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Department of the Treasury

### ANNED WAY OR 2012

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

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OMB No. 1545-0052

2016

Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection For calendar year 2016 or tax year beginning 2016, and ending 20 Name of foundation A Employer identification number DO UNTO OTHERS TRUST INC 65-0517915 Number and street (or P.O box number if mail is not delivered to street address) Room/suite **B** Telephone number (see instructions) 2746 SW 11 ST (305) 643-0966 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, MIAMI FL 33135 check here G Check all that apply Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% Address change Name change test, check here and attach computation H Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminated under section Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation 507(b)(1)(A), check here I Fair market value of all assets at end of J Accounting method XI Cash Accrual year (from Part II, col. (c), line 16) If the foundation is in a 60-month Other (specify) termination under section 507(b)(1)(B), check here **▶** \$ 2,116,851 (Part I, column (d) must be on cash basis.) Part | Analysis of Revenue and Expenses (a) Revenue and (d) Disbursements The total of amounts in columns (b), (b) Net investment (c) Adjusted net for charitable (c), and (d) may not necessarily equal the expenses per income income purposes amounts in column (a) (see instructions).) books (cash basis only) Contributions, gifts, grants, etc, received (attach schedule)
Check

Grants of the foundation is not required to attach Sch B 500 2 3 Interest on savings and temp, cash investments 14,022 14,022 Dividends and interest from securities 85,946 85,946 5a Gross rents Net rental income or (loss) -145,0056a Net gain/(loss) from sale of assets not on line 10 Gross sales price for 841,733# all assets on line 6a Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 10a Gross sales less returns & allowances Less Cost of goods sold c Gross profit or (loss) (attach schedule) Other income (attach schedule) Total. Add lines 1 through 11. -144,50599,968 99,968 Compensation of officers, directors, trustees, etc 13 188-02C 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 5,925 **b** Accounting fees (attach schedule) #2 5,925 5,925 c Other professional fees (attach schedule) Operating and Administrative 17 Interest . 18 Taxes (attach schedule) (see instructions) Depreciation (attach sch.) and depletion 8020 20 Occupancy 21 Travel, conferences, and meetings 15,576 15,576 15,576 22 Printing and publications Other expenses (attach schedule) #3 23 62,043 62,043 62,043 24 Total operating and administrative expenses. Add lines 13 through 23 83,544 83,544 83,544 Contributions, gifts, grants paid 307,285 Total exp. & disbursements. 83,544 83,544 83,544 307,285 Add lines 24 and 25 Subtract line 26 from line 12 Excess of revenue over expenses -228**,**049 and disbursements b Net investment income (if neg , enter -0-) 16,424 c Adjusted net income (If neg, enter -0-) 16,424

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2016)

P:	art II	Attached schedules and amounts in the Balance Sheets description column should be for	Beginning of year	End o	f year
		Balance Sheets description column should be for end-of-year amounts only. (See inst.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash non-interest-bearing		24,834	
	2	Savings and temporary cash investments	2,147,445	1,892,017	1,892,017
	3	Accounts receivable			,
	l	Less allowance for doubtful accts. ▶			
	4	Pledges receivable	-		
	l	Less: allowance for doubtful accts.			
	5	Grants receivable			· -
	6	Receivables due from officers, directors, trustees, and other			
	7	disqualified persons (attach schedule) (see instructions) Other notes and loans receivable (attach schedule)			,
	ĺ	Less allowance for doubtful accounts			'
S	8	Inventories for sale or use		<del></del>	
Assets	9	Prepaid expenses and deferred charges		<del></del>	
As	10a	Investments U.S. and state govt. obligations (attach schedule)			
	Ь	Investments corporate stock (attach schedule)			
	C	Investments corporate bonds (attach schedule)			<del></del>
	11	Investments — land, buildings, and equipment basis		-	=
		Less accumulated depreciation (attach schedule)			
	12	Investments mortgage loans	200,000	200,000	200,000
	13	Investments other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ Less accumulated depreciation			المحمد السام المحمد
		(attach schedule)			
	15	Other assets (describe			<del></del>
	16	Total assets (to be completed by all filers see the	0.045.445		
		instructions. Also, see page 1, item l)	2,347,445	2,116,851	2,116,851
	17	Accounts payable and accrued expenses			
ý	18	Grants payable			,
ij	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
J	21	Mortgages and other notes payable (attach schedule)			No. 12
	22	Other liabilities (describe			7 3 5 1 E
	23	Total liabilities (add lines 17 through 22)	0	0	
		Foundations that follow SFAS 117, check here			
Ses		and complete lines 24 through 26 and lines 30 and 31.			*
alances	24	Unrestricted			
Bal	25	Temporarily restricted	2 247 445	0 116 051	
5	26	Permanently restricted .	2,347,445	2,116,851	
or Fund B		Foundations that do not follow SFAS 117, check here ▶ ☐			
ō		and complete lines 27 through 31.			
sets	27	Capital stock, trust principal, or current funds			
As	28	Paid-in or capital surplus, or land, bldg., and equipment fund	2 247 445	0 116 051	·
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds	2,347,445	2,116,851	
_	30	Total net assets or fund balances (see instructions)	2,347,445	2,116,851	
_	31	Total liabilities and net assets/fund balances (see instructions)	2,347,445	2,116,851	· · · · · · · · · · · · · · · · · · ·
	rt III				
1		net assets or fund balances at beginning of year Part II, column	n (a), line 30 (must agree w	1 . 1	J 247 445
_		of-year figure reported on prior year's return)	• • • •	1	2,347,445
2		r amount from Part I, line 27a		2	-228,049
3		r increases not included in line 2 (itemize)		3	2 110 200
4		lines 1, 2, and 3	T)	. 4	2,119,396
5		eases not included in line 2 (itemize) SEE ATTACHMEN		5	2,545 2,116,851
6	ı otal	net assets or fund balances at end of year (line 4 minus line 5)	raπ II, column (b), line 30	_6	2,110,031

