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Return of Private Foundation or Section 4947(a)(1) Trust Treated as 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. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For cale	endar year 2014, or tax year beginning	4/01 , 2014,	and ending 12/	/31 , 2014	
				A Employer identification	number
	ITTLE FAMILY FOUNDATION INC.	`	L	46-5209373	
	OND STREET			B Telephone number (see	
MILF(DRD, CT 06460		ļ.	<u>860 908-757</u>	/5
				C If exemption application	n is pending, check here 🕨 🗍
<u> </u>	-lll tht			o ii olollipiloli appliozilo	
G Che	ck all that apply X Initial return	Initial return of a form	ner public charity	D 1 Foreign organizations,	check here
	Final return	Amended return		2 Foreign organizations (meeting the 85% test, check
	Address change	Name change		here and attach compu	itation States
H Che		(c)(3) exempt private for			
	Section 4947(a)(1) nonexempt charitable t			E If private foundation st under section 507(b)(1	
		counting method: X Ca	ash	under section sortby()	(A), check here
	n Part II, column (c), line 16)	Other (specify)		F If the foundation is in	a 60-month termination
► \$		column (d) must be on	cash basis)	under section 507(b)(1)(B), check here
Part	Analysis of Revenue and	(a) Revenue and	(b) Net investment	t (c) Adjusted net	
	Expenses (The total of amounts in columns (b), (c), and (d) may not neces-	expenses per books	income	income	for charitable
	sarily equal the amounts in column (a)				purposes (cash basis only)
	(see instructions))				(00000 00000 00000)
	1 Contributions, gifts, grants, etc, received (attach schedule)	100,000.		St. Mille St. 1987 1984	进门运送的
	2 Ck ► if the foundn is not required to attach Sch B			工工工工工	
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities .				
	5 a Gross rents .				34 35 700 3
	b Net rental income or (loss)		e man		
R	6 a Net gain or (loss) from sale of assets not on line 10		71		
R E V	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)			12.51.04.025.125	
E N U	8 Net short-term capital gain	學、本、學、文化化			ME OF STREET
U E	9 Income modifications	图 "路" 第一部	·准·费斯·克尔·第6万		一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
Ε.	10 a Gross sales less.				
	allowances h Less Cost of				
	goods sold				
	C Gross profit or (loss) (attach schedule).				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	100,000.		0.	0. 34.5.2.3.4.4.4.
	13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages	0.		-	
	15 Pension plans, employee benefits				
	16a Legai fees (attach schedule) SEE ST 1	3,086.			
A	b Accounting fees (attach sch)	3,000.		-	
M	c Other prof fees (attach sch) SEE ST 2	5,800.			9
0 N	17 Interest	3,000.		10	\
P S E T	18 Taxes (attach schedule)(see instrs)	<u> </u>		RECEIVED	3\
E T R R	19 Depreciation (attach	<u> </u>		RECEIVED	
A A	sch) and depletion			JUL 1 4 2015	対策は、自然の対象の
N V G E	20 Occupancy		1.5	13 6010	\ \(\(\) \(\)
_	21 Travel, conferences, and meetings 22 Printing and publications.		/st/	104	
A E N X D P	23 Other expenses (attach schedule)		18/	1 2 2 3 1 1 1	
E	SEE STATEMENT 3	419.	/ /		419.
N S	24 Total operating and administrative		· ·	The second second	
E S	expenses. Add lines 13 through 23	9,305.			419.
25 Contributions, gifts, grants paid PART XV			AND AND AND		
2	26 Total expenses and disbursements.			_	
<u>, </u>	Add lines 24 and 25	24,305.	many my y granter allowers to a common or	0.	0. 15,419.
出	27 Subtract line 26 from line 12: a Excess of revenue over expenses	30 30 22			
2	a Excess of revenue over expenses and disbursements	75,695.			
CAMMED	b Net investment income (if negative, enter -0-)		Acres Adam 1886 - STONE	0	727 (181 C 181 C
\ddot{c}	C Adjusted net income (if negative, enter -0-)		HAR PAR LEGAL	- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	0.

