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Form **990-PF****Return of Private Foundation**
or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

2014Department of the Treasury
Internal Revenue Service

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► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For calendar year 2014 or tax year beginning , and ending

Name of foundation IMAMI FAMILY FOUNDATION INC		A Employer identification number 65-6249234
Number and street (or P.O. box number if mail is not delivered to street address) 2118 AARON STREET	Room/suite	B Telephone number (see instructions) 941-628-0799
City or town, state or province, country, and ZIP or foreign postal code PORT CHARLOTTE FL 33952		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ► \$ 1,154,675	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

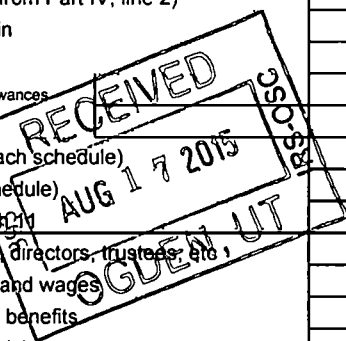
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue				
1 Contributions, gifts, grants, etc., received (attach schedule)	50,070			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments	2,693	2,693		
4 Dividends and interest from securities	22,025	22,025		
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10	-9,886			
b Gross sales price for all assets on line 6a 153,074				
7 Capital gain net income (from Part IV, line 2)		0		
8 Net short-term capital gain			0	
9 Income modifications				
10a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11	64,902	24,718	0	
Operating and Administrative Expenses				
13 Compensation of officers, directors, trustees, etc.	0			
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees (attach schedule)				
b Accounting fees (attach schedule) STMT 1	1,932	966		
c Other professional fees (attach schedule) STMT 2	3,696	3,696		
17 Interest				
18 Taxes (attach schedule) (see instructions) STMT 3	571	571		
19 Depreciation (attach schedule) and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (att. sch) STMT 4	257	42		
24 Total operating and administrative expenses. Add lines 13 through 23	6,456	5,275	0	0
25 Contributions, gifts, grants paid	51,930			51,930
26 Total expenses and disbursements. Add lines 24 and 25	58,386	5,275	0	51,930
27 Subtract line 26 from line 12.				
a Excess of revenue over expenses and disbursements	6,516			
b Net investment income (if negative, enter -0-)		19,443		
c Adjusted net income (if negative, enter -0-)			0	

For Paperwork Reduction Act Notice, see Instructions.

Form 990-PF (2014)

SCANNED AUG 19 2015



Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash – non-interest-bearing			
	2 Savings and temporary cash investments	101,518	106,375	106,375
	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 ▶ 0			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	641	670	670
	10a Investments – U.S. and state government obligations (attach schedule) STMT 5	11,715	9,391	10,233
	b Investments – corporate stock (attach schedule) SEE STMT 6	736,322	738,226	782,170
	c Investments – corporate bonds (attach schedule)			
	11 Investments – land, buildings, and equipment basis ▶ Less: accumulated depreciation (attach sch.) ▶			
	12 Investments – mortgage loans			
	13 Investments – other (attach schedule) SEE STATEMENT 7	253,177	255,227	255,227
	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)	1,103,373	1,109,889	1,154,675
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ▶ <input type="checkbox"/>			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input checked="" type="checkbox"/>			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg, and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds	1,103,373	1,109,889	
	30 Total net assets or fund balances (see instructions)	1,103,373	1,109,889	
	31 Total liabilities and net assets/fund balances (see instructions)	1,103,373	1,109,889	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,103,373
2 Enter amount from Part I, line 27a	2	6,516
3 Other increases not included in line 2 (itemize) ▶	3	
4 Add lines 1, 2, and 3	4	1,109,889
5 Decreases not included in line 2 (itemize) ▶	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	1,109,889

Part IV Capital Gains and Losses for Tax on Investment 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	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a SEE WORKSHEET				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
(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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7			2	-9,886
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8			3	-6,495