'(a) List and describe	the kind(s) of property sold (e.g., rea	al estate,	(b) Howacquired	(c) Date acquired	(d) Date sold
	nouse; or common stock, 200 shs. M	LC Co.)	D Donation	(mo., day, yr.)	(mo., day, yr.)
1a SEE ATTACHMENT	2 #5				
b					
<u>C</u>	<del></del>				<del></del>
<u>d</u>			_ <del> </del>		
<u>e</u>	T 70 = "	1.2			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale	, ,	or (loss) ) minus (g)
a b					
C					
d				<del></del>	
е		<u> </u>			
Complete only for assets she	owing gain in column (h) and owned	by the foundation	on 12/31/69	(I) Gains (Col	(h) gain minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col. (ı) . (j), ıf any	col. (k), but not	less than -0-) <b>or</b> om col. (h))
a	45 01 12/01/00		. ()/, (1/)		
b		-			
С	<u> </u>				
d	<del> </del>				<del></del>
e					
2 Capital gain net income or (		also enter in Part I,		2	-72,50
3 Net short-term canital dain (	or (loss) as defined in sections 1222(	enter -0- in Part I,	iiie /		72,50
• •	ne 8, column (c) (see instructions). If	, , ,	¬		
enter -0- in Part I, line 8	ine o, dolumin (e) (see instructions). In	(1033),	<b>)</b>	3	-72,50
	Under Section 4940(e) for	Poduced Tay	on Not Investm	<del></del>	
	e section 4942 tax on the distributable t qualify under section 4940(e). Do n		-	d? 	Yes No
1 Enter the appropriate amount	ınt ın each column for each year, see	e the instructions be	efore making any er	ntries.	
(a) Base period years Calendar year (or tax year beginnin	(b) Adjusted qualifying distributi	ons nonc	(C) Net value of hantable-use assets	Dıs (cal. (b)	(d) tribution ratio divided by col. (c))
2015					
2014					
2013					
2012		<del></del>	<del></del>		
2011				<del></del>	<del></del>
2 Total of line 1, column (d)				2	
3 Average distribution ratio for	or the 5-year base period divide t	he total on line 2 by	5, or by the number	er	
of years the foundation has	been in existence if less than 5 year	rs · ·	•	3	
4 Enter the net value of nonc	hantable-use assets for 2016 from P	art X, line 5		. 4	
5 Multiply line 4 by line 3.				. 5	
6 Enter 1% of net investment	income (1% of Part I, line 27b)			. 6	
7 Add lines 5 and 6		• •		7	
8 Enter qualifying distribution	s from Part XII, line 4			. 8	
If line 8 is equal to or greate instructions.	er than line 7, check the box in Part \	/I, line 1b, and com	plete that part using	g a 1% tax rate. See	the Part VI

·	Zinoi ino rombardoment (ii arry) para by the realistation daming the year for pointed experience in the property in	. 1	- 1	
	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.	ļ	.	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	; <del>-</del>	_	
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
1a	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?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		x
	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		1.5	
	By language in the governing instrument, or	451	* 	, a .
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	333		
	conflict with the state law remain in the governing instrument?	6		×
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	7		_×
Ва	Enter the states to which the foundation reports or with which it is registered (see instructions)			Ř.
	NONE			遥,
ь	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		×
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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete			
	Part XIV	9	ļ l	<b>×</b>
n.	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names			
	and addresses	10		×
	and dedicesco	000	DE	