Dar	E'H'	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only	 Beginning of year 	End o	f year
,F, ali	r. ás 🐪	palatice Silects	(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest	-bearing		75,695.	75,695.
	2	Savings and tempora	ary cash investments			
	3	Accounts receivable	▶	- MARTINE & AMOUNT	WAR STATE	10 Sept. 10
		Less: allowance for	doubtful accounts			
	4	Pledges receivable	·	The state of the s	CASS AREAS AND	
		Less: allowance for	doubtful accounts			
	5	Grants receivable				
	6	Receivables due from offic	ers, directors, trustees, and other ch schedule) (see instructions)		-	
	7	Other notes and loans rec				
Α	′	Less: allowance for	· · · · · · · · · · · · · · · · · · ·			
S	8	Inventories for sale				
E	l .					
ASSETS	9	Prepaid expenses ar				
5		obligations (attach s				
	l	Investments — corporate	•			
	c	: Investments — corporate	bonds (attach schedule)			
	11	Investments - land, equipment basis	buildings, and			
		Less: accumulated deprec (attach schedule)	nation			,
	12	Investments - morte	gage loans.			
	13	Investments - other	(attach schedule)			
	14	Land, buildings, and	equipment basis			72. 32.
		Less: accumulated deprec (attach schedule)	nation •	2000 Marie M		al securities and a remainistration of a model of the size and definition of
	15 16		be >) completed by all filers)			
	'`	see the instructions	Also, see page 1, item I).	0.	75,695.	75,695.
Ļ	17	Accounts payable ar	nd accrued expenses		·	CE TELEVISION
A	18	Grants payable				
B	19	Deferred revenue				
ł	20	Loans from officers, direc	tors, trustees, & other disqualified persons			
Ĩ	21	Mortgages and other notes	s payable (attach schedule)			
Ţ	22	Other liabilities (des	cribe ►)			
Ė					_	
<u> </u>	23	Total liabilities (add	····	0.	0.	
	<u> </u>		llow SFAS 117, check here X 24 through 26 and lines 30 and 31.	·		
ΝF	24	Unrestricted			75,695.	
N F E U T N	25	Temporarily restricted	ed			
D	26	Permanently restrict	ed	_		
A S B S A	•	Foundations that do and complete lines	o not follow SFAS 117, check here P			
EL	27		orincipal, or current funds			对 注:"
	28		or land, bidg., and equipment fund			
O E R S	29	= :	ulated income, endowment, or other funds			
RS	30		und balances (see instructions)	0.	75,695.	
	31	(see instructions)	net assets/fund balances	0.	75,695.	
Par			ges in Net Assets or Fund Balanc		737033.	R THERE'S THEFT THE STATE STATES
	Total	net assets or fund b	alances at beginning of year - Part II. colu			
_		• •	d on prior year's return)		1	0.
_		r amount from Part I,			2	75,695.
3		increases not included in li	ne 2 (itemize).			
4		lines 1, 2, and 3			4	75,695.
5		ases not included in line 2 (
6	lotal	net assets or fund b	alances at end of year (line 4 minus line 5)) - Part II, column (b),	line 30 6	75,695.

