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

OMB No. 1545-0052

2014

Department of the Treasury

▶ Do not enter Social Security numbers on this form as it may be made public.

<u></u>			rm 990-PF and its sep			Open to Fublic inspection
		ndar year 2014 or tax year beginning	<del></del>	, 2014, and en		, 20
		f foundation			A Employer identific	cation number
	_	NTO OTHERS TRUST INC	65-0517915			
		r and street (or P.O. box number if mail is not deli	<b>B</b> Telephone number (see instructions)			
		SW 11 ST			(305) 643-09	66
		own, state or province, country, and ZIP or	foreign postal code		C If exemption application	on is pending,
_	_	I FL 33135			check here	▶
G (	Check	k all that apply: Initial return	Initial return o	of a former public charity	D 1. Foreign organiza	ations, check here 🕨
		Final return	Amended ret	turn	2. Foreign organizatio	ns meeting the 85%
		Address change				d attach computation
H (	Check	k type of organization 🔀 Section 501	(c)(3) exempt private for	undation	E If private foundatio terminated under s	n status was
	Sectio	on 4947(a)(1) nonexempt charitable trust	Other taxable priva	te foundation	507(b)(1)(A), check	
I F	ar ma	arket value of all assets at end of	Accounting method	Cash Accrual	7	_
уe	ear (fr	rom Part II, col. (c), line 16)	Other (specify)	_	F If the foundation is	
▶\$		2,890,180 (Pa	rt I, column (d) must be	on cash basis.)	termination under s 507(b)(1)(B), check	
Pa	rt l	Analysis of Revenue and Expenses	(a) Revenue and			(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the	expenses per	(b) Net investment	(c) Adjusted net	for chantable
	;	amounts in column (a) (see instructions))	books	income	ıncome	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	90,000	)		, , , , , , , , , , , , , , , , , , , ,
	2	Check If the foundation is <b>not</b> required to attach Sch. B		<del></del>		
	3	Interest on savings and temp cash investments		54,096	54,096	-
	4	Dividends and interest from securities		87,687	87,687	
	5a	Gross rents			0.7007	
	1 -	Net rental income or (loss)			, , , , , , , , , , , , , , , , , , , ,	
ø)	6a	Net gain/(loss) from sale of assets not on line 10	35,908			
Revenue	I .	Gross sales price for 270 982				
eve	7	Capital gain net income (from Part IV, line 2)	<del></del>	35,908		
Œ	8	Net short-term capital gain		33,300	1,858	_
	9	Income modifications			1,050	
	1	I Gross sales less	· <del></del>			
	Ł	returns. & allowances	<u> </u>			
		goods sold . L Gross profit or (loss) (attach schedule)				
	11				0	
	12		125,908	177,691	143,641	
_	13	Compensation of officers,	123,300	· · · · · · · · · · · · · · · · · · ·	143,041	
	14	Other employee calculated and warran				<del></del>
nses	15	Other employee salaries and wages .  Pension plans, employee benefits				· <del></del> ·
SUS	i .	, , , , , , , , , , , , , , , , , , , ,	360	360	360	<del>-</del>
Expe			6,100	1	6,100	
ē		Accounting fees (tattach schedule) #2	25,978			
Operating and Administrative	37	Souther professional fees (attach sche 相译)	23,310	23,376	23,978	
str		Taxes (attaches chadus) (see instructions 4	435	125	425	
<u>=</u>	<b>48</b>	Depreciation (attach sch.) and depletion	433	435	435	
5	19[	ا کے ج		-		
ੁ	20	COOPEN, UT	7 017	7.017	2 017	
jar	-21-	rravel; conferences, and meetings	7,217	7,217	7,217	<del></del>
ţį	22	Printing and publications	- F2 F40	50.510	50 510	
era	23	Other expenses (attach schedule) #5.	53,542	53,542	53,542	<del></del>
ō	24	Total operating and administrative	00.00	]		
		expenses. Add lines 13 through 23	93,632	93,632	93,632	0
i	25 26	Contributions, gifts, grants paid Total exp. & disbursements.				458,490
	ّ	Add lines 24 and 25	93,632	93,632	93,632	458,490
	27 a	Subtract line 26 from line 12:  Excess of revenue over expenses		-		
		and disbursements	32,276			
	b	Net investment income (if neg., enter -0-)		84,059		
	C	Adjusted net income (if neg., enter -0-)			50,009	

