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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

2017Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For calendar year 2017 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) ▶ \$ 1,309,970	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"/>

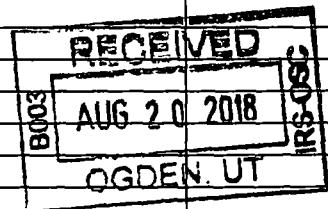
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	51,420			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	3,218	3,218		
	4 Dividends and interest from securities	21,140	21,140		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	9,335			
	b Gross sales price for all assets on line 6a 132,713				
	7 Capital gain net income (from Part IV, line 2)		9,335		
	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	85,113	33,693	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	2,100	1,680		
	c Other professional fees (attach schedule) STMT 2	3,028	3,028		
	17 Interest				
	18 Taxes (attach schedule) (see instructions) STMT 3	1,256	1,256		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule) STMT 4	539			469
	24 Total operating and administrative expenses. Add lines 13 through 23	6,923	5,964	0	469
	25 Contributions, gifts, grants paid	29,584			29,584
26 Total expenses and disbursements. Add lines 24 and 25	36,507	5,964	0	30,053	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	48,606				
b Net investment income (if negative, enter -0-)		27,729			
c Adjusted net income (if negative, enter -0-)			0		

For Paperwork Reduction Act Notice, see Instructions.

Form 990-PF (2017)

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash – non-interest-bearing			34,466	34,466
	2	Savings and temporary cash investments		102,469	59,715	59,715
	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 (att. schedule) ▶ Less: allowance for doubtful accounts ▶	0			
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges		1,145	1,300	1,300
	10a	Investments – U S and state government obligations (attach schedule) STMT 5		5,901	4,723	4,924
	b	Investments – corporate stock (attach schedule) SEE STMT 6		816,200	870,898	945,894
	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		260,452	263,671	263,671
	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)		1,186,167	1,234,773	1,309,970
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		1,186,167	1,234,773	
	30	Total net assets or fund balances (see instructions)		1,186,167	1,234,773	
	31	Total liabilities and net assets/fund balances (see instructions)		1,186,167	1,234,773	

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	1,186,167
2	Enter amount from Part I, line 27a	2	48,606
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	1,234,773
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	1,234,773

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, 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) FMV 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**9,335****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**-680****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))
2016	42,172	1,125,814	0.037459
2015	80,570	1,105,295	0.072895
2014	51,930	1,121,948	0.046286
2013	61,161	1,076,143	0.056834
2012	26,430	988,392	0.026740

2 Total of line 1, column (d)**2****0.240214****3** Average distribution ratio for the 5-year base period – divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years**3****0.048043****4** Enter the net value of noncharitable-use assets for 2017 from Part X, line 5**4****1,230,615****5** Multiply line 4 by line 3**5****59,122****6** Enter 1% of net investment income (1% of Part I, line 27b)**6****277****7** Add lines 5 and 6**7****59,399****8** Enter qualifying distributions from Part XII, line 4**8****30,053**

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

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	555
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	555
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	555
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	1,300
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	1,300
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	3
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	742
11	Enter the amount of line 10 to be Credited to 2018 estimated tax 742 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 the 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 <i>General Instruction G</i> ? 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 2017 or the taxable year beginning in 2017? 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

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
- 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
- 13** Did the foundation comply with the public inspection requirements for its annual returns and exemption application?

	Yes	No
11		X
12		X
13	X	

Website address ▶ **N/A**

- 14** The books are in care of ▶ **RIAZUL H IMAMI**
2118 AARON STREET

Telephone no. ▶ **941-628-0799**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 and enter the amount of tax-exempt interest received or accrued during the year ▶ **15**

- 16** At any time during calendar year 2017, 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?

	Yes	No
16		X

See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶

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.

- 1a** During the year, did the foundation (either directly or indirectly):

- (1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No
- (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No
- (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No
- (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No
- (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ 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) ☐ Yes ☒ 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

N/A**1b**

- 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 2017?