c an	VII—A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		_X_
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person	, '		
	had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		_X
	Website address ► N/A			
14	The books are in care of ► SEE ATTACHMENT #6 Telephone no. ►			
	Located at ▶ ZIP+4 ▶			
15	Section 4947(a)(1) nonexempt chantable 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 2016, 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	<u> </u>	<u>X</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "yes," enter the name of			l
	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?		_	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?		34	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	ļ		_
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	ļ		
	(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.)	3.5	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	10 N	(1) S	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	ļ	X
	Organizations relying on a current notice regarding disaster assistance check here			和河
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,	Stran.	. 1212	1 1 2
	that were not corrected before the first day of the tax year beginning in 2016?	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)).		ļ	
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and	ļ		İ
	6e, Part XIII) for tax year(s) beginning before 2016? Yes X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20 _			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement see instructions )	2b		X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	▶ 20 , 20 , 20 , 20 <u>.</u>			-
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	( , ~ )	1	-* .
	at any time during the year?	-		-
b	If "Yes," did it have excess business holdings in 2016 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		1	
	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 2016.)	3b		X
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	2	Ei.	6
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		X

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FDA

Form	990-	-PF (2016) DO UNTO OTHERS TRUST INC	65-0517915				Page 6
Par	t VII	B Statements Regarding Ac	tivities for Which	Form 4720 May E	Required (contin	nued)	
5a	Dun	ing the year did the foundation pay or incur					
•	(1)	Carry on propaganda, or otherwise attern	pt to influence legislatio	n (section 4945(e))?	· ∏ Yes 🔀	No	
	(2)	Influence the outcome of any specific pub	lic election (see section	1 4955), or to carry on,	<del>-</del> -		,
		directly or indirectly, any voter registration	drive?		☐ Yes 🏻	No	F
	(3)	Provide a grant to an individual for travel,	study, or other similar p	ourposes?	Yes	No -	
	(4)	Provide a grant to an organization other th	nan a charitable, etc., o	rganization described in			
		section 4945(d)(4)(A)? (see instructions)	•		Yes 🛚	No	ł I .
	(5)	Provide for any purpose other than religio	us, charitable, scientific	, literary, or educational			
		purposes, or for the prevention of cruelty	to children or animals?		Yes	No	
þ	If ar	ny answer is "Yes" to 5a(1)-(5), did any of	the transactions fail to d	qualify under the exception	ons described in	_	
	Reg	ulations section 53.4945 or in a current not	ice regarding disaster a	issistance (see instruction	ns)? $\cdots$ $N$	/ <u>A</u> . 5b	
	Org	anizations relying on a current notice regard	ding disaster assistance	check here	1	<b>▶</b> 📗 [34]	38
C	If the	e answer is "Yes" to question 5a(4), does th	ne foundation claim exe	emption from the tax			
	bec	ause it maintained expenditure responsibilit	y for the grant?		N/A 🗌 Yes 📗	No 3	7.7
	If "Y	es," attach the statement required by Regu	lations section 53.4945	-5(d).			
6a	Dıd	the foundation, during the year, receive any	y funds, directly or indir	ectly, to pay premiums			1,31
	on a	a personal benefit contract?			· 🗌 Yes 🛚	No	1 1 '
b	Dıd	the foundation, during the year, pay premit	ıms, directly or indirectl	y, on a personal benefit	contract?	6b	X
	If "Y	'es" to 6b, file Form 8870.				_	
7a	At a	ny time during the tax year, was the founda	ition a party to a prohib	ited tax shelter transaction	on? · 🔲 Yes 🔀	No	
b	If "Y	es," did the foundation receive any procee	ds or have any net inco	me attributable to the tra	insaction? N	7b	
Par	t VII	Information About Officer	s, Directors, Trus	tees, Foundation	Managers, Highl	y Paid Emp	oloyees,
		and Contractors					
_1_	List	all officers, directors, trustees, foundati		ir compensation (see ir			
		(a) Name and address	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to	(e) Expens	e account,
			devoted to position	(if not paid, enter -0-)	employee benefit plar and deferred comp.	other all	owances
SEE	: A	TTACHMENT #7					
2		npensation of five highest-paid employe	es (other than those	included on line 1 se	ee instructions).		
	If no	one, enter "NONE."					
(a	) Nar	ne and address of each employee paid	(b) Title, and average		(d) Contributions to employee benefit	(e) Expens	e account
,ω	,	more than \$50,000	hours per week	(c) Compensation	plans and deferred		owances
			devoted to position		compensation		
NON	1E						
						}	
Total	num	ber of other employees paid over \$50,000	· .,			🕨	0

DO UNTO OTHERS TRUST INC 65-0517915

	55-051/915	Page
Information About Officers, Directors, Trustees and Contractors (continued)	s, Foundation Managers, Hig	jhly Paid Employees,
3. Five highest-paid independent contractors for professional services	see instructions). If none, enter "Ne	ONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
SEE ATTACHMENT #8		
Total number of others are supplied to the sup		
Total number of others receiving over \$50,000 for professional services	<u> </u>	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant of organizations and other beneficiaries served, conferences convened, research papers produced.		Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see	e instructions)	
Describe the two largest program-related investments made by the foundation of		Amount
1	<u> </u>	
2		
All other program-related investments. See instructions.		