Pа	rî II	Balance Sheets description column should be for	Beginning of year	End o	of year	
	للجد	end-or-year amounts only. (See inst.)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash non-interest-bearing	67,621	31,494		
	2	Savings and temporary cash investments	2,429,766	2,603,359	2,603,359	
	3	Accounts receivable				
		Less: allowance for doubtful accts. ▶				
	4	Pledges receivable ▶				
		Less: allowance for doubtful accts. ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
	_	disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) Less allowance for		·		
		doubtful accounts				
sts	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
⋖	10a	Investments U.S. and state govt. obligations (attach schedule)				
1	b	Investments corporate stock (attach schedule) .				
		Investments corporate bonds (attach schedule)				
	11	Investments — land, buildings, and equipment basis		موس المعاصم وأثار بالتجريب بالمعارض من عما بالما الما الما الما		
		Less accumulated depreciation (attach schedule)				
	12	Investments mortgage loans	762,244	255,327	255,327	
	13	Investments other (attach schedule)				
	14	Land, buildings, and equipment basis				
		Less accumulated depreciation (attach schedule)				
	15	Other assets (describe ▶)				
	16	Total assets (to be completed by all filers see the				
		ınstructions. Also, see page 1, item I)	3,259,631	2,890,180	2,890,180	
	17	Accounts payable and accrued expenses				
w	18	Grants payable		<del> </del>		
ij	19	Deferred revenue			-	
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
Ξ	21	Mortgages and other notes payable (attach schedule)			ĺ	
	22	Other liabilities (describe			,	
	23	Total liabilities (add lines 17 through 22)	0	0		
		Foundations that follow SFAS 117, check here			• • • • • • • • • • • • • • • • • • • •	
es		and complete lines 24 through 26 and lines 30 and 31.			A STATE OF THE STA	
and	24	Unrestricted				
Ba	25	Temporarily restricted	2 250 621	2 000 100	· 中国	
р	26	Permanently restricted	3,259,631	2,890,180		
or Fund Balances		Foundations that do not follow SFAS 117, check here ► X			ري 'هد	
		and complete lines 27 through 31.				
sets	27	Capital stock, trust principal, or current funds			, **	
As	28	Paid-ın or capital surplus, or land, bldg., and equipment fund	2 250 621	2 000 100		
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	3,259,631	2,890,180 2,890,180		
	30	Total net assets or fund balances (see instructions)	3,259,631	2,890,180		
	31	Total liabilities and net assets/fund balances (see instructions)	3,259,631	2,890,180		
	rt III					
1		I net assets or fund balances at beginning of year Part II, colum	in (a), line 30 (must agree		2 250 621	
_		-of-year figure reported on pnor year's return)			3,259,631	
2		er amount from Part I, line 27a		2	32,276	
3		er increases not included in line 2 (itemize)   SEE ATTACHME	<u></u>	3	2 201 007	
4		lines 1, 2, and 3	· · · · · · · · · · · · · · · · · · ·	4	3,291,907	
5		reases not included in line 2 (itemize) SEE ATTACHMEN		5	401,727	
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5)	- Part II, column (b), line 3	0   6	2,890,180	

Form 990-PF (2014)

Part	V Capital Gains	and Losses for Tax on Inv	estment Incom	е		
		the kind(s) of property sold (e.g., real		(b) How acquired	(c) Date acquired	(d) Date sold
	2-story brick wareh	ouse, or common stock, 200 shs. ML	C Co.)	P Purchase D Donation	(mo., day, yr.)	(mo., day, yr.)
1a S	EE ATTACHMENT	#8	<del>.</del>	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
b						
С						
<u>d</u>						
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or of plus expens			n or (loss) f) minus (g)
a						
_b						
_ <u>C</u>						
<u>d</u>						
_ <u>e</u>			}			
C	omplete only for assets sho	owing gain in column (h) and owned	by the foundation or	12/31/69		. (h) gain minus
(i)	F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of over col. (j	, ,		t less than -0-) <b>or</b> rom col. (h))
а						
_b_						
c						
d						·
_е_					.,	1878-148
2 C	apıtal gaın net ıncome or (r	net capital loss) If gain, a	lso enter in Part I, lin enter -0- in Part I, lir	e 7 ne 7	2	35,908
3 N	et short-term capital gain o	or (loss) as defined in sections 1222(5	s) and (6)			
lf	gaın, also enter ın Part I, Iır	ne 8, column (c) (see instructions). If	(loss),	<b>—</b>		
	nter -0- in Part I, line 8	· ·			3	1,858
Par	Qualification	<u> Under Section 4940(e) for F</u>	Reduced Tax or	n Net Investn	nent Income	·
Was t		ve this part blank. section 4942 tax on the distributable qualify under section 4940(e). Do no		ın the base perio	d?	☐ Yes      X No
		int in each column for each year; see		re making any ei	ntries	<del></del>
	(a)	(b)	THE WISH GOLD DOIS	(c)	11.100.	(d)
Cal	Base period years endar year (or tax year beginning	Adjusted qualifying distribution	ens noncha	Net value of iritable-use assets	Di (col. (b)	stribution ratio divided by col. (c))
	2013	9 11)	11011011		(00.11 (0)	con (c)
	2012					- <u></u>
	2011					
	2010					<del></del>
	2009					
	-					
2 1	otal of line 1, column (d)		•		2	0.000000
3 /	verage distribution ratio fo	r the 5-year base period divide th	e total on line 2 by 5	, or by the numb	er	
C	of years the foundation has	been in existence if less than 5 years	3		3	. 1-17-1-4-4-
<b>4</b> E	inter the net value of noncl	haritable-use assets for 2014 from Pa	art X, line 5		4	
	Authority loss of heating 0				_	
5 M	Multiply line 4 by line 3 · · ·		• • •	• • • • • • • • • • • • • • • • • • • •	5	
6 E	Enter 1% of net investment	income (1% of Part I, line 27b)			6	841
		( ) <u> </u>	•		-	
7 /	Add lines 5 and 6 .				7	841
		s from Part XII, line 4			<b>8</b>	458,490
	t line 8 is equal to or greate nstructions.	er than line 7, check the box in Part V	ı, iine 1b, and comp	iete tnat part usin	g a 1% tax rate. See	e ine Part VI

