

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

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OMB No 1545-0052

**2018**Department 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](http://www.irs.gov/Form990PF) for instructions and the latest information

Open to Public Inspection

For calendar year 2018 or tax year beginning , and ending

Name of foundation <b>IMAMI FAMILY FOUNDATION INC</b>		A Employer identification number <b>65-6249234</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>2118 AARON STREET</b>	Room/suite	B Telephone number (see instructions) <b>941-628-0799</b>
City or town, state or province, country, and ZIP or foreign postal code <b>PORT CHARLOTTE FL 33952</b>		C If exemption application is pending, check here ▶ <input type="checkbox"/>
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <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) ▶ \$ <b>1,234,726</b>	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)	50,970			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	4,099	4,099		
	4 Dividends and interest from securities	22,593	22,593		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	-31,468			
	b Gross sales price for all assets on line 6a <b>1,070,280</b>				
	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	46,194	26,692	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) <b>STMT 1</b>	2,100	1,400		700
	c Other professional fees (attach schedule) <b>STMT 2</b>	2,835	2,835		
	17 Interest				
	18 Taxes (attach schedule) (see instructions) <b>STMT 3</b>	707	707		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (att sch) <b>STMT 4</b>	389			389
	24 Total operating and administrative expenses. Add lines 13 through 23	6,031	4,942	0	1,089
25 Contributions, gifts, grants paid	59,884			59,884	
26 Total expenses and disbursements. Add lines 24 and 25	65,915	4,942	0	60,973	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-19,721				
b Net investment income (if negative, enter -0-)		21,750			
c Adjusted net income (if negative, enter -0-)			0		

For Paperwork Reduction Act Notice, see instructions.

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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
<b>Assets</b>	1 Cash – non-interest-bearing	34,466	31,597	31,597
	2 Savings and temporary cash investments	59,715	74,950	74,950
	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 ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	1,300	1,342	1,342
	10a Investments – U S and state government obligations (attach schedule) <b>STMT 5</b>	4,723	4,161	4,145
	b Investments – corporate stock (attach schedule) <b>SEE STMT 6</b>	870,898	835,304	854,994
	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) <b>SEE STATEMENT 7</b>	263,671	267,698	267,698
	14 Land, buildings, and equipment basis ▶ Less accumulated depreciation (attach sch.) ▶			
	15 Other assets (describe ▶)			
	16 <b>Total assets</b> (to be completed by all filers – see the instructions. Also, see page 1, item I)	1,234,773	1,215,052	1,234,726
<b>Liabilities</b>	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 <b>Total liabilities</b> (add lines 17 through 22)		0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.</b> ▶ <input type="checkbox"/>			
	24 Unrestricted			
	25 Temporarily restricted			
	26 Permanently restricted			
	<b>Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.</b> ▶ <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	1,234,773	1,215,052	
	30 <b>Total net assets or fund balances</b> (see instructions)	1,234,773	1,215,052	
	31 <b>Total liabilities and net assets/fund balances</b> (see instructions)	1,234,773	1,215,052	

**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	1,234,773
2 Enter amount from Part I, line 27a	2	-19,721
3 Other increases not included in line 2 (itemize) ▶	3	
4 Add lines 1, 2, and 3	4	1,215,052
5 Decreases not included in line 2 (itemize) ▶	5	
6 <b>Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30</b>	6	1,215,052

**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)
<b>1a SEE WORKSHEET</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
(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))	
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
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))	
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>2 Capital gain net income or (net capital loss)</b> <span style="border: 1px solid black; padding: 2px;">If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</span>			<b>2</b>	<b>-31,468</b>
<b>3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6)</b> If gain, also enter in Part I, line 8, column (c) See instructions If (loss), enter -0- in Part I, line 8			<b>3</b>	<b>-29,726</b>

**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 doesn't 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))
2017	30,053	1,230,615	0.024421
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
<b>2 Total of line 1, column (d)</b>			<b>2</b> <b>0.237895</b>
<b>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</b>			<b>3</b> <b>0.047579</b>
<b>4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5</b>			<b>4</b> <b>1,276,204</b>
<b>5 Multiply line 4 by line 3</b>			<b>5</b> <b>60,721</b>
<b>6 Enter 1% of net investment income (1% of Part I, line 27b)</b>			<b>6</b> <b>218</b>
<b>7 Add lines 5 and 6</b>			<b>7</b> <b>60,939</b>
<b>8 Enter qualifying distributions from Part XII, line 4</b> 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			<b>8</b> <b>60,973</b>

