER RESEARCH	200
AMERICAN LUNG ASSOCIATION ALBERT LEA MN 56007	P O BOX 7000	GENERAL DONATION	50
AMERICAN RED CROSS 86 PORT CHARLOTTE FL 33953	866 TAMIAMI TRAIL STE 8 53 501(C)(3)	GENERAL DONATION	200
AMERICAN YOUTH ACADEMY TAMPA FL 33617	EAST 13	ZAKAT DONATION	250
APPNA WESTMONT IL 60559	4 S CASS	DISASTER MGMT FUND	1,000
E ATLANTA	ol ELLI	GENERAL DONATION	1,000
CC HOMELESS COALITION MURDOCK FL 33938	Р О ВОХ	GENERAL DONATION	100
COALITION TO END HOMELESS FT LAUDERDALE FL 33303	S.	GENERAL DONATION	200
CRESCENT ACADEMY INTL CANTON MI 48188	40440 PALMER RD	ZAKAT DONATION	1,000
DAR-AL-HIJRAH FALLS CHURCH VA 22041	P O BOX 1625	ZAKAT DONATION	250
DAKUL-ULOOM AL-MADANIA BUFFALO NY 14212	SOB1	ZAKAT DONATION	200
DISABLED AMERICAN VEIS CINCINNATI OH 45250	F U BUA 14301	GENERAL DONATION	150
	SEVENIN AVE, ZND	GENERAL DONATION	200

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Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

	Amount	1,000	250		200	200	1,800	250	200	250	15,000	1,000		500	1,000	1,000	250		50	
	Purpose	ANTI-DRUG COALITION	ZAKAT DONATION	GENERAL DONATION	ZAKAT DONATION	ZAKAT DONATION	ZAKAT DONATION	ZAKAT DONATION	ZAKAT DONATION	ZAKAT DONATION	ZAKAT DONATION	ZAKAT DONATION	SAKAT DONATION			ZAKAT DONATION	ZAKAT DONATION	MAYO HOSP DEFIBRILLATOR	GENERAL DONATION	NOTHKNOG TAXES
	Status			(#200	501(C)(3)		•	×			ა		#450		so :	20			
Address	Relationship	יסי ו	BOX 3130		346 MCDOUGALL ST,	F U BOX 5481 501	O TO MOISNITH OC	A 8307	NOKTHW	8/-71 1441R SIKEE1	148 HAKBOR VIEW RI	33 ST	P O BOX 230666	6131 ORANGETHORPE AVE#450	X 808	W 22ND ST, STE	SIXTEENTH	SIL WAT	FOX FOX	F U BUA 236
Name	Address	UNT 3394	FOUNDATION OF FAITHFUL JAMAICA NY 11431	31709	212	HIDAIA FOUNDALION SANTA CLARA CA 95056 HIMAN DEV FOUNDATION OE N			SOUTHFIELD MI 48075		∞		ISLAMIC INFORMATION CENTE LAS VEGAS NV 89105	ISLAMIC RELIEF BUENA PARK CA 90620	MIC SOCIETY OF NA PLAINFIELD IN 46168	ISMA (ISLAMIC MED ASSOC) LOMBARD IL 60148	1 AMERICAN COUNCIL WASHINGTON DC 20036	INDIANAPOLIS IN 46278	LEUN & LIMPHUMA SUCIEII PITTSFIELD MA 01202	FOR RELIEF & DEV SOUTHFIFT MI 48037

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Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Name	Address	i		
Address	Relationship	Status	Purpose	Amount
	3418 W AINSLIE ST			
CHICAGO IL 60625 MARCH OF DIMFS	B O BOX 6708		ZAKAT DONATION	100
LAKE WORTH FL 33466)		GENERAL DONATION	100
MASJIDUL ISLAM	1280 BLUFF CITY BLVD			1
ELGIN IL 60120	, ,		ZAKAT DONATION	1,000
MEMOKIAL SLOAN KEIIEKING PHILADELPHIA PA 19170	F O BOX 7247-0260		CANCER RESEARCH	300
MERCY USA FOR AID & DEV	44450 PINETREE DR, #201			0
PLYMOUTH MI 48170	הם ויחווסאני זם נסכנ		ZAKAT DONATION	100
ANN ARBOR MI 48105			ZAKAT DONATION	200
	P O BOX 550985)
TAMPA FL 33655		501(C)(3)	CANCER RESEARCH	200
MOSQUE FOUNDATION	7360 W 93RD ST			
BRIDGEVIEW IL 60455		501(C)(3)	ZAKAT DONATION	1,000
MAIL CANCER RESEARCH CIR	P O BOX 96676		יייס מינייס	
	D O BOX 96024		CANCER RESEARCH	
WASHINGTON DC 20090	# 1000 1000 1000 1000 1000 1000 1000 100	501 (C) (3)	GENERAL, DONATION	C II
NEW OPERATION COOPER ST	650 MARY ST	())
PUNTA GORDA FL 33950			UNDERPRIVILEGED CHILDREN	200
PARALYZED VET OF AMERICA	7 MILL BROOK RD			
WILTON NH 03086			GENERAL DONATION	100
SALVATION ARMY	P O BOX 495126			
PORT CHARLOTTE FL 33949			GENERAL DONATION	100
SHRINERS CHILDREN HOSPITA P RANSON WV 25438	P O BOX 1510		GENEPAT. DONATION	C
SIUT NORTH AMERICA	1 E RIVER CREST DR			007
HOUSTON TX 77042			GENERAL DONATION	1,000
SMILE TRAIN	P O BOX 96231			
			GENERAL DONATION	200
ST JUDE CHILDREN RESEARCH	501 ST JUDE PLACE			
ST VINCENT DE PAIIL COMMIN	D O BOX 381193		GENERAL DONATION	200
			GENERAL DONATION	200
ONICEF (OS FONDS) NEWARK NJ 07101	F 0 504 27708		ZAKAT DONATION	200