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2013	61,161	1,076,143	0.056834
2012	26,430	988,392	0.026740
2011	48,625	951,836	0.051085
2010	31,100	826,516	0.037628
2009	56,925	739,632	0.076964
2 Total of line 1, column (d)			2 0.249251
3 Average distribution ratio for the 5-year base period – divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0.049850
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5			4 1,121,948
5 Multiply line 4 by line 3			5 55,929
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 194
7 Add lines 5 and 6			7 56,123
8 Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.			8 51,930

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	389
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	3	389
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	389
6	Credits/Payments		
a	2014 estimated tax payments and 2013 overpayment credited to 2014	6a	670
b	Exempt foreign organizations – tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	670
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	281
11	Enter the amount of line 10 to be Credited to 2015 estimated tax 281 Refunded	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? 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.		X
c Did the foundation file Form 1120-POL for this year?		X
d 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? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • 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?	X	
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	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) FL		
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	X	
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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

N/A

Part 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 instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	13	X	
14	The books are in care of ► RIAZUL H IMAMI 2118 AARON STREET Located at ► PORT CHARLOTTE FL ZIP+4 ► 33952 Telephone no ► 941-628-0799			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the year	15		
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1) If "Yes," enter the name of the foreign country ►	16	Yes	No X

Part 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 instructions)? Organizations relying on a current notice regarding disaster assistance check here	N/A	
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 2014?		X
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))		
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? If "Yes," list the years ► 20 , 20 , 20 , 20 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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)	N/A	
c	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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2014 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 foundation had excess business holdings in 2014)	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
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 2014?		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) ☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? **N/A** ☐ **5b**

Organizations relying on a current notice regarding disaster assistance check here ☐

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? **N/A** ☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945–5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b** ☐ Yes ☒ No **X**

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **N/A** **7b**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
RIAZUL H. IMAMI 2118 AARON ST PORT CHARLOTTE FL 33952	DIRECTOR 1.00	0	0	0
AZRA R. IMAMI 2118 AARON ST PORT CHARLOTTE FL 33952	DIRECTOR 1.00	0	0	0
IRFAN R. IMAMI 2118 AARON ST PORT CHARLOTTE FL 33952	DIRECTOR 1.00	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

Expenses

1 N/A**2****3****4****Part IX-B** Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

Amount

1 N/A**2**

All other program-related investments See instructions

3

Total. Add lines 1 through 3



Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	1,035,118
b	Average of monthly cash balances	1b	103,916
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	1,139,034
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	1,139,034
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	4	17,086
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,121,948
6	Minimum investment return. Enter 5% of line 5	6	56,097

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	56,097
2a	Tax on investment income for 2014 from Part VI, line 5	2a	389
b	Income tax for 2014 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	389
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	55,708
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	55,708
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	55,708

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	51,930
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	
3	Amounts set aside for specific charitable projects that satisfy the		
a	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	51,930
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	51,930

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				55,708
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			5,518	
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2014				
a From 2009				
b From 2010				
c From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e				
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 51,930				
a Applied to 2013, but not more than line 2a			5,518	
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 2014 distributable amount				46,412
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))				
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				
d Subtract line 6c from line 6b. Taxable amount – see instructions				
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount – see instructions				
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				9,296
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014				

4942(j)(5)

(e) Total

(4) Gross investment income

N/A

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year SEE STATEMENT 8				51,930
Total			▶ 3a	51,930
b Approved for future payment N/A				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated

(See worksheet in line 13 instructions to verify calculations)

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

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

OMB No 1545-0047

2014

Name of the organization

IMAMI FAMILY FOUNDATION INC

Employer identification number

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

- ☒ 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

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 II.
- ☐ 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, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ 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. Do not 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.

▶ \$

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 on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

IMAMI FAMILY FOUNDATION INC

Employer identification number

65-6249234

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RIAZUL H IMAMI 2118 AARON STREET PORT CHARLOTTE FL 33952	\$ 50,070	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Form 990-PF	Capital Gains and Losses for Tax on Investment Income	2014
For calendar year 2014, or tax year beginning _____, and ending _____		