**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 checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	218
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	218
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4	0
5	<b>Tax based on investment income</b> Subtract line 4 from line 3. If zero or less, enter -0-	5	218
6	<b>Credits/Payments</b>		
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	1,342
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	1,342
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	<b>Tax due</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	
10	<b>Overpayment</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	1,124
11	Enter the amount of line 10 to be <b>Credited to 2019 estimated tax</b> <b>1,124</b> <b>Refunded</b>	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 <b>Form 1120-POL</b> 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 <b>\$</b> _____ (2) On foundation managers <b>\$</b> _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <b>\$</b> _____		
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 <b>Form 990-T</b> for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i>		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 <b>FL</b>		
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 2018 or the taxable year beginning in 2018? 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)**

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule See instructions		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		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	X	
14 The books are in care of ► <b>RIAZUL H IMAMI</b> <b>2118 AARON STREET</b> Located at ► <b>PORT CHARLOTTE</b> FL ZIP+4 ► <b>33952</b> Telephone no ► <b>941-628-0799</b>		
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 2018, 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 If "Yes," enter the name of the foreign country ►		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? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days )	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <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 ► <input type="checkbox"/>	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 2018?		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 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? 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	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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2018 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 2018 )	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 2018?		4b X

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

<b>5a</b>	During the year did the foundation pay or incur any amount to		Yes	No
(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>b</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
<b>c</b>	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		
<b>6a</b>	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>b</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
<b>7a</b>	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>b</b>	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A		7b
<b>8</b>	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

**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 Officer's, 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	1,165,513
b	Average of monthly cash balances	1b	130,126
c	Fair market value of all other assets (see instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	1,295,639
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	1,295,639
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	4	19,435
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,276,204
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	63,810

**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	63,810
2a	Tax on investment income for 2018 from Part VI, line 5	2a	218
b	Income tax for 2018 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	218
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	63,592
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	63,592
6	Deduction from distributable amount (see instructions)	6	
7	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	63,592

**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	60,973
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	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	60,973
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	218
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	60,755

**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 2017	(c) 2017	(d) 2018
<b>1</b> Distributable amount for 2018 from Part XI, line 7				<b>63,592</b>
<b>2</b> Undistributed income, if any, as of the end of 2018				
<b>a</b> Enter amount for 2017 only			<b>27,105</b>	
<b>b</b> Total for prior years 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2018				
<b>a</b> From 2013				
<b>b</b> From 2014				
<b>c</b> From 2015				
<b>d</b> From 2016				
<b>e</b> From 2017				
<b>f</b> Total of lines 3a through e				
<b>4</b> Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <b>60,973</b>				
<b>a</b> Applied to 2017, but not more than line 2a			<b>27,105</b>	
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)				
<b>c</b> Treated as distributions out of corpus (Election required – see instructions)				
<b>d</b> Applied to 2018 distributable amount				<b>33,868</b>
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) )				
<b>6</b> Enter the net total of each column as indicated below				
<b>a</b> Corpus Add lines 3f, 4c, and 4e Subtract line 5				
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b				
<b>c</b> 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				
<b>d</b> Subtract line 6c from line 6b Taxable amount – see instructions				
<b>e</b> Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount – see instructions				
<b>f</b> Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019				<b>29,724</b>
<b>7</b> 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)				
<b>8</b> Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)				
<b>9</b> Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a				
<b>10</b> Analysis of line 9				
<b>a</b> Excess from 2014				
<b>b</b> Excess from 2015				
<b>c</b> Excess from 2016				
<b>d</b> Excess from 2017				
<b>e</b> Excess from 2018				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon					
<b>a</b> "Assets" alternative test – enter					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test – enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
<b>c</b> "Support" alternative test – enter					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> 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 instructions.)