Form	990-PF (2014) DO UNTO OTHERS TRUST INC 65-0517915		Р	age 4
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 see instruct	ions)		
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1.			<u>-</u>
	Date of ruling or determination letter (attach copy of letter if necessary see inst.)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			841
	here ▶ X and enter 1% of Part I, line 27b			
С	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		_	C
3	Add lines 1 and 2			841
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			C
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			841
6	Credits/Payments			
a	2014 estimated tax payments and 2013 overpayment credited to 2014  6a			
D	Exempt foreign organizations — tax withheld at source 6b			
ت س	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld 6d			- ,
7 8	Total credits and payments. Add lines 6a through 6d			<del>-1</del>
9	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			860
10	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed   Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid   10			860
11	<del>-</del>			
	t VII–A Statements Regarding Activities Refunded ▶ 11			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or		Yes	No
	Intervene in any political campaign?	1a	163	No X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for	, a	-	
	definition)?	1b		x
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published			<del>                                     </del>
	or distributed by the foundation in connection with the activities.			
C	Did the foundation file Form 1120-POL for this year?	1c		Ŷ
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation ▶\$ 0 (2) On foundation managers ▶\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers > \$0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities.			
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	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?			- <u>x</u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u> </u>
_	If "Yes," attach the statement required by General Instruction T.			
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 offertively emends the governing instrument as that as any determine the description of the control of the			
	<ul> <li>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?</li> </ul>	6	-	x
7	Did the foundation have at least \$5,000 in assets at any time during the yr.? If "Yes," complete Part II, col. (c), & Part XV	<del></del> -	ļ	X
, 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			<del>                                     </del>
va	► NONE			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or			
-	designate) of each state as required by General Instruction G? If "No," attach explanation	8b	1	x
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(i)(3) or			<u> </u>
-	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete		İ	İ
	Part XIV	9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names		<del> </del>	-
	and addresses	10		×

DO UNTO OTHERS TRUST INC

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	1990-PF (2014)		Pa	ige 5
11	t VII—A Statements Regarding Activities (continued)  At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			Ι
• •	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	44		l "
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person	11		X
12	had advisory privileges? If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		X
	Website address ► N/A			
14	The books are in care of ▶ SEE ATTACHMENT #9  Telephone no. ▶			
	Located at ►			
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			_
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "yes," enter			
	the name of the foreign country			
Par	t 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? Yes 🔀 No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? · · · · · · · · · · · · · · · · · · ·	1		
	(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)?	1 1	•	
	(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.)			
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)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2014?	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)).			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d	1 1		
	and 6e, Part XIII) for tax year(s) beginning before 2014?			
	If "Yes," list the years    20 , 20			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)	1 1		
	(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)	2b		X
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
۵.	20			
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
L	enterprise at any time during the year?			

FDA

if the foundation had excess business holdings in 2014.) . . .

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

purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?
 Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable

	_	B Statements Regarding Ac	tivities for Which	Form 4720 May B	e Required (con	tinued)		-	
5a	Dun	ing the year did the foundation pay or incur	any amount to:		· · · · · · · · · · · · · · · · · · ·				
	(1)	Carry on propaganda, or otherwise attemp	ot to influence legislation	on (section 4945(e))?	Yes	⊠ No			'
	(2) Influence the outcome of any specific public election (see section 4955), or to carry								
		on, directly or indirectly, any voter registrat	tion drive?		∏ Yes	⊠ No			
	(3)	Provide a grant to an individual for travel,	study, or other similar	purposes?	· · Tyes	⊠ No			
	(4)	Provide a grant to an organization other th	ian a chantable, etc., o	rganization described		_			
	In section 4945(d)(4)(A)? (see instructions)								
	(5) Provide for any purpose other than religious, chantable, scientific, literary, or								
		educational purposes, or for the preventio		·	. Tyes	No No			
b	If ar	ny answer is "Yes" to 5a(1)-(5), did any of t	the transactions fail to	qualify under the exception					
		gulations section 53.4945 or in a current noti				м/д	5b		_
		anizations relying on a current notice regard		•		Ϊ́	<del></del> -		
c		e answer is "Yes" to question 5a(4), does the	-						
_		ause it maintained expenditure responsibilit			N.⁄.A ∏Yes	∏ No			
		es," attach the statement required by Regul	-		· · · · · · · · · · · · · · · · · · ·				
6a		the foundation, during the year, receive any							
-		a personal benefit contract?	, rarras, anosay or man	rectify to pay premiants	· · Yes	No No	1	٠,	l
ь		the foundation, during the year, pay premiu	ıms directly or indirect	ty on a personal hepefit	<u> </u>	M 140	6b		
_		es" to 6b, file Form 8870.	ino, ancony or mancon	ay, on a personal benefit	Sommatt	•			
7a		any time during the tax year, was the founda	tion a party to a prohib	oited tax shelter transaction	n? <b>☐ Yes</b>	⊠ No			
		es," did the foundation receive any proceed				N/A	7b		
	t VI							Nees	
		and Contractors	<b></b>	ooo, r ouridadon in	unugoro, rugini,	, . a.a .	pic	ycc	•,
1	List	all officers, directors, trustees, foundati	on managers and the	eir compensation (see in	structions).				
			(b) Title, and avg.	(c) Compensation	(d) Contributions t	o (e) E	xpense	acco	unt.
		(a) Name and address	hours per week devoted to position	(if not paid, enter -0-)	employee benefit pi and deferred com	ans   ` `	•	owance	
SEE	C A	TTACHMENT #10	as voice to position		una agranca com	<u> </u>	-		
2	Cor	npensation of five highest-paid employe	es (other than those	included on line 1 se	ee instructions).				
	lf n	one, enter "NONE."			•				
			(b) Title, and avg.		(d) Contributions t				
(a	) Na	me and address of each employee paid more than \$50,000	hours per week	(c) Compensation	employee benefi	. 1 ' '	•	acco	
		111018 (1141) \$50,000	devoted to position		plans and deferre compensation	ot ot	ner allo	owance	es
NON	1E							-	
				1					
Total		ther of other employees paid over \$50,000	ı	1					