3

_Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign four see instructions.)	dations,	
1,		la test	<del></del>
٠.	purposes	* \$6 5.47	
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and	7.5	
_	1c (attach detailed explanation)		
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	
	The stributable 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	
2а	Tax on investment income for 2016 from Part VI, line 5 . 2a 328	-	
b	Income tax for 2016. (This does not include the tax from Part VI.) .		
c	Add lines 2a and 2b	2c	328
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	<del></del>
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,	<del></del>	
•	line 1	7	C
		<u> </u>	
Pa	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.	attern.	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	307,285
b	Program-related investments total from Part IX-B	1b	<del></del>
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	307,285
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	C
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	307,285
·	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the		
	qualifies for the section 4940(e) reduction of tax in those years.		
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Form 990-PF (2016)

Pa	rt XIII Undistributed Income (see	e instructions)			
	•	(a)	(b)	(c)	(d)
1,	Distributable amount for 2016 from Part XI,	Corpus	Years prior to 2015	2015	2016
	line 7				0
2	Undistributed income, if any, as of the end of 2016				
а	Enter amount for 2015 only				
b					
3	Excess distributions carryover, if any, to 2016	-			
а				n	
b	From 2012			•	
C	From 2013				
d	From 2014 .				the state of the s
е	From 2015			4,	
f	Total of lines 3a through e	o		-,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4	Qualifying distributions for 2016 from Part XII,			· · · · · · · · · · · · · · · · · · ·	
	line 4 ▶ \$ 307,285				
а	Applied to 2015, but not more than line 2a				
ь	Applied to undistributed income of prior years		<del></del>		
	(Election required see instructions)				
С	<b>_</b>				<del>                                     </del>
J	(Election required see instructions)				
d	Applied to 2016 distributable amount .	<u> </u>			<del> </del>
e	Remaining amount distributed out of corpus			··	<del></del>
5	Excess distributions carryover applied to 2016				
3	(If an amount appears in column (d), the same			·· · · · · · · · · · · · · · · · · · ·	
	amount must be shown in column (a) )				
6	_				
0	Enter the net total of each column as				
_	indicated below:				
a	Corpus Add lines 3f, 4c, and 4e. Subtract line 5				
D	Prior years' undistributed income. Subtract		}		
	line 4b from line 2b			<del> </del>	,
С	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				
е	Undistributed income for 2015. Subtract				
	line 4a from line 2a. Taxable amount				ľ
	see instructions				
f	Undistributed income for 2016. Subtract				
	lines 4d and 5 from line 1. This amount				
	must be distributed in 2017			<del></del>	
7	Amounts treated as distributions out of	_			
	corpus to satisfy requirements imposed				
	by section 170(b)(1)(F) or 4942(g)(3) (Elec-				
	tion may be requiredsee instructions)		ľ		
8	Excess distributions carryover from 2011				
	not applied on line 5 or line 7 (see	ļ			
	instructions)		1		
9	Excess distributions carryover to 2017.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9			<del></del>	
 a	Excess from 2012				, ,
b	Excess from 2013			,	, ,
c	Excess from 2014 .				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
d	Excess from 2015				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_	Excess from 2016			(1,14,15)	1477 1988 1988

Pai	t XIV Private Operating Fou	undations (see ins	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 o	perating		
	foundation, and the ruling is effective fo	r 2016, enter the dat	te of the ruling	<b>•</b>		
ь	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>	Prior 3 years		
	income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
	investment return from Part X for each year listed	(4) 20.0	(2) 2010	(6) 2511	(4) 2010	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 directly for active conduct of exempt activities					0
е	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					
	test relied upon:					
а	"Assets" alternative test enter					
	(1) Value of all assets					0
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test enter	·	,			
	2/3 of min. investment return shown in Part X, line 6 for each year listed					0
c	"Support" alternative test enter.					
·	(1) Total support other than gross		i			
	investment income (interest, dividends, rents, payments on securities loans (section 512(a) (5)), or royalties)					0
	(2) Support from general public and	"				<u> </u>
	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 Inform	nation (Complet	te this part only	if the foundation	on had \$5 000 a	
ı aı	at any time during the	•	•	i tile loulidati	on nau #5,000 t	or more in assets
1	Information Regarding Foundation M		istructions.)			
-	List any managers of the foundation who	•	nore than 2% of the	total contributions red	rewed by the founds	ition before the
u	close of any tax year (but only if they ha				solved by the lounds	MIOTI DOIOTO 1110
NON		vo commodica more	. triair 40,000). (000 t	3008011 007 (4)(2).)		
	List any managers of the foundation wh	o own 10% or more	of the stock of a corr	noration (or an equal	ly large portion of the	e ownershin
•	of a partnership or other entity) of which				iy largo poraon or an	o o willowan
иои		Tule touridation has	a 1070 of greater line	Di Odi.		
2	Information Regarding Contribution,	Grant Gift Loan S	Scholarshin etc. Pr	outame.		
_	Check here  If the foundation only		-	_	and does not accen	t unsolicited
	requests for funds. If the foundation ma					
	complete items 2a, b, c, and d.	noo gino, granto, oto.	. (occ mandonons) to	mairiduals of organi	zaliono undoi otnoi	Corrainorio,
a	The name, address, and telephone num	ther or e-mail of the	nerson to whom an	plications should be	addressed:	
a	The name, address, and telephone han	iber of e-mail of the	person to whom ap	pileadoris silouid de l	addicascu	
h	The form in which applications should b	ne submitted and info	ormation and materia	als they should includ	e.	
	appround to tribule b				-	
C	Any submission deadlines					
d	Any restrictions or limitations on awards	, such as by geograp	phical areas, charitat	ole fields, kinds of ins	titutions, or other fac	etors:

Page **11** 

Par	XV Supplementary Information	n (continued)			
3	XV Supplementary Information Grants and Contributions Paid	During the Year or	Approve	d for Future Payment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	Contribution	
а	Paid during the year				
			1		İ
		!			
		1			
			'		
			U		
	Total · · ·	<u> </u>		▶ 3a	
	Approved for future payment		•		
_					
	•				
			·		
			!		
			' 		
	Total	L <u> </u>		▶ 3b	

Form 990-PF (2016)

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Excluded by	section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(c) Excl.	(d) Amount	Related or exempt function income (See instructions.)
1 Program service revenue	code		code		(,
a					
b					
С					
d					
e					
f					- , ,
9 Fees & contracts from government agencie	s				
2 Membership dues and assessments .					<del></del>
3 Interest on savings and temporary cash investments		·			<del></del>
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate.		F			
a Debt-financed property					
<b>b</b> Not debt-financed property					-
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventor	у				,-
9 Net income or (loss) from special events				• • •	
10 Gross profit or (loss) from sales of inventory					******
11 Other revenue a					<del></del>
b					
С					***
d		······································			
е					
12 Subtotal. Add columns (b), (d), and (e)			0 -	0	0
13 Total. Add line 12, columns (b), (d), and (e)			•	13	C
See worksheet in line 13 instructions to verify cal	culations.)				
Part XVI-B Relationship of Activi	ties to the Acc	omplishment of	Exempt P	urposes	
Line No. Explain below how each activity f accomplishment of the foundation	or which income is i	eported in column (e	) of Part XVI-A	contributed importar	-

Form **990-PF** (2016)

FDA

			NTO OTHERS TRUS		-0517915_				`	je 13
Par	<b>1</b> >	VII Information Exempt Org	Regarding Transfers To anizations	o and Transac	tions and Re	lationships	s With No	nchari	table	
1 ,	Dic		or indirectly engage in any of th	e following with ar	ny other organizati	on described i	n section	و الله الله الله الله الله الله الله الل	Yes	No
	50	1(c) of the Code (other tha	an section 501(c)(3) organization	ns) or in section 52	7, relating to polit	cal organizatio	ns?	W. W.	1 3 *	
а	Tra	ansfers from the reporting	foundation to a noncharitable e	xempt organizatioi	n of					
	(1)	Cash ·						1a(1)		Х
	(2)	Other assets			•			1a(2)		_X
b	Ot	her transactions:								
	(1)	Sales of assets to a nor	nchantable exempt organization				•	1b(1)		X
	(2)	Purchases of assets from	m a noncharitable exempt orga	nızatıon				1b(2)		X
	(3)	Rental of facilities, equip	pment, or other assets			•		1b(3)		X
	(4)	Reimbursement arrange	ements					1b(4)		X
	(5)	Loans or loan guarante	es · ·					1b(5)		Χ
	(6)	Performance of services	s or membership or fundraising	solicitations .	•			1b(6)	L	Х
C	Sh	aring of facilities, equipme	ent, mailing lists, other assets, or	paid employees				1c		Χ
d	lf t	he answer to any of the at	bove is "Yes," complete the follo	wing schedule. Co	olumn (b) should	always show	the fair mark	et value	of the	
- <del></del>	or		w in column (d) the value of the	e goods, other ass	ets, or services re	ceived.				
(a) L	ne n	o. <b>(b)</b> Amount involved	(c) Name of noncharitable exe	mpt organization	(d) Description of	transfers, transa	ctions, and sha	rıng arrang	ements	
		the foundation directly or i	advective officeted with or relate	<u> </u>	tov overent ergen	rations door	bod in			