**1 Information Regarding Foundation Managers.**

**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** **\$50,070**

**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 ☒ 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., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or email address 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** (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
<b>a</b> <i>Paid during the year</i>				
CHARLOTTE COUNTY HOMELESS COALITION PO BOX 380157 MURDOCK FL 33938	NONE	PC PREVENT HOMELESSNESS		500
CHARLOTTE HIGH SCHOOL COOPER ST PUNTA GORDA FL 33950	NONE	PC	SCIENCE AWARD	250
DAR AL HIJRAH ISLAMIC CENTER PO BOX 1625 FALLS CHURCH VA 22041	NONE	PC ASSISTANCE TO	INDIGENT	500
DARUL-ULOOM AL-MADANIA 182 SOBIESKI ST BUFFALO NY 14212	NONE	PC ASSISTANCE TO	INDIGENT	500
DRUG FREE CHARLOTTE COUNT 1445 EDUCATION WAY PORT CHARLOTTE FL 33948	NONE	PC ANTI-DRUG COALITION		500
FLORIDA SOUTHWESTERN COLLEGIATE HS 26300 AIRPORT RD PUNTA GORDA FL 33950	NONE	PC	SCIENCE AWARD	250
HARRY CHAPIN FOOD BANK 3760 FOWLER ST FORT MYERS FL 33901	NONE	PC	FOOD AIDE	500
HELPING HANDS 21199 HILLTOP ST SOUTHFIELD MI 48033	NONE	PC	ORPHAN SPONSORSHIP	730
HIDAYA FOUNDATION PO BOX 5481 SANTA CLARA CA 95056	NONE	PC CLEAN DRINKING WATER		5,600
ISLAMIC CENTER OF NE FL INC. 2333 ST. JOHNS BLUFF ROAD JACKSONVILLE FL 32246	NONE	PC ASSISTANCE TO	INDIGENT	500
<b>Total</b>			▶ <b>3a</b>	<b>59,884</b>
<b>b</b> <i>Approved for future payment</i> N/A				
<b>Total</b>			▶ <b>3b</b>	



**1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting foundation to a noncharitable exempt organization of

(1) Cash

(2) Other assets

**b** Other transactions

(1) Sales of assets to a noncharitable exempt organization

(2) Purchases of assets from a noncharitable exempt organization

(3) Rental of facilities, equipment, or other assets

(4) Reimbursement arrangements

(5) Loans or loan guarantees

(6) Performance of services or membership or fundraising solicitations

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
1a(1)		X
1a(2)		X
1b(1)		X
1b(2)		X
1b(3)		X
1b(4)		X
1b(5)		X
1b(6)		X
1c		X

[illegible]☐ Yes ☒ No

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

May the IRS discuss this return with the preparer shown below?  
See instructions ☐ Yes ☐ No

  
Signature of officer or trustee

11.8.2019

DIRECTOR

Preparer's signature

MARGARET J. WESTBY

Date \_\_\_\_\_

Check ☐ if self-employed

Firm's name ► **SUMMERS WESTBY & SCHILLER CPAS**

PTIN P00131071

Firm's address ► P.O. BOX 510308

Firm's EIN ▶ 59-1503003

PUNTA GORDA, FL 33951-0308

Phone no 941-639-2146

**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
<b>a</b> <i>Paid during the year</i>				
ISLAMIC CENTER OF SW FLORIDA INC 3337 BROADWAY AVE FORT MYERS FL 33901	NONE	PC ASSISTANCE TO	INDIGENT	2,000
ISLAMIC CIRCLE OF NORTH AMERICA 8791 144TH ST JAMAICA NY 11435	NONE	PC ASSISTANCE TO	INDIGENT	500
ISLAMIC COMMUNITY OF SW FL 25148 HARBORVIEW RD PORT CHARLOTTE FL 33980	NONE	PC ASSISTANCE TO	INDIGENT	5,000
ISLAMIC MEDICAL ASSOC OF NA 101 W 22ND ST, SUITE 106 LOMBARD IL 60148	NONE	PC MEDICAL RELIEF		1,000
ISLAMIC RELIEF USA PO BOX 22250 ALEXANDRIA VA 22304	NONE	PC ORPHAN SPONSORSHIP		588
LEMON BAY HIGH SCHOOL 2201 PLACIDA RD ENGLEWOOD FL 34224	NONE	PC SCIENCE AWARD		250
MAKKI MASJID 3418 W. AINSLIE CHICAGO IL 60625	NONE	PC ASSISTANCE TO	INDIGENT	500
MEMORIAL SLOAN-KETTERING CANCER CTR PO BOX 5028 HAGERSTOWN MD 21741	NONE	PC CANCER RESEARCH		500
MOFFITT CANCER CENTER FOUNDATION PO BOX 23827 TAMPA FL 33633	NONE	PC CANCER RESEARCH		500
MOSQUE FOUNDATION 7360 W. 93RD STREET BRIDGEVIEW IL 60455	NONE	PC HELP NEEDY	FAMILIES	1,000
<b>Total</b>			<b>3a</b>	
<b>b</b> <i>Approved for future payment</i> N/A				
<b>Total</b>			<b>3b</b>	