(a) List and descr	d Losses for Tax on Investment the the kind(s) of property sold (e.g., r buse, or common stock, 200 shares ML	eal estate.	(b) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1a N/A			-		
b					
C					
d					
e					
(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other ba	SIS	(h) Gain or	(loss)
(c) Gross saids price	(or allowable)	plus expense of sa		(e) plus (f) n	
a					
b					
С					
d					
е					
Complete only for assets sh	owing gain in column (h) and owned b	y the foundation on 12/31	/69	(I) Gains (Col	umn (h)
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a		ain minus column (l an -0-) or Losses (f	k), but not less
a					_
b					
c	· · · · · ·	1.1			
d			-		
e					
2 Capital gain net income or (enter in Part I, line 7	_		
3.	or (loss) as defined in sections 1222(5	er -0- in Part I, line 7) and (6):	2		
If gain, also enter in Part I,	line 8, column (c) (see instructions) If		- a		
in Part I, line 8	1 Cti 40.40(-) (Dd	Not love out			
	der Section 4940(e) for Reduce e foundations subject to the section 4940			N/A	
	e this part blank. section 4942 tax on the distributable a qualify under section 4940(e) Do not c		pase period?	Yes	☐ No
 Enter the appropriate amount 	in each column for each year; see the ins	structions before making any	entries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as:	sets (col	(d) Distribution umn (b) divided	
2013		-			
2012					
2011				 	
2010					
2009					
2003					
2 Total of line 1, column (d).			2		
• • • • • • • • • • • • • • • • • • • •		otal an line O Surff et l			
	r the 5-year base period — divide the t tion has been in existence if less than		ne <u>3</u>		
4 Enter the net value of noncl	naritable-use assets for 2014 from Par	t X, line 5	4		
5 Multiply line 4 by line 3			5		
	income (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		
8 Enter qualifying distributions	s from Part XII, line 4		8		
If line 8 is equal to or greater	than line 7, check the box in Part VI, line	1b, and complete that part	using a 1% tax i	ate See the	-

	foundation managers ►\$ 0.	R.M		
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
4 a	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		X
t	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	4 b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
6	If 'Yes,' attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or			
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? 	6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	Х	
8 8	Enter the states to which the foundation reports or with which it is registered (see instructions) CT			
I	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	8 b	Х	M. 34
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9	X	
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses SEE STATEMENT 4.	10	Х	
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	n 990-PF (2014) DOOLITTLE FAMILY FOUNDATION INC.	46-	520937	3	Р	age 5
Pai	CVIPA Statements Regarding Activities (continued)					
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes', attach schedule (see instructions)			11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified persiadvisory privileges? If 'Yes,' attach statement (see instructions)	on had		12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption Website address N/A	applicat	tion?	13	Χ	
14	The books are in care of ► PATTY GIANNATTASIO Telephone	no F	860 90	18-7	 575	
	Located at ► 109 SCOTT ROAD EAST LYME CT ZIP + 4 ►	063	33			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			Ŋ/Ā		
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 1	15			N/A
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority obank, securities, or other financial account in a foreign country?	over a	!	16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 enter the name of the foreign country	1) If 'Ye	es,'			
Pa	rt 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
1 :	a 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	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	XNo			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes	X			
-	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	Yes	XNo	7.77.47		
	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)	?	 1	1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here	•		3		
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?			1 c	er e	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))					ă.
	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?	Yes	XNo			
	If 'Yes,' list the years ► 20 , 20 , 20 , 20					
	h Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942)	(a)(2) (a)(2) to		2 b	N	/2
	all years listed, answer 'No' and attach statement — see instructions). c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years	nere		20	E: SE	
	► 20 , 20 , 20 , 20 ,	icic				
_						
	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No			
	b If 'Yes,' did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approve by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014)	d		3 b	N	/A
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4 a		Х
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?			4 b		X
RΛ			Fo	rm 99	O-PE	