1c**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 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? ☐ Yes ☒ 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 instructions)

N/A**2b**

- 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? ☐ Yes ☒ No

- b** If "Yes," did it have excess business holdings in 2017 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 2017)

N/A**3b**

- 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 charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?

4b**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))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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 Organizations relying on a current notice regarding disaster assistance, check here	N/A		5b
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? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870			6b X
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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, and 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	1,159,346
b	Average of monthly cash balances	1b	90,009
c	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	1,249,355
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	1,249,355
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	4	18,740
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,230,615
6	Minimum investment return. Enter 5% of line 5	6	61,531

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	61,531
2a	Tax on investment income for 2017 from Part VI, line 5	2a	555
b	Income tax for 2017 (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	555
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	60,976
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	60,976
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	60,976

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	30,053
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	30,053
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	30,053

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 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				60,976
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only				
b Total for prior years. 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013				
c From 2014				
d From 2015				
e From 2016				
f Total of lines 3a through e	3,818			
4 Qualifying distributions for 2017 from Part XII, line 4: ▶ \$ 30,053				
a Applied to 2016, but not more than line 2a				
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2017 distributable amount				30,053
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a).)	3,818			3,818
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 2016. Subtract line 4a from line 2a. Taxable amount – see instructions				
f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				27,105
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 2012 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2013				
b Excess from 2014				
c Excess from 2015				
d Excess from 2016				
e Excess from 2017				

Form **990-PF** (2017)

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

Recipient	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
Name and address (home or business)				
a Paid during the year SEE STATEMENT 8				29,584
Total			▶ 3a	29,584
b Approved for future payment N/A				
Total			▶ 3b	

DAA

Schedule of Contributors

OMB No 1545-0047

2017

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

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

- ☒ 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 33¹/₃% 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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	\$ 50,220	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.)

Name

Employer Identification Number

IMAMI FAMILY FOUNDATION INC

65-6249234

(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	P	VARIOUS	VARIOUS
(5) WELLS FARGO #8223	P	VARIOUS	VARIOUS
(6) STOCK LITIGATION SETTLEMENT	P	VARIOUS	VARIOUS
(7) WELLS FARGO #7351 & #8223 CGD			
(8)			
(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) 293		293	
(2) 704		704	
(3) 181		181	
(4) 78,700		79,380	-680
(5) 52,125		42,820	9,305
(6) 276			276
(7) 434			434
(8)			
(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) FMV 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)			-680
(5)			9,305
(6)			276
(7)			434
(8)			
(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	\$ 2,100	\$ 1,680	\$	\$
TOTAL	\$ 2,100	\$ 1,680	\$ 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	\$ 3,028	\$ 3,028	\$	\$
TOTAL	\$ 3,028	\$ 3,028	\$ 0	\$ 0

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXCISE TAX	\$ 1,256	\$ 1,256	\$	\$
TOTAL	\$ 1,256	\$ 1,256	\$ 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			319
AWARD PLAQUES	319			150
OFFICE SUPPLIES/POSTAGE	150			
TOTAL	\$ 539	\$ 0	\$ 0	\$ 469

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	\$ 1,212	919	COST	\$ 989
FNMA CMO 2002 BOND	3,534	2,830	COST	3,036
GNMA P585154	1,155	974	COST	899
TOTAL	\$ 5,901	\$ 4,723		\$ 4,924

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	\$ 110,719	114,448	COST	\$ 112,485
PRINCIPAL INVESTORS	41,853	43,691	COST	47,306
EATON VANCE GLBL MACRO	89,544	91,399	COST	82,274
PIONEER BOND FD CL C	90,612	92,583	COST	86,589
EATON VANCE EMERG MKTS	57,690	57,921	COST	47,872
MFS INTL NEW DISCOVERY CL C	14,581	14,917	COST	18,544
MUTUAL SER FD EUROPEAN	29,779	29,865	COST	25,208
PIMCO FLOATING INCOME	25,208		COST	
PIMCO LOW DURATION CL A		11,356	COST	11,102
PIMCO LOW DURATION CL C		14,499	COST	14,340
WELLS FARGO STOCK PORTFOLIO	356,214	400,219	COST	500,174
TOTAL	\$ 816,200	\$ 870,898		\$ 945,894