DO UNTO OTHERS TRUST INC 65-0517915

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Part VIII	Information About Officers, Directors, Trustees and Contractors (continued)		ghly Paid Employees,
3 Five highe	est-paid independent contractors for professional services (	see instructions). If none, enter "N	IONE."
	me and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
SEE ATTA	CHMENT #11		
Total number of	others receiving over \$50,000 for professional services		▶
Part IX-A	Summary of Direct Charitable Activities		
List the foundation of organizations as	n's four largest direct charitable activities during the tax year. Include relevar nd other beneficiaries served, conferences convened, research papers prodi	it statistical information such as the number uced, etc.	Expenses
1			
2			
3			
4			
	Summary of Program-Related Investments (see in		
1	o largest program-related investments made by the foundation d	uring the tax year on lines 1 and 2.	Amount
2			
All other program	m-related investments. See instructions.		
3			
Total Add lines	4 dharant 0		

FDA 14 990PF7 BWF 990 Form Software Copyright 1996 - 2015 HRB Tax Group, Inc.

Form **990-PF** (2014)

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign foun see instructions.)	dations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	(
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	, i	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	
6	Minimum investment return. Enter 5% of line 5	6	
Pa	The 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	<del></del>
2a	Tax on investment income for 2014 from Part VI, line 5	9,57	
þ	Income tax for 2014. (This does not include the tax from Part VI.)		0.4.
С	Add lines 2a and 2b	2c	841
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
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	
Pai	rt XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		· · · · · <del>- ·</del>
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	458,490
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		
а	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	458,490
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	841
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	457,649
	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.		

DO UNTO OTHERS TRUST INC 65-0517915 Form 990-PF (2014) Page 9 Undistributed Income (see instructions) (b) (c) (d) (a) Distributable amount for 2014 from Part XI. Corpus Years prior to 2013 2013 2014 line 7. 0 2 Undistributed income, if any, as of the end of 2014: a Enter amount for 2013 only **b** Total for prior years 20 \_ , 20\_\_\_ , 20\_\_\_ Excess distributions carryover, if any, to 2014 a From 2009 **b** From 2010. . c From 2011 d From 2012 e From 2013 Total of lines 3a through e Qualifying distributions for 2014 from Part XII, 458,490 line 4 ▶ \$ a Applied to 2013, 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 2014 distributable amount e Remaining amount distributed out of corpus . Excess distributions carryover applied to 2014 . . (If an amount appears in column (d), the same amount must be shown in column (a).) Enter the net total of each column as indicated below: Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b. Taxable amount -- see instructions e Undistributed income for 2013. Subtract line 4a from line 2a. Taxable amount -see instructions . . . . f Undistributed income for 2014. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015 Amounts treated as distributions out of 7 corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required-see instructions) Excess distributions carryover from 2009 8

10

orm	990-	PF (	(201)	4)

Par	t XIV Private Operating Fou	ındations (see ın	structions and Part V	II-A, question 9)		
1a	If the foundation has received a ruling of	or determination lette	er that it is a private of	perating	_	
	foundation, and the ruling is effective fo					
b	Check box to indicate whether the foun			described in section	4942(J)(3) or	4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	<u> </u>	Pnor 3 years	10 100/(0/ 0.	
	income from Part I or the minimum	(a) 2014	<b>(b)</b> 2013	(c) 2012	(d) 2011	(e) Total
	investment return from Part X for each year listed	(/	(2) 2010	(0) 2012	(2) 2011	0
b	85% of line 2a				-	0
C	Qualifying distributions from Part XII,					
	line 4 for each year listed					0
d	Amounts included in line 2c not used					<u> </u>
_	directly for active conduct exempt act.			:		0
_	Qualifying distributions made directly			_		
•	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					0
3	Complete 3a, b, or c for the alternative					<u> </u>
3	test relied upon.					
_	"Assets" alternative test enter:					
а			1			0
	(1) Value of all assets					0
	(2) Value of assets qualifying under					
ь	section 4942(j)(3)(B)(i)					0
-	2/3 of min. investment return shown in					
	Part X, line 6 for each year listed					0
С	"Support" alternative test enter					
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments on					
	securities loans (section 512(a)					_
	(5)), or royalties)					0
	(2) Support from general public and			!		
	5 or more exempt organizations as provided in section 4942(j)(3)		:			
	(B)(iii)					0
	(3) Largest amount of support from					
	an exempt organization .					0
	(4) Gross investment income					0
Par	t XV Supplementary Inforn	nation (Comple	te this part only	y if the foundati	on had \$5,000	or more in assets
	at any time during the	e year — see i	nstructions.)			
1	Information Regarding Foundation N	lanagers:				
а	List any managers of the foundation wh				ceived by the found	ation before the
	close of any tax year (but only if they ha	ave contributed more	e than \$5,000). (See	section 507(d)(2).)		
<u> 10</u>						
b	List any managers of the foundation wh	o own 10% or more	of the stock of a co	rporation (or an equa	lly large portion of th	ie ownership
	of a partnership or other entity) of which	h the foundation has	s a 10% or greater in	terest.		
1ON						
2	Information Regarding Contribution,					
	Check here ▶ ☐ If the foundation on	ly makes contributio	ns to preselected ch	antable organizations	and does not accep	ot unsolicited
	requests for funds. If the foundation ma	ikes gifts, grants, etc	c. (see instructions) to	o individuals or organ	nzations under other	conditions,
	complete items 2a, b, c, and d.					
a	The name, address, and telephone nur	nber or e-mail of the	e person to whom ap	plications should be	addressed:	
	-					
b	The form in which applications should I	be submitted and in	formation and materi	als they should includ	de	
	* *					
С	Any submission deadlines:				<u> </u>	
d	Any restrictions or limitations on awards	s, such as by geogra	aphical areas, charita	ble fields, kinds of in	stitutions, or other fa	ctors.
_	-	, 33-	,	-,	,	