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Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Name	Address			
Address	Relationship	Status	Purpose	Amount
UNIVERSITY OF MICHIGAN ANN ARBOR MI 48104	611 E HOOVER AVE		GITHENS CENTER DONATION	
ZAKAT FOUNDATION OF AMERI	P O BOX 639			
WORTH IL 60482		501(C)(3)	ZAKAT DONATION	1,000
HUMAN DEV FOUNDATION	11310 GRANDVIEW DR			
DADE CITY FL 33525		501(C)(3)	PAKISTAN RELIEF FUND	1,000
CC HAHITAT FOR HUMANITY	1750 MANZANA			
PUNTA GORDA FL 33950			GENERAL DONATION	500
SOCIETY FOR INTERNTL HELP	252-07, 58TH AVE			
LITTLENECK NY 11362			ZAKAT DONATION	200
IMRAN KHAN CANCER APPEAL	195 FARMINGTON AVE			
FARMINGTON CT 06032			ZAKAT DONATION	500
ISLAMIC AMER SOC OF CT	P O BOX 1739			
WATERBURY CT 06721			ZAKAT DONATION	1,000
ISLAMIC CENTER OF PEORIA	1716 N NORTH ST			•
PEORIA IL 61604			ZAKAT DONATION	2,500
APPNA SEHAT	7515 KIMBERLY LANE			
DALLAS TX 75214			ZAKAT DONATION	10,000
HARRY CHAPIN FOOD BANK	3760FOWLER ST			
FORT MYERS FL 33901			GENERAL DONATION	500
INST SOCIAL POLICY	43151 DALCOMA STE 6			
CLINTON TWP MI 48038			GENERAL DONATION	1,000
COALITION TO SOLUTE AM HE	P O BOX 96440			
WASHINGTON DC 20090			GENERAL DONATION	100
TOTAL				57,075



PUBLISHER'S AFFIDAVIT OF PUBLICATION STATE OF FLORIDA COUNTY OF CHARLOTTE

Before the undersigned authority personally appeared Amber Freeman, who on oath says that she is legal clerk of the (Charlotte Sun, Englewood Sun, The Arcadian, North Port Sun, Venice Gondolier Sun), a newspaper published at Charlotte Harbor in Charlotte County, Florida; that the attached copy of advertisement, being a Notice, was published in said newspaper in the issues of:

August 1, 2010

Affiant further says that the said newspaper is a newspaper published at Charlotte Harbor, in said Charlotte County, Florida, and that the said newspaper has heretofore been continuously published in said Charlotte County, Florida, Sarasota County, Florida and DeSoto County, Florida, each day and has been entered as periodicals matter at the post office in Punta Gorda, in said Charlotte County, Florida, for a period of 1 year next preceding the first publication of the attached copy of advertisement; and affiant further says that he or she has neither paid nor promised any person, firm or corporation any discount, rebate, commission or refund for the purpose of securing this advertisement for publication in the said newspaper.

(Signature of Affiant)

Sworn and subscribed before me this 2nd day of August, 2010.

Comm# 5/507,13214 645mes 10//-2/2011

Imami Family Foundation, Inc.

Availability

of Annual Return This is to notify the public that the annual tax return, Form 990-PF, of

the Imami-Family Foundation, Inc. is available for inspection at this principal office during regular business hours by any citizen who

requests inspection within 180

days after the publishing of this notice. The principal address of

business where a copy of the Form

can be obtained is as follows: 2118 Aaron St , Port Charlotte, FL

33952, telephone number 941-

628-0799, contact R.H. Imami.

OR Produced Identification Personally known

Type of Identification Produced __