**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)				
<b>a</b> <i>Paid during the year</i>				
PORT CHARLOTTE HIGH SCHOOL LAKEVIEW DR PORT CHARLOTTE FL 33952	NONE	PC	SCIENCE AWARD	250
SHRINERS HOSPITAL FOR CHILDREN 2900 ROCKY POINT DR TAMPA FL 33607	NONE	PC	PEDIATRIC CARE	500
SIUT NORTH AMERICA 1 E RIVERCREST DR HOUSTON TX 77042	NONE	PC	MEDICAL ASSISTANCE	3,000
ST JUDE CHILDRENS RESEARCH 501 ST JUDE PLACE MEMPHIS TN 38105	HOSP NONE	PC	MEDICAL ASSISTANCE	500
SUNTREE VIERA ISLAMIC CENTER 7827 N. WICKHAM RD MELBOURNE FL 32940	NONE	PC	ASSISTANCE TO INDIGENT	3,000
UMMAH RELIEF INTERNATIONAL PO BOX 1426 ELGIN IL 60121	NONE	PC	ASSISTANCE TO INDIGENT	500
VIRGINIA B ANDES VOLUNTEER CLINIC PO BOX 494190 PORT CHARLOTTE FL 33949	CLINIC NONE	PC	HEALTH CARE	500
ZAKAT FOUNDATION OF AMERICA PO BOX 639 WORTH IL 60482	NONE	PC	ASSISTANCE TO INDIGENT	1,000
ISLAMIC SOCIETY OF FOLSOM PO BOX 7140 FOLSOM CA 95763	NONE	PC	BUILDING FUND	500
DOCTORS WITHOUT BORDERS PO BOX 5022 HAGERSTOWN MD 21741	NONE	PC	MEDICAL CARE	500
<b>Total</b>			<b>3a</b>	
<b>b</b> <i>Approved for future payment</i> N/A				
<b>Total</b>			<b>3b</b>	

**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
<b>a</b> <i>Paid during the year</i>				
MERCY-USA FOR AID & DEVELOPMENT 44450 PINETREE DR STE 201 PLYMOUTH MI 48170-9919	NONE	PC	MEDICAL ASSISTANCE	500
AMERICAN INSTITUTE CANCER RESEARCH PO BOX 97167 WASHINGTON DC 20077-7824	NONE	PC	RESEARCH	500
AMERICAN HEART ASSOCIATION P O BOX 78851 PHOENIX AZ 85062-8851	NONE	PC	RESEARCH	500
AMERICAN CANCER SOCIETY P O BOX 13600 TAMPA FL 33681-3600	NONE	PC	RESEARCH	500
HABITAT FOR HUMANITY 121 HABITAT ST AMERICUS GA 31709-3498	NONE	PC	AFFORDABLE HOUSING	500
DAWAT ISLAMIC USA INC 14219 SW 42ND ST MIAMI FL 33175	NONE	PC	ASSISTANCE TO INDIGENT	2,500
HUMAN DEV FOUNDATION 2775 ALGONQUIN RD STE 240 ROLLING MEADOWS IL 60008	NONE	PC	COMMUNITY HEALTH ASSISTANCE	4,016
UNIVERSITY OF FL RESEARCH PO BOX 115500 GAINESVILLE FL 32611	NONE	PC	PROSTHETIC HANDS FOR CHILDREN	200
BILQUIS EDHI RELIEF FOUNDATION 45-11 NATIONAL ST CORONA NY 11368	NONE	PC	NEW AMBULANCE	10,000
YUSUF ZIYA KAVAKCI INSTITUTE PO BOX 850994 RICHARDSON TX 75085	NONE	PC	GOOD TREE ACADEMY	500
<b>Total</b>			<b>3a</b>	
<b>b</b> <i>Approved for future payment</i> N/A				
<b>Total</b>			<b>3b</b>	