orm 9	90-PF (2014) DO UNTO OTHE	RS TRUST INC	65-0	517915		Page <b>1</b>
Part	XV Supplementary Information	n (continued)				
3	Grants and Contributions Paid	During the Year or	<b>Approve</b>	d for Futi	ure Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of		pose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient			
a	Paid during the year					
	Total · · · ·		· · ·		▶ 3a	
Ь	Approved for future payment					

**▶** 3b

Part XVI	-A Analysis of Income-Pro	ducing Activ	/ities				
Enter gross	amounts unless otherwise indicated.	Unrelated	d business income	Excluded	1 by section 512, 513, or 514	(e)	
		(a)	(b)	(c)	(d)	Related or exempt	
		Business	Amount	Excl.	Amount	function income (See instructions.)	
1 Program	service revenue	code		code			
a							
b							
С							
d		Ī					
е							
f			<u> </u>				
9 Fees 8	& contracts from government agencies						
2 Member	ship dues and assessments						
3 Interest o	n savings and temporary cash investments .		•				
4 Dividend	ds and interest from securities				-		
5 Net rent	al income or (loss) from real estate				The second of th	area grants	
a Debt-	-financed property						
<b>b</b> Not c	lebt-financed property .		-				
6 Net rental	income or (loss) from personal property	<u> </u>		1 -			
7 Other in	vestment income						
8 Gain or (lo	ss) from sales of assets other than inventory		***				
9 Net inco	me or (loss) from special events						
10 Gross pr	rofit or (loss) from sales of inventory		•				
11 Other re	venue a						
<b>b</b> SEE	ATTACHMENT #12						
C							
е							
12 Subtotal	l. Add columns (b), (d), and (e)	· .		0 1 25.5	0	0	
13 Total. A	dd line 12, columns (b), (d), and (e)	1			13	0	
(See worksh	neet in line 13 instructions to verify calcula	ations.)					
Part XVI	<ul> <li>B Relationship of Activitie</li> </ul>	s to the Acc	omplishment of	Exemp	t Purposes		
Line No. ▼	Explain below how each activity for vaccomplishment of the foundation's	which income is	reported in column (e	e) of Part X	VI-A contributed importa		

Form 99				RS TRUST INC						je <b>1</b>
Part	XVII			ransfers To and Trans	sactions a	ind Relationsh	ips With No	ncharit	able	
1 D	ıd the	Exempt Org		ge in any of the following with				<del></del> 1	I	
				3) organizations) or in section					Yes	No
						g to political organiz	ations?		İ	
_			louridation to a n	oncharitable exempt organiza	non or.					
	) Ca		•	• • • •				1a(1)		<u>X</u>
		er assets	•	• • • • • • • • • • • • • • • • • • • •	•			1a(2)		_X
		ansactions:								:
				ot organization			•	1b(1)		<u>X</u>
(2				e exempt organization			•	1b(2)		<u>X</u>
(3	-	ntal of facilities, equi	•	sseis	•			1b(3)		X
(4	-	ımbursement arrang						1b(4)		<u>X</u>
(5		ans or loan guarante			• •		• • •	1b(5)		<u>X</u>
9)				or fundraising solicitations				1b(6)		X
				other assets, or paid employed riplete the following schedule				1c		Χ
0 ( <b>a)</b> Line		ng arrangement, sho  )Amount involved		the value of the goods, other	· · · · · · · · · · · · · · · · · · ·	rvices received.				
2a Is	the fo	undation directly or	Indirectly affiliated	with, or related to, one or mo	ore tax-exem	pt organizations de	scribed in			
				501(c)(3)) or in section 527?				Yes		No
b lf		complete the follow		/b) Time of comme		1 (-) 5				
	(8	i) Name of organiza	ition	(b) Type of organiza	tion	(c) De	escription of rela	tionship		
Sign Here	Un- bel	der penalties of perjury, ief, it is true, correct, an	I declare that I have of declaration	examined this return, including accion of preparer (other than taxpayer)	r) is based on a	edules and statements Il information of which SIDENT	preparer has any k	nowledge.	this retu	Jrn
, 101 C		Signature of officer	or trustee	Date	- PRES	T NEW T	with the pi (see instru		Yes	N K
		Print/Type prepare	_	Preparer's signature/		Date ,	Check if	PTIN		A 14
Paid		ROSENT BY	lea	MADE		4/10/15	self-employed		766	94