Name IMAMI FAMILY FOUNDATION INC	Employer Identification Number 65-6249234
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(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	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
(1) FNMA #31359W3B5-RETURN PRINC	P	VARIOUS	VARIOUS
(2) FNMA #31392D4U3-RETURN PRINC	P	VARIOUS	VARIOUS
(3) GNMA #P595154X-RETURN PRINC	P	VARIOUS	VARIOUS
(4) WELLS FARGO #8223 S/T COVERED	P	VARIOUS	VARIOUS
(5) WELLS FARGO #8223 S/T NON COVERED	P	VARIOUS	VARIOUS
(6) WELLS FARGO #8223 L/T COVERED	P	VARIOUS	VARIOUS
(7) WELLS FARGO #8223 L/T NON COVERED	P	VARIOUS	VARIOUS
(8) WELLS FARGO #7351 & #8223			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
(1) 467		467	
(2) 1,559		1,559	
(3) 298		298	
(4) 52,697		59,318	-6,621
(5) 126			126
(6) 81,586		75,864	5,722
(7) 13,397		25,454	-12,057
(8) 2,944			2,944
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) OR Losses (from col. (h))
(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	
(1)			
(2)			
(3)			
(4)			-6,621
(5)			126
(6)			5,722
(7)			-12,057
(8)			2,944
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			

Federal Statements

Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
ACCOUNTING FEE	\$ 1,932	\$ 966	\$	\$
TOTAL	\$ 1,932	\$ 966	\$ 0	\$ 0

Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
BROKER/CONSULTING FEES	\$ 3,696	\$ 3,696	\$	\$
TOTAL	\$ 3,696	\$ 3,696	\$ 0	\$ 0

Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXCISE TAX	\$ 571	\$ 571	\$	\$
TOTAL	\$ 571	\$ 571	\$ 0	\$ 0

Statement 4 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXPENSES				
STATE REGISTRATION FEE	70			
AWARD PLAQUES	145			
INVESTMENT EXPENSES	42	42		
TOTAL	\$ 257	\$ 42	\$ 0	\$ 0

Federal Statements

Statement 5 - 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	\$ 2,342	\$ 1,875	COST	\$ 2,107
FNMA CMO 2002 BOND	7,195	5,635	COST	6,197
GNMA P585154	2,178	1,881	COST	1,929
TOTAL	\$ 11,715	\$ 9,391		\$ 10,233

Statement 6 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
OPPENHEIMER INTERNATIONAL	\$ 102,757	\$ 104,915	COST	\$ 101,676
PRINCIPAL INVESTORS	35,448	37,802	COST	40,545
EATON VANCE GLBL MACRO	80,378	83,940	COST	76,168
PIONEER GOV'T CL C	86,442	87,909	COST	81,161
GM (NEW) COMM	9,894		COST	
WT07 19GM	4,848		COST	
WT07 16GM	6,361		COST	
EATON VANCE EMERG MKTS	50,476	53,862	COST	42,904
MFS INTL NEW DISCOVERY CL C	14,253	14,308	COST	14,014
MUTUAL SER FD EUROPEAN	24,994	27,631	COST	22,785
PIMCO FLOATING INCOME	22,600	23,436	COST	21,991
WELLS FARGO STOCK PORTFOLIO	297,871	304,423	COST	380,926
TOTAL	\$ 736,322	\$ 738,226		\$ 782,170

Statement 7 - Form 990-PF, Part II, Line 13 - Other Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
CERTIFICATE OF DEPOSIT-BB&T	\$ 53,404	\$ 53,633	COST	\$ 53,633
CERTIFICATE OF DEPOSIT-C-1 BANK	102,626	103,652	COST	103,652
CERTIFICATE OF DEPOSIT-IBERIA BANK	97,147	97,942	COST	97,942
TOTAL	\$ 253,177	\$ 255,227		\$ 255,227

Federal Statements

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

<u>Name of Manager</u>	<u>Amount</u>
RIAZUL H IMAMI	\$ <u>50,070</u>
TOTAL	\$ <u><u>50,070</u></u>