**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
<b>a</b> Paid during the year				
MUSLIM AMERICAN SOCIETY-KATY CNTR 1800 BAKER RD HOUSTON TX 77094	NONE	PC	COMMUNITY CENTER	500
INSTITUTE OF ISLAMIC KNOWLEDGE PO BOX 8307 HOUSTON TX 77288	NONE	PC	EDUCATION FUND	1,000
ISLAMIC AMERICAN SOCIETY OF CT PO BOX 1739 WATERBURY CT 06721	NONE	PC	BUILDING COMM CENTER	500
IMRAN KAHN CANCER APPEAL INC 4 FOREST PARK DR FARMINGTON CT 06032	NONE	PC	CANCER HOSPITAL & RESEARCH	5,000
ISLAMIC AMERICAN UNIVERSITY 23725 NORTHWESTERN HWY SOUTHFIELD MI 48075	NONE	PC	BUILDING FUND	500
SMILE TRAIN INC PO BOX 96231 WASHINGTON DC 20090	NONE	PC	CLEFT LIP/PALATE FOR CHILDREN	500
NANMMA 1297 CENTENNIAL AVE 5-345 PISCATAWAY NJ 08854	NONE	PC	FLOOD RELIEF	250
<b>Total</b>			▶ <b>3a</b>	
<b>b</b> Approved for future payment N/A				
<b>Total</b>			▶ <b>3b</b>	

**Schedule of Contributors**

OMB No 1545-0047

**2018**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://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 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 (entering "N/A" in column (b) instead of the contributor name and address), 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	\$ 50,070	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 )
(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 <b>990-PF</b>	Capital Gains and Losses for Tax on Investment Income	2018
For calendar year 2018, or tax year beginning _____, and ending _____		

Name <b>IMAMI FAMILY FOUNDATION INC</b>	Employer Identification Number <b>65-6249234</b>
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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	P		
(2) FNMA #31392D4U3	P		
(3) GNMA #P595154X	P		
(4) WELLS FARGO #8223	P		
(5) WELLS FARGO #8223	P		
(6) WELLS FARGO #8223- VAR CASH IN LIEU	P		
(7) WELLS FARGO #7351	P		
(8) WELLS FARGO #7351	P		
(9) WELLS FARGO #7351	P		
(10) FIDELITY #0094	P		
(11) FIDELITY #0094	P		
(12) WELLS FARGO #7351 & #8223 CGD			
(13) FIDELITY #0094 CGD			
(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) 177		120	57
(2) 369		299	70
(3) 142		143	-1
(4) 235,211		242,598	-7,387
(5) 217,198		195,188	22,010
(6) 45			45
(7) 14,247		14,070	177
(8) 163,000		172,732	-9,732
(9) 270,481		285,182	-14,701
(10) 166,691		189,207	-22,516
(11) 1,969		2,209	-240
(12) 74			74
(13) 676			676
(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)			57
(2)			70
(3)			-1
(4)			-7,387
(5)			22,010
(6)			45
(7)			177
(8)			-9,732
(9)			-14,701
(10)			-22,516
(11)			-240
(12)			74
(13)			676
(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	\$ 1,400	\$	\$ 700
TOTAL	\$ 2,100	\$ 1,400	\$ 0	\$ 700

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
BROKER/CONSULTING FEES	\$ 2,835	\$ 2,835	\$	\$
TOTAL	\$ 2,835	\$ 2,835	\$ 0	\$ 0

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXCISE TAX	\$ 558	\$ 558	\$	\$
FOREIGN TAX PAID	149	149		
TOTAL	\$ 707	\$ 707	\$ 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			70
AWARD PLAQUES	319			319
TOTAL	\$ 389	\$ 0	\$ 0	\$ 389

## 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	\$ 919	798	COST	783
FNMA CMO 2002 BOND	2,830	2,532	COST	2,639
GNMA P585154	974	831	COST	723
TOTAL	\$ 4,723	\$ 4,161		\$ 4,145

## 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	\$ 114,448		COST	
PRINCIPAL INVESTORS	43,691		COST	
EATON VANCE GBL MACRO	91,399		COST	
PIONEER BOND FD CL C	92,583		COST	
EATON VANCE EMERG MKTS	57,921		COST	
MFS INTL NEW DISCOVERY CL C	14,917		COST	
MUTUAL SER FD EUROPEAN	29,865		COST	
PIMCO LOW DURATION CL A	11,356		COST	
PIMCO LOW DURATION CL C	14,499		COST	
WELLS FARGO STOCK PORTFOLIO	400,219	835,304	COST	854,994
FIDELITY STOCK PORTFOLIO			COST	
TOTAL	\$ 870,898	\$ 835,304		\$ 854,994

## 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-BANKUNITED	\$ 107,806	109,221	COST	109,221
CERTIFICATE OF DEPOSIT-BANKUNITED		55,156	COST	55,156
CERTIFICATE OF DEPOSIT-BB&T	54,173		COST	
CERTIFICATE OF DEPOSIT-FCB	101,692	103,321	COST	103,321
TOTAL	\$ 263,671	\$ 267,698		\$ 267,698

**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>