se	the foundation directly or indirectly affiliated to ction 501(c) of the Code (other than section 'Yes," complete the following schedule.	•	re tax-exer	mpt organizations de	escribed	d in	Yes	⊠ No
	(a) Name of organization	(b) Type of organiza	tion	(c) D	escripti	on of relat	ionship	
	Under penalties of perjury, I declare that I have e	warming of the return including acco	mpanying sc	hodules and statement	s and to	the hest of	my knowles	dge and
Sign	belief, it is trye, correct, and complete. Declaration	n of preparer (other than taxpayer	) is based on	all information of which	n prepare	er has any ki	nowledge.	
Here	Signature of officer or trustee	Obre 4/10/17  Date	PRE	SIDENT		May the IR with the pro (see instruc	eparer shov	
Paid	Print/Type preparer's name Robert Bilasz EA	Preparer's signature	 レ	Date 4/10/17	Chec self-e	kif employed	PTIN P0007	6694

Paid Preparer

FDA

Use Only

Firm's name ► HRB TAX GROUP INC

Firm's address ▶ 12882 BISCAYNE BLVD

Firm's EIN ▶ 431871840

Phone no. 3058915714

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

2016

OMB No. 1545-0047

Name of the organization

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

Name of the organization		Employer identification number
DO UNTO OTHERS TF	RUST INC	65-0517915
Organization type (check one):		00 001/910
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	
	NO CONTRIO	RUTURS
	red by the General Rule or a Special Rule.	
<b>Note.</b> 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		
	orm 990, 990-EZ, or 990-PF that received, during the year, contributions totalinerty) from any one contributor. Complete Parts I and II. See instructions for detections	
Special Rules		
under sections 509(a)(1) ar that received from any one	ned in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supported in the 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line contributor, during the year, total contributions of the greater of (1) \$5,000 or ne 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	13, 16a, or 16b, and
during the year, total contri	bed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from butions of more than \$1,000 exclusively for religious, charitable, scientific, literal attorn of cruelty to children or animals. Complete Parts I, II, and III.	
during the year, contribution \$1,000. If this box is checked charitable, etc., purpose. D	ned in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions ed, enter here the total contributions that were received during the year for an econ't complete any of the parts unless the <b>General Rule</b> applies to this organizaritable, etc., contributions totaling \$5,000 or more during the year.	totaled more than exclusively religious,
	covered by the General Rule and/or the Special Rules doesn't file Schedule B lo" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990	
	't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	
or Paperwork Reduction Act No	otice, see the Instructions for Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2016)

### 16\_EOPFGR91L

# 2016 FORM 990 SCHEDULE OF GAIN/LOSS FROM SALE OF ASSETS OTHER THAN INVENTORY (Not Included in Part IV)

王 6	and ending	Employer Identification Number 65-0517915	
I, PAGE 1, LIN	For Calendar year 2016, or tax year period beginning	INC	
ATTACHMENT 1: PAGE 1 - 990-PF PART	OPEN TO PUBLIC INSPECTION	Name of Organization  DO UNTO OTHERS TRUST INC	

NAMES OF TRUST INC			Employer Ider 65-05179	Employer Identification Number $65-0517915$	
Name of Security or Description of Property	Acquisition Date		How Acquired		Date Sold
OTHER NONINVENTORY ASSETS: SCHWAB	2016-01				2016-12
SCHWAB	2015-01				2016-12
To Whom Sold	Gross Sale Price	Basis	Sales Expense	Gain or (Loss)	Accumulated Depreciation
	132,515	143,371		-10,856	
. Totals:	841,733	914,236		-72,503	

### 2016 FORM 990 SCHEDULE OF ACCOUNTING FEES

ATTACHMENT 2: OPEN TO PUBLIC PAGE 1 - 990-PF PAGE 1, PART I, LINE 16B INSPECTION , and ending For calendar year 2016, or tax period beginning Employer Identification Number Name of Organization 65-0517915 DO UNTO OTHERS TRUST INC Disbursements for Net Investment Adjusted Amount **Accounting Category** Net Income Charity Income 5,925 5,925 5,925 ACCOUNTING 5,925 5,925 5,925