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	\$ 53,957	54,173	COST	\$ 54,173
CERTIFICATE OF DEPOSIT-OZARKS	106,406		COST	
CERTIFICATE OF DEPOSIT-BANKUNITED		107,806	COST	107,806
CERTIFICATE OF DEPOSIT-FCB	100,089	101,692	COST	101,692
TOTAL	\$ 260,452	\$ 263,671		\$ 263,671

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>50,220</u>
TOTAL	\$ <u><u>50,220</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
CHARLOTTE COUNTY HOMELESS COALITION	MURDOCK FL 33938	PO BOX 380157	NONE	PC			PREVENT HOMELESSNESS	200
CHARLOTTE HIGH SCHOOL	PUNTA GORDA FL 33950	COOPER ST	NONE	PC			SCIENCE AWARD	250
DAR AL HIJRAH ISLAMIC CENTER	FALLS CHURCH VA 22041	PO BOX 1625	NONE	PC			ASSISTANCE TO INDIGENT	200
DARUL-ULOOM AL-MADANIA	BUFFALO NY 14212	182 SOBIESKI ST	NONE	PC			ASSISTANCE TO INDIGENT	200
DRUG FREE CHARLOTTE COUNT	PORT CHARLOTTE FL 33948	1445 EDUCATION WAY	NONE	PC			ANTI-DRUG COALITION	1,000
FLORIDA SOUTHWESTERN COLLEGIATE HS	PUNTA GORDA FL 33950	26300 AIRPORT RD	NONE	PC			SCIENCE AWARD	250
HARRY CHAPIN FOOD BANK	FORT MYERS FL 33901	3760 FOWLER ST	NONE	PC			FOOD AIDE	500
HELPING HANDS	SOUTHFIELD MI 48033	21199 HILLTOP ST	NONE	PC			ORPHAN SPONSORSHIP	730
HIDAYA FOUNDATION	SANTA CLARA CA 95056	PO BOX 5481	NONE	PC			ASSISTANCE TO INDIGENT	3,000
ISLAMIC CENTER OF NE FL INC.	JACKSONVILLE FL 32246	2333 ST. JOHNS BLUFF ROAD	NONE	PC			ASSISTANCE TO INDIGENT	200
ISLAMIC CENTER OF SW FLORIDA INC	FORT MYERS FL 33901	3337 BROADWAY AVE	NONE	PC			ASSISTANCE TO INDIGENT	2,000
ISLAMIC CIRCLE OF NORTH AMERICA	JAMAICA NY 11432	87-91 144TH ST	NONE	PC			ASSISTANCE TO INDIGENT	200
ISLAMIC COMMUNITY OF SW FL	PORT CHARLOTTE FL 33980	25148 HARBORVIEW RD	NONE	PC			ASSISTANCE TO INDIGENT	7,000
ISLAMIC MEDICAL ASSOC OF NA	LOMBARD IL 60148	101 W 22ND ST, SUITE 106	NONE	PC			ASSISTANCE TO INDIGENT	200
ISLAMIC RELIEF USA	ALEXANDRIA VA 22304	PO BOX 22250	NONE	PC			ORPHAN SPONSORSHIP	588
LEMON BAY HIGH SCHOOL	ENGLEWOOD FL 34224	2201 PLACIDA RD	NONE	PC			SCIENCE AWARD	250
MAKKI MASJID	CHICAGO IL 60625	3418 W. AINSLIE	NONE	PC			ASSISTANCE TO INDIGENT	250
MEMORIAL SLOAN-KETTERING CANCER CTR	HAGERSTOWN MD 21741	PO BOX 5028	NONE	PC			CANCER RESEARCH	200
MOFFITT CANCER CENTER FOUNDATION	TAMPA FL 33633	PO BOX 23827	NONE	PC			CANCER RESEARCH	200