Paid

Preparer

**Use Only** 

Firm's name ► HRB TAX GROUP

Firm's address ▶ 12858 BISCAYNE BLVD

self-employed P00076694

Firm's EIN ▶ 431871840

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

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

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

OMB No. 1545-0047

**Employer identification number** 

2014

DO UNTO OTHER		65-0517915	
Organization type (check	one):		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)( ) (enter number) organiz	ation	
	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		
	s covered by the <b>General Rule</b> or a <b>Special Ru</b> (7), (8), or (10) organization can check boxes for	ule.  both the General Rule and a Special Rule. See instructions.	
	ty) from any one contributor. Complete Parts I ar	l, during the year, contributions totaling \$5,000 or more and II. See instructions for determining	
Special Rules			
under sections 509( that received from a	a)(1) and 170(b)(1)(A)(vi), that checked Schedule	990-EZ that met the 33 1/3% support test of the regulations A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and sitions of the greater of (1) \$5,000 or (2) 2% of the amount site Parts I and II.	
during the year, tota		Form 990 or 990-EZ that received from any one contributor, or religious, charitable, scientific, literary, or educational applete Parts I, II, and III.	
dunng the year, cor \$1,000. If this box is chantable, etc., pur	tributions exclusively for religious, charitable, etc checked, enter here the total contributions that	Form 990 or 990-EZ that received from any one contributor, ., purposes, but no such contributions totaled more than were received during the year for an exclusively religious, e General Rule applies to this organization because it received 0 or more during the year	
_		Special Rules does not file Schedule B (Form 990, 990-EZ, neck the box on line H of its Form 990-EZ or on its Form 990-PF.	

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

Name of organization

Employer identification number

DO UN	ITO OTHERS TRUST INC	65-	0517915
Part I	Contributors (see instructions). Use duplicate copies of Pa		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1	DEL RIO DEVELOPMENT  2746 SW 11 ST  MIAMI FL 33135	\$ 90,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u></u>		\$	Person Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<del></del>		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

noncash contributions.)

### 2014 FORM 990 SCHEDULE OF LEGAL FEES

ATTACHMENT 1: PAGE 1 - 990-PF PAGE 1, PART I, LINE 16A OPENTO PUBLIC INSPECTION For calendar year 2014, or tax period beginning , and ending Name of Organization **Employer Identification Number** DO UNTO OTHERS TRUST INC 65-0517915 Disbursements for Net Investment Adjusted Legal Description Amount Net Income Income Charity LEGAL FEE 360l 360 360

360

Total:

360

360

# 2014 FORM 990 SCHEDULE OF ACCOUNTING FEES

ATTACHMENT 2: PAGE 1 - 990-PF PAGE 1, PART I, LINE 16B

OPEN TO PUBLIC
INSPECTION For calendar year 2014, or tax period beginning , and ending .

Name of Organization

Employer Identification Number

Name of Organization DO UNTO OTHERS TRUST INC	,		65-05179	fication Number 1 5
Accounting Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Chanty
ACCOUNTING FEES	6,100	6,100	6,100	
			,	
			-	
Tota	al: 6,100	6,100	6,100	

# 2014 FORM 990 SCHEDULE OF OTHER PROFESSIONAL FEES

ATTACHMENT OPEN TO PUBLIC 3: PAGE 1 - 990-PF PAGE 1, PART I, LINE 16C

INSPECTION For calendar year 2014, or tax period beginning

, and ending

	, and one of				
Name of Organization			Employer Identi	fication Number	
DO UNTO OTHERS TRUST INC			65-05179	15	
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charity	
INV ADVISORY FEE CONSULTING FEE	19,228 6,750	19,228 6,750	19,228 6,750		
1					

# 2014 FORM 990 SCHEDULE OF TAXES PAID

ATTACHMENT 4: PAGE 1 - 990- PF PAGE 1, PART I, LINE 18 OPEN TO PUBLIC

INSPECTION For calendar year 2014, or tax period beginning

, and ending

Name of Organization Employer Identification Number

UNTO OTHERS TRUST INC	1		<u>l65-05179</u>	
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charity
REIGN TAX	435	435	435	<u></u> -
	1	i		

# 2014 FORM 990 OTHER EXPENSES SCHEDULE

ATTACHMENT 5: PAGE 1 990-PF PAGE 1, PART I, LINE 23 OPEN TO PUBLIC

INSPECTION For calendar year 2014, or tax period beginning

, and ending

Name of Organization DO UNTO OTHERS TRUST INC

**Employer Identification Number** 

65-0517915

DO UNTO OTHERS TRUST INC			65-05179	15
Description of Activity	Revenue and Expenses	Net Investment Income	Adjusted Net Income	Disbursements for Charity
AUTO EXPENSES	8,001	8,001	8,001	
DUES SUBSCRIPTIONS	5,837	5,837		
EVENT COST	31,622	31,622		
OPERATIONS COST	3,474	3,474	2 474	
		3,4/4	3,474	
INSURANCE	3,093	3,093		
MISC	1,515	1,515	1,515	
	l			
		•		
			•	
•	İ			
Total:	53,542	53,542	53,542	
	Conner Land	33,3 <u>:-</u>		44 500500