## 2016 FORM 990 AMORTIZATION SCHEDULE

LINE

PART I,

990-PF PAGE

ATTACHMENT 3: PAGE

TO A STATE OF THE

4,605 3,981 379 288 4,047 844 17,907 62,043 16,194 6,838 3,871 65-051791 起之間、海事、 Total Amortization Amortization Amount Period Employer Identification Number 6,838 379 288 4,605 4,047 17,907 3,871 3,981 16,194 62,04 and ending Adjusted Net Income Prior Year Deduction 6,838 16,194 288 4,047 4,605 844 379 17,907 62,043 3,981 Net Investment Amortized Amount Income 558 6,838 4,605 3,871 844 3,981 16,194 379 288 4,047 17,907 62,04 Acquired Total: Current Year Expenses Date For Calendar year 2016, or tax year period beginning Total: UNTO OTHERS TRUST INC Description of Expenses DUES AND SUBSCRIPTIONS MEALS AND ENT OUTSIDE SERVICES OPEN TO PUBLIC AX NAD LICENSE OPERATIONS EXP 00 'OREIGN TAXES NTERTAINMENT COMPUTER EXP AUTO EXP6838 INSPECTION INV ADV FEE Name of Organization OFFICE EXP INSURANCE VENT

S0705N

### 2016 FORM 990 SCHEDULE OF OTHER DECREASES

ATTACHMENT 4: PAGE 1 - 990- PF PAGE 2, PART I	II, LINE 5	5	
INSPECTION For calendar year 2016, or tax period beginning  Name of Organization	, and ending		
Description of Decrease		Total Amount	
DO UNTO OTHERS TRUST INC		Employer Identification Number 65-0517915  Total Amount 2,	545
L		Total: 2,	545

### 2016 FORM 990 PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

OP	EN TO PUBLIC	E 1 - 990-PF PAGE				<u> </u>
	e of Organization	year 2016, or tax period beginning	]	, and ending		- Alona Niverban
	UNTO OTHERS TR	HET INC			Employer Identification 65-051791	
		the Kind(s) of Property Sold (e.g.	. Real Estate.	(b) How Acquired	(c) Date Acquired	(d) Date Sold
		rehouse, or Common Stock, 200 s		P Purchase D Donation	(mo., day, yr.)	(mo., day, yr.)
1	SCHWAB				06-15-2016	12-31-2016
	(e) Gross Sales Price	(f) Depreciation Allowed (or allowable)	(g) Cost or Ot Plus Expen		(h) Gain o	
1	841,733			914,235		-72,502
	Complete only for assets she	owing gain in column (h) and own	ed by the foundation of	on 12/31/69	(I) Gains (Col. (F	
	(i) F.M.V. as of 12/31/69	(j) Adjusted Basis	(k) Excess if			Less Than -0-) or
1		as of 12/31/69	Over Col.		Losses (fro	om col. (h)) -72,502

### 2016 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 6 - 99	<u>0-PF PAGE 5, PART VI</u>	II-A, LINE 14	
OPEN TO PUBLIC			
INSPECTION For calendar	year 2016, or tax period beginning	, and endir	ng .
Name of Organization		100	Employer Identification Number
DO UNTO OTHERS TR	UST INC		65-0517915
Part VII-A - Line 14			
		-	
Individual Name	•	ALICIA CELORIO	O
or			
Business Name			
Street Address		2746 GH 11 GM	
Street Address	• •	2746 SW 11 ST	
			<del></del>
U.S. Address			
<b>Z</b> ip code 33135	City MIAMI		State <u>FL</u>
or	Ony IIIIII		State II
Foreign Address			
3			
City			
Province or State .			
		•	
Country	• • • • • • • • • • • • • • • • • • • •		.   .   . <u> </u>
Postal code	•• ••		<del></del>
Dhama Niveshay			(205) (42, 0066
Phone Number	• • • • • • • • • • • • • • • • • • • •	••••	(305) 643-0966
Fay Number			
Fax Number			

### 2016 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 7: PAGE 1 - 990-PF PAGE 6, PART VIII OPEN TO PUBLIC INSPECTION For calendar year 2016, 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 not paid, enter 0) Ben. Plans & Def. Comp. & Other Allowances , FL ALICIA CELORIO PRESIDENT 2746 SW 11 ST MIAMI, FL 33135

### 2016 FORM 990 COMPENSATION OF THE FIVE HIGHEST PAID INDEPENDENT CONTRACTORS FOR PROFESSIONAL SERVICES

OPEN TO PUBLIC INSRECTION For calendar year 2016, or tax period beginning	, and ending	
Name of Organization		ntification Number
DO UNTO OTHERS TRUST INC	65-05179	
Part VIII Compensation of the Five Highest Paid Independent Contractors for P		
(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		1

### **2016 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)

### DO UNTO OTHERS TRUST

### List of Recipients

Arsht Center 1300 Biscayne Blvd Miami, Fl 33134

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

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

CARE Elementary School 2025 NW 1<sup>st</sup> Ave Miami, FL 33127

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

Florida Grand Opera 8390 NW 25st Miami, FL 33122

Miami Musical Association/previously Cleveland Orchestra 200 South Biscayne Boulevard Suite 3300 Miami, FL 33131 Fairchild Tropical Garden 10901 Old Cutler Road Coral Gables, FL 33156

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

Welch College/ previously Free Will Baptist B C 3606 West End Avenue Nashville, TN 37205-2498