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
MOSQUE FOUNDATION		7360 W. 93RD STREET	PC			HELP NEEDY FAMILIES	200
BRIDGEVIEW IL 60455	NONE	LAKEVIEW DR	PC			SCIENCE AWARD	250
PORT CHARLOTTE HIGH SCHOOL	NONE	2900 ROCKY POINT DR.	PC			PEDIATRIC CARE	200
PORT CHARLOTTE FL 33952	NONE	1 E RIVERCREST DR	PC			MEDICAL ASSISTANCE	2,000
SHRINERS HOSPITAL FOR CHILDREN	NONE	501 ST JUDE PLACE	PC			MEDICAL ASSISTANCE	200
TAMPA FL 33607	NONE	7827 N. WICKHAM RD	PC			ASSISTANCE TO INDIGENT	2,000
SIUT NORTH AMERICA	NONE	PO BOX 1426	PC			PURCHASE EQUIPMENT	200
HOUSTON TX 77042	NONE	21297 OLEAN BLVD UNIT B	PC			HEALTH CARE	200
ST JUDE CHILDRENS RESEARCH HOSP	NONE	PO BOX 639	PC			ASSISTANCE TO INDIGENT	500
MEMPHIS TN 38105	NONE	11310 GRANDVIEW DR	PC			PROMOTE YOUTH SPORTS	200
SUNTREE VIERA ISLAMIC CENTER	NONE	1835 PRAIRIE CITY RD	PC			BUILDING FUND	1,000
MELBOURNE FL 32940	NONE	333 SEVENTH AVE, 2ND FLR	PC			MEDICAL CARE	200
UMMAH RELIEF INTERNATIONAL	NONE	144450 PINETREE DR STE 20	PC			MEDICAL ASSISTANCE	200
ELGIN IL 60121	NONE	1759 R STREET NW	PC			RESEARCH	200
VIRGINIA B. ANDES VOLUNTEER COMMUNI	NONE	P O BOX 78851	PC			RESEARCH	200
PORT CHARLOTTE FL 33952	NONE	P O BOX 13600	PC			RESEARCH	200
ZAKAT FOUNDATION OF AMERICA	NONE	121 HABITAT ST	PC			ASSISTANCE FOR THE NEEDY	200
WORTH IL 60482	NONE	14219 SW 42ND ST	PC			ASSISTANCE TO INDIGENT	2,000
RISE FOR EQUALITY USA							
DADE CITY FL 33525	NONE						
ISLAMIC SOCIETY OF FOLSOM	NONE						
FOLSOM CA 95630	NONE						
DOCTORS WITHOUT BORDERS	NONE						
NEW YORK NY 10001	NONE						
MERCY-USA FOR AIDS & DEVELOPMENT	NONE						
PLYMOUTH MI 48170-9919	NONE						
AMERICAN INSTITUTE CANCER RESEARCH	NONE						
WASHINGTON DC 20077-7824	NONE						
AMERICAN HEART ASSOCIATION	NONE						
PHOENIX AZ 85062-8851	NONE						
AMERICAN CANCER SOCIETY	NONE						
TAMPA FL 33681-3600	NONE						
HABITAT FOR HUMANITY	NONE						
AMERICUS GA 31709-3498	NONE						
DAWAT ISLAMIC USA INC	NONE						
MIAMI FL 33175	NONE						

Federal Statements

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

Name		Address					
Address		Relationship	Status	Purpose		Amount	
HUMAN DEV FOUNDATION		2775 ALGONQUIN RD STE 240		COMMUNITY HEALTH ASSISTANCE		2,016	
ROLLING MEADOWS IL 60008	NONE	PC					
TOTAL						29,584	