# 2014 FORM 990 SCHEDULE OF OTHER INCREASES

ATTACHMENT OPEN TO PUBLIC	6: PAGE 1 - 990- PF PAGE 2, PART III,	LINE 3	
		and ending	_
Name of Organization			Identification Number
	HERS TRUST INC	65-05	
	Description of Increase		Total Amount
		}	
		ļ	
L		Total:	

# 2014 FORM 990 SCHEDULE OF OTHER DECREASES

ATTACHMENT 7: PAGE 1 - 990- PF PAGE 2, PART I OPEN TO PUBLIC	III, LINE 5	
INSPECTION For calendar year 2014, or tax period beginning	, and ending .	
lame of Organization OO UNTO OTHERS TRUST INC	Employer Identification Number 65-0517915	·
Description of Decrease		
	Total Amount	1,72

# 2014 FORM 990 PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

ATTACHMENT 8: PAGE 1 - 990-PF PAGE 3, PART IV, LINE 1 OPEN TO PUBLIC INSPECTION For calendar year 2014, or tax period beginning , and ending Name of Organization **Employer Identification Number** DO UNTO OTHERS TRUST INC 65-0517915 (a) List and Describe the Kind(s) of Property Sold (e.g., Real Estate. (b) How Acquired (c) Date Acquired (d) Date Sold P -- Purchase D -- Donation 2-story Brick Warehouse, or Common Stock, 200 shs. MLC Co.) (mo., day, yr.) (mo., day, yr.) SCHWAB 01-15-201412-31-2014 2 SCHWAB 01-01-201012-31-2014 (e) Gross Sales Price (f) Depreciation Allowed (g) Cost or Other Basis (h) Gain or (loss) (or allowable) Plus Expense of Sale (e) Plus (f) Minus (g) 226,012 224,154 1,858 44,970 2 10,920 34,050 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Gains (Col. (h) Gain Minus Col. (k), But Not Less Than -0-) or (i) F.M.V. as of 12/31/69 (j) Adjusted Basis (k) Excess if Col. (i) Losses (from col. (h)) as of 12/31/69 Over Col. (j), rf Any 1,858 2 34,050

# 2014 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 9 - 990-PF PA	GE 5, PART VII-	A, LINE 14	
OPEN TO PUBLIC		•	
INSPECTION For calendar year 2014, or	tax period beginning	, and ending	<u> </u>
Name of Organization			Employer Identification Number
DO UNTO OTHERS TRUST INC			65-0517915
Part VII-A - Line 14			
Individual Name	• • •	ALICIA CELORIO	
or			
Business Name.			
S		0746 553 44 55	
Street Address	• • • • • • • • • • • • • • • • • • • •	2746 SW 11 ST	
U.S. Address			
O.O. Addiess			
<b>Zip code</b> 33135	City MIAMI	ο.	. FT
or <u>55155</u>	City MIAMI	Sta	te <u>FL</u>
Foreign Address			
Totalgit Address			
City			
<b>3.9</b>			
Province or State			
Country	•••		
·			
Postal code			
Phone Number			(305) 643-0966
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Fax Number			

# 2014 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 10: PAGE 1 - 990-PF PAGE 6, PART VIII OPENTO PUBLIC INSPECTION For calendar year 2014, or tax period beginning , and ending Name of Organization Employer Identification Number DO UNTO OTHERS TRUST INC 65-0517915 (A) Name and Address (B) Title and Average (C) Compensation (If (D) Cont. to Employee (E) Expense Account Hrs. per Week & Other Allowances not paid, enter 0) Ben. Plans & Def. Comp. , FL ALICIA CELORIO PRESIDENT 2746 SW 11 ST MIAMI, FL 33135

C0328D

# 2014 FORM 990 COMPENSATION OF THE FIVE HIGHEST PAID INDEPENDENT CONTRACTORS FOR PROFESSIONAL SERVICES

ATTACHMENT 11: PAGE 1 990-PF PAGE 6, PART V OPEN TO PUBLIC	'III, LINE 2			
INSPECTION For calendar year 2014, or tax period beginning	, and ending			
Name of Organization	Employer Identification Number			
DO UNTO OTHERS TRUST INC	65-05179			
Part VIII Compensation of the Five Highest Paid Independent Contractors for				
(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation		
NONE				
<b>'</b>				
	ļ			
	+			
	1			

#### 2014 FORM 990 SCHEDULE OF OTHER REVENUE

ATTACHMENT 12: PAGE 1 - 990-PF PAGE 12, PART XVI-A, LINE 11 OPEN TO PUBLIC INSPECTION For calendar year 2014, or tax period beginning , and ending Name of Organization Employer Identification Number DO UNTO OTHERS TRUST INC 65-0517915 Unrelated Business Income (e)
Related or Exempt
Function Income
(see instructions) Excluded by Section 512, 513 or 514 (a) Business Code (c) Excl. code Item Program Service Revenue (b) (d) **Amount Amount** NONE Totals:

# **2014 DETAIL STATEMENTS**

DO UNTO OTHERS TRUST INC 65-0517915

PAGE 1

STATEMENT #1 - DIVIDENDS (990-PF PG 1 LINE 4(B))

SCHWAB MORTAGE INT CAPITAL GAIN DIST

TOTAL CARRIED TO 990-PF PG 1 LINE 4(B)

C0317D

#### DO UNTO OTHERS TRUST

## List of Recipients

Americares 88 Hamilton Avenue Stamford, CT 06907-0921

Arsht Center 1300 Biscayne Blvd Miami, Fl 33134

American Red Cross 335 SW 27<sup>th</sup>. Avenue Miami, Fl 33135

American Cancer Society 2180 SW 12<sup>th</sup>. Avenue Miami, FL 33129

Archdiocese of Miami 9401 Biscayne Boulevard Miami, FL 33138

American Society for the Prevention Of Cruelty to Animals P.O. Box 97288 Washington DC 20077-714

Camillus House P.O. Box 11829 Miami, FL 33101-1829

Center Jewish Culture 800 Douglas Road Coral Gables, FL 33134

Classical South FL. 330 SW Second St. FTL. FL Easter Seals 1275 Mamaroneck Ave. White Plains NY 10605

Ebenezer Baptist Church 454 SW 42nd. Avenue Miami, FL 33145

Cleveland Orchestra 200 South Biscayne Boulevard Suite 3300 Miami, FL 33131

Dian Fossey G.F. 800 Cherokee Avenue SE Atlanta, GA 30315

Easter Seals 1475 NW 14<sup>th</sup>. Avenue Miami, FL 33125

Ebenezer Baptist Church 4111 SW Fourth Street Miami, FL 33134

Fairchild Tropical Garden 10901 Old Cutler Road Coral Gables, FL 33156

Florida Grand Opera 8390 NW 23<sup>rd</sup>. Street Miami, FL 33122

Free Will Baptist B C 3606 West End Avenue Nashville, TN 37205-2498

Horse Protection Association Of Florida 20690 NW 130<sup>th</sup>. Avenue Micanopy, FL 32667 Humane Society of Greater Miami 16101 West Dixie Highway North Miami Beach, FL 33160-4309

Humane Society of U S 2100 L Street, NW Washington DC 20037

Ismile Inc. 300 Noerh Poinciana Blvd. Miami Springs, FL 33155-4429

Kiwanis of Little Havana 1400 SW First Street Miami, FL 33135

Kendall Hammocks Optimist Baseball 501 © (4) 11340 SW 156 Avenue Miami, FL 33196

The Learning Experience 5651 SW 82<sup>nd</sup>. Avenue Miami, FL 33143

Liga Contra el Cancer 2180 SW 12<sup>th</sup>. Avenue/ Miami, FL 33129

Miami City Ballet 2200 Liberty Avenue Miami Beach, FL 3313

Miami Children's Hospital 3100 SW 62nd. Avenue Miami, FL 33155

National Wildlife Federation 111000 wildlife Center Drive Reston, VA 20190

New World Symphony 541 Lincoln Road Miami Beach, FL 33139 Octavio Feline Foundation P.O. Box 440738 Miami, FL 33144

Seraphic Fire 1900 Coral Way #301 Miami, FL 33169

The Salvation Army PO Box 330607 Miami, FL 33233

Toccoa Falls College P.O. Box 800809 Toccoa Falls, GA 30598

University of Miami/ Sylvester P.O. Box 016960 Miami, FL 33101-6960

University of Florida Gainsville, Fl 32610

USO P.O. Box 96860 Washington DC 20077-7677

Zoological Society of Florida 12400 SW 152<sup>nd</sup>. Street Miami, FL 33177

Welch College 3606 West End Avenue nashville, TN 37205

Women's Fund 2650 SW 27th. Avenue Miami, FL 33135

WPBT 2 P.O. Box 610002 Miami, FL 33261-9972 World Wildlife Fund PO Box 97180 Washington DC 20090

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# List of Recipients

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American Red Cross 335 SW 27<sup>th</sup>. Avenue Miami, Fl 33135

American Cancer Society 2180 SW 12<sup>th</sup>. Avenue Miami, FL 33129

Archdiocese of Miami 9401 Biscayne Boulevard Miami, FL 33138

American Society for the Prevention Of Cruelty to Animals P.O. Box 97288 Washington DC 20077-714

Camillus House P.O. Box 11829 Miami, FL 33101-1829

Center Jewish Culture 800 Douglas Road Coral Gables, FL 33134

Classical South FL. 330 SW Second St. FTL. FL Easter Seals 1275 Mamaroneck Ave. White Plains NY 10605

Ebenezer Baptist Church 454 SW 42nd. Avenue Miami, FL 33145

Cleveland Orchestra 200 South Biscayne Boulevard Suite 3300 Miami, FL 33131

Dian Fossey G.F. 800 Cherokee Avenue SE Atlanta, GA 30315

Easter Seals 1475 NW 14<sup>th</sup>. Avenue Miami, FL 33125

Ebenezer Baptist Church 4111 SW Fourth Street Miami, FL 33134

Fairchild Tropical Garden 10901 Old Cutler Road Coral Gables, FL 33156

Florida Grand Opera 8390 NW 23<sup>rd</sup>. Street Miami, FL 33122

Free Will Baptist B C 3606 West End Avenue Nashville, TN 37205-2498

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