Humane Society of Greater Miami 16101 West Dixie Highway North Miami Beach, FL 33160-4309

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

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

Miami City Ballet 2200 Liberty Avenue Miami Beach, FL 33139

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

Miami Light House for the Blind 601 SW 8<sup>th</sup> Ave Miami, FL 33130 National Wildlife Federation 111000 wildlife Center Drive Reston, VA 20190

New World Symphony 541 Lincoln Road Miami Beach, FL 33139

Seraphic Fire 1900 Coral Way #301 Miami, FL 33169

St Hugh Catholic Church 3460 Royal Rd Miami, FL 33135

University of Florida PO Box 10025 Gainsville, FL 32610

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

Viscaya Museums and Gardens 3251 South Miami Av Miami, FL 33129

Welch College 3606 West End Avenue Nashville, TN 37205

> WPBT 2 P.O. Box 610002 Miami, FL 33261-9972

## Do Unto Others Transaction Detail By Account January through December 2016

04/01/17 Accrual Basis

11:27 AM

٧

Amount Balance	1,310 00 1,310.00 450.00 1,760.00 5,000.00 6,760.00 0 00 6,760 00 3,000 00 9,760 00 9,000 00 18,760 00 21,000 00 39,760 00	39,760 00 39,760 00 2,085 00 11,619 00 13,704 00 25,000 00 38,704.00 5,000 00 43,704.00	43,704 50,500 52,000 54,000 54,000 55,161 75,161 80,161 86,161			
Cir Split	Credit Card- Credit Card Bank of Am Bank of Am Credit Card Credit Card	Bank of Am . Bank of Am . Bank of Am . Bank of Am .	Bank of Am.  Bank of Am.  Credit Card- Bank of Am.  Bank of Am.  Bank of Am  Bank of Am  Bank of Am	Bank of Am Bank of Am. Bank of Am. Bank of Am. Bank of Am.	Credit Card Bank of Am Bank of Am Bank of Am Bank of Am Accounts Pa Bank of Am	Credit Card Bank of Am Bank of Am. Bank of Am Bank of Am
Memo	tickets fund Venetian P. event humane so. Pawparazzi	scholarship	NY event-le Tickets	festival Em travel to Ka	usps food	school sup
Name	Miami City Ballet city of coral gables American Red Cr. Humane Society. The Learning Ex Humane Society	The Learning Ex. The Learning Ex. Welch College Kwanis	Humane Society. Miami Childrens Miami Cty Ballet Camillus House. New World Symp Easter Seals Seraphic Fire Florida Grand Op	ALBA Miami Light Hous. Miami City Ballet CARE Elementar Dranoff Internatio Humane Society	usps Easter Seals Welch College Kiwanis WPBS University of Flori . WPBS National Wildlife Viscaya	Nashville Symph . Kiwanıs Ronald Mcdonalds Humane Society .
_ !						
Num	2183 2212 2235	2181 2192 2194 2195	2153 2155 2157 2162 2169 2171 2172	2175 2179 2184 2185 2188	2189 2193 2196 2202 2201 2204 2206	2208 2209 2210 2212
Date Num	3/22/2016 4/27/2016 5/2/2016 8/20/2016 11/14/2016 11/18/2016 12/7/2016 2235	tions 4/28/2016 2181 6/6/2016 2194 6/13/2016 2195				7/22/2016 8/9/2016 2208 8/9/2016 2209 8/19/2016 2210 8/20/2016 2212

## Do Unto Others Transaction Detail By Account January through December 2016

Accrual Basis

11:27 AM 04/01/17

Туре	Date	Num	Name	Memo	ភ	Split	Amount	Balance
Check	9/12/2016	2218	The Learning Ex.	aquarium f		Bank of Am	1,500 00	201,519 35
Credit Card Ch.	10/13/2016		Miami Childrens .	Wine Wom	_	Credit Card-	5,000.00	206,519 35
Check	11/29/2016	2227	aquarium kingdom	TLE fish		Bank of Am .	251.44	206,770 79
Check	11/30/2016	2228	Nutrispa	lunch		Bank of Am.	25 13	206,795 92
Check	12/1/2016	2229	Zoological Society			Bank of Am.	11,000 00	217,795.92
Check	12/4/2016	2233	Perez Museum			Bank of Am	2,500 00	220,295.92
Check	12/4/2016	2234	ASPCA			Bank of Am .	150.00	220,445.92
Check	12/7/2016	2236	WPBS			Bank of Am	2,500.00	222,945.92
Check	12/23/2016	2240	Ebenezer Baptist.	nativety		Bank of Am	875 00	223,820 92
Total Donations - (	Other					l	223,820 92	223,820.92

307,284.92

307,284.92

307,284 92

307,28492

Total Donations

TOTAL