Federal Statements

Statement 8 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the
Year

Name		Address		Relationship	Status	Purpose	Amount
Address							
CHARLOTTE HIGH SCHOOL		COOPER ST	PC	NONE		SCIENCE AWARD	250
PUNTA GORDA FL 33950		LAKEVIEW DR	PC	NONE		SCIENCE AWARD	250
PORT CHARLOTTE HIGH SCHOOL		182 SOBIESKI ST	PC	NONE		ASSISTANCE TO INDIGENT	500
PORT CHARLOTTE FL 33952		1445 EDUCATION WAY	PC	NONE		ANTI-DRUG COALITION	2,500
DARUL-ULOOM AL-MADANIA		40440 PALMER RD	PC	NONE		ASSISTANCE TO INDIGENT	200
BUFFALO NY 14212		1 E RIVERCREST DR	PC	NONE		MEDICAL ASSISTANCE	1,000
DRUG FREE CHARLOTTE COUNT		101 W 22ND ST, SUITE 106	PC	NONE		ASSISTANCE TO INDIGENT	500
PORT CHARLOTTE FL 33948		501 ST JUDE PLACE	PC	NONE		ASSISTANCE TO INDIGENT	500
MUSLIM COMM OF WEST SUB		333 SEVENTH AVE, 2ND FLR	PC	NONE		ASSISTANCE TO INDIGENT	200
CANTON MI 48188		32-72 GALE AVE	PC	NONE		ASSISTANCE TO INDIGENT	200
SIUT NORTH AMERICA		3760 FOWLER ST	PC	NONE		FOOD AIDE	500
HOUSTON TX 77042		PO BOX 5028	PC	NONE		CANCER RESEARCH	200
ISLAMIC MEDICAL ASSOC OF NA		12541 MC DOUGALL STREET	PC	NONE		ORPHAN SUPPORT	730
LOMBARD IL 60148		2900 ROCKY POINT DR.	PC	NONE		ASSISTANCE TO INDIGENT	200
ST JUDE CHILDRENS RESEARCH HOSP		PO BOX 204594	PC	NONE		ASSISTANCE TO INDIGENT	500
MEMPHIS TN 38105		155 CEDAR LANE	PC	NONE		ASSISTANCE TO INDIGENT	200
DOCTORS WITHOUT BORDERS		25148 HARBORVIEW RD	PC	NONE		ASSISTANCE TO INDIGENT	30,000
NEW YORK NY 10001		550 E FLORIDA AVE.	PC	NONE		ASSISTANCE TO INDIGENT	2,500
SOCIETY FOR INTL HELP		7827 N. WICKHAM RD	PC	NONE		ASSISTANCE TO INDIGENT	2,500
LONG ISLAND CITY NY 11101							
HARRY CHAPIN FOOD BANK							
FORT MYERS FL 33901							
MEMORIAL SLOAN-KETTERING CANCER CTR							
HAGERSTOWN MD 21741							
HELPING HANDS							
DETROIT MI 48212							
SHRINERS HOSPITAL FOR CHILDREN							
TAMPA FL 33607							
ISLAMIC SOCIETY OF AUGUSTA INC.							
MARTINEZ GA 30907							
FRIENDS OF INDUS HOSPITAL, INC.							
TEANECK NJ 07666							
ISLAMIC COMMUNITY OF SW FL							
PORT CHARLOTTE FL 33980							
ISLAMIC SOCIETY OF BREVARD COUNTY							
MELBOURNE FL 32901							
SUNTREE VIERA ISLAMIC CENTER							
MELBOURNE FL 32940							

Federal Statements

Statement 8 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the
Year (continued)

Name		Address		Relationship	Status	Purpose	Amount
Address							
HUMAN DEVELOPMENT FOUNDATION SCHAUMBURG IL 60173		NONE	1350 REMINGTON ROAD PC			ASSISTANCE TO INDIGENT	1,000
MOSQUE FOUNDATION BRIDGEVIEW IL 60455		NONE	7360 W. 93RD STREET PC			ASSISTANCE TO INDIGENT	200
ISLAMIC CENTER OF NE FL INC. JACKSONVILLE FL 32246		NONE	2333 ST. JOHNS BLUFF ROAD PC			ASSISTANCE TO INDIGENT	1,000
ISLAMIC SOCIETY OF CONNECTICUT WATERBURY CT 06721		NONE	PO BOX 1739 PC			ASSISTANCE TO INDIGENT	1,200
HIDAYA FOUNDATION SANTA CLARA CA 95056		NONE	PO BOX 5481 PC			ASSISTANCE TO INDIGENT	500
ISLAMIC SOCIETY OF NORTH AMERICA PLAINFIELD IN 46168		NONE	PO BOX 808 PC			ASSISTANCE TO INDIGENT	1,000
ISLAMIC FOUNDATION OF SOUTH FLORIDA SUNRISE FL 33351		NONE	5455 NW 108TH AVE PC			ASSISTANCE TO INDIGENT	200
ISLAMIC CENTER OF ORLANDO ORLANDO FL 32836		NONE	11543 RUBYLAKE ROAD PC			ASSISTANCE TO INDIGENT	200
UMMAH RELIEF INTERNATIONAL ELGIN IL 60121		NONE	PO BOX 1426 PC			ASSISTANCE TO INDIGENT	400
HOUSTON QURAN ACADEMY HOUSTON TX 77094		NONE	102 BAKER ROAD PC			EDUCATION	200
ZAKAT FOUNDATION OF AMERICA WORTH IL 60482		NONE	PO BOX 639 PC			ASSISTANCE TO INDIGENT	200
EDHI INTERNATIONAL FOUNDATION CORONA NY 11368		NONE	45-11 NATIONAL STREET PC			FOOD AIDE	1,000
ISLAMIC SOCIETY OF GREAT SPRIGFIELD SPRINGFIELD IL 62703		NONE	300 STANTON STREET PC			EDUCATION	200
MAKKI MASJID CHICAGO IL 60625		NONE	3418 W. AINSLIE PC			ASSISTANCE TO INDIGENT	200
DAR AL HIJRAH ISLAMIC CENTER FALLS CHURCH VA 22041		NONE	PO BOX 1625 PC			ASSISTANCE TO INDIGENT	200
TRACY ISLAMIC CENTER TRACY CA 95304		NONE	11299 W LARCH ROAD PC			NEW MASJID PROJECT	200
ISLAMIC RELIEF USA ALEXANDRIA VA 22304		NONE	3655 WHEELER AVE PC			ASSISTANCE TO INDIGENT	200
VIRGINIA B. ANDES VOLUNTEER COMMUNI PORT CHARLOTTE FL 33952		NONE	21297 OLEAN BLVD PC			HEALTH CARE	100

Federal Statements

Statement 8 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the
Year (continued)

Name		Address		Relationship	Status	Purpose	Amount
CHARLOTTE COUNTY HOMELESS COALITION		PO BOX 380157					
MURDOCK FL 33938		NONE			PC	ASSISTANCE TO INDIGENT	100
ISLAMIC CIRCLE OF NORTH AMERICA		166-26 89TH AVE			PC	ASSISTANCE TO INDIGENT	200
JAMAICA NY 11432		NONE					
TOTAL							51,930

SUN



NEWSPAPERS

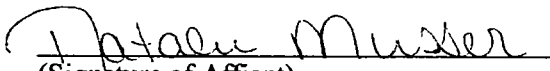
Charlotte • DeSoto • Englewood • North Port • Venice

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


Before the undersigned authority personally appeared Natalie Musser, who on oath says that she is legal clerk of the Charlotte Sun, the Englewood Sun, and the North Port Sun, each a newspaper published at Charlotte Harbor in Charlotte County, Florida; that the attached copy of advertisement, being a Public Notice, was published in said newspaper in the issue(s) of:

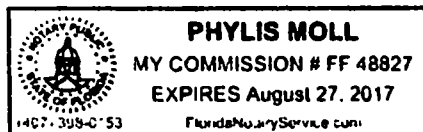
August 6, 2015

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 publication day and has been entered as periodicals matter at the post office in Punta Gorda, in said Charlotte County, Florida, for a period of one 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 said newspaper.


(Signature of Affiant)

Sworn and subscribed before me this 6th day of August, 2015.


(Signature of Notary Public)



Personally known ☒ OR Produced Identification ☐

Type of Identification Produced _____

**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.

Publish: August 6, 2015
128266 3207202