Form 990-PF (2014) DOOLITTLE FAMILY F			46-520)9373 Page 6				
Part VII-B Statements Regarding Activiti		4720 May Be Req	uired (continued)					
5 a During the year did the foundation pay or incu			n. a					
(1)-Carry on propaganda, or otherwise attemp	t to influence legislation	n (section 4945(e))?	∐ Yes X	No Sala				
(2) Influence the outcome of any specific publ on, directly or indirectly, any voter registra	tion drive?			No				
(3) Provide a grant to an individual for travel, study, or other similar purposes?								
(4) Provide a grant to an organization other the in section 4945(d)(4)(A)? (see instructions	an a charitable, etc, or)	ganization described	Yes X	No S				
(5) Provide for any purpose other than religion educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes X	No				
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53.4945 or in (see instructions)?	he transactions fail to a a current notice regard	qualify under the excep ding disaster assistance	tions .	5b N/A				
Organizations relying on a current notice regard	ding disaster assistant	ce check here	▶ [
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure respons	sibility for the grant?		N/A Yes	No				
If 'Yes,' attach the statement required by Regu		• •						
6 a Did the foundation, during the year, receive ar on a personal benefit contract?			Yes X	No 6b X				
b Did the foundation, during the year, pay premi If 'Yes' to 6b, file Form 8870	ums, affectly of maired	ally, on a personal bene	iii contract?	6b X				
7 a At any time during the tax year, was the found	lation a narty to a prob	ihited tax shelter transa	action? Yes X	No				
b If 'Yes,' did the foundation receive any procee				I/A 7b				
Part VIII Information About Officers, Di								
and Contractors	, .							
1 List all officers, directors, trustees, foundation	n managers and their o	compensation (see inst	ructions).					
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances				
JOHN C. DOOLITTLE 31 POND ST	PRESIDENT 0	0.	0.	0				
MILFORD, CT 06460								
ANN DOOLITTLE	SEC/TRES	0.	0.	0				
31 POND ST	0							
MILFORD, CT 06460								
		,						
		,						
2 Compensation of five highest-paid employees (or	her than those included	on line 1 — see instructio	ns) If none enter 'NONE					
(a) Name and address of each employee	(b) Title, and average	(c) Compensation	(d)Contributions to	(e) Expense account.				
paid more than \$50,000	hours per week devoted to position	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	employee benefit plans and deferred	other allowances				
NONE			compensation	 				
			<u> </u>					
	 	-						
		-						
		<u> </u>						
Total number of other employees paid over \$50,000	ם		<u> </u>	<u> </u>				
BAA	TEEA0306L 0	06/17/14		Form 990-PF (2014)				

Part IIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
	
	
Total number of others receiving over \$50,000 for professional services .	0
Part IX-A Summary of Direct Charitable Activities	
	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE STATEMENT 5	
	_
	15,419.
2	-
	-
3	
	_
4	_
	-
	<u> </u>
Part XB Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
N/A	_
2	
²	-
	-
All other program-related investments. See instructions.	<u> </u>
3	
	_
	
Total. Add lines 1 tillough 5	0.
BAA	Form 990-PF (2014)

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Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes a Average monthly fair market value of securities. 1 a b Average of monthly cash balances 1 b 92,920 c Fair market value of all other assets (see instructions) 1 c 1 d d Total (add lines 1a, b, and c) 92,920 e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1 e 0 2 Acquisition indebtedness applicable to line 1 assets 2 3 920 3 Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1-1/2% of line 3 1,394. (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. 91,526. SHORT YEAR MODIFIED PERCENTAGE 3.7671 % Minimum investment return. Enter 5% of line 5 6 3,448. Part XIII 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 2 a Tax on investment income for 2014 from Part VI, line 5 2 a b Income tax for 2014 (This does not include the tax from Part VI) 2 b 20 c Add lines 2a and 2b 3 3 Distributable amount before adjustments. Subtract line 2c from line 1 4 Recoveries of amounts treated as qualifying distributions 5 Add lines 3 and 4 6 Deduction from distributable amount (see instructions) 7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 Part XII Qualifying Distributions (see instructions) £0 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 1 a 15,419. b Program-related investments - total from Part IX-B 1 b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes 2 3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required) 3 a 3 b **b** Cash distribution test (attach the required schedule) 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 15,419 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income 5 Enter 1% of Part I, line 27b (see instructions) 6 15,419. 6 Adjusted qualifying distributions. Subtract line 5 from line 4

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.

Form 990-PF (2014)

Pär	t XIII Undistributed Income (see ınstr	ructions)	N/A		
	•	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1	Distributable amount for 2014 from Part XI, line 7				
	Undistributed income, if any, as of the end of 2014:				
	Enter amount for 2013 only			1/AP - / 1/8 44 5 1 8 3 48 4 4 9	
b	Total for prior years: 20, 20, 20		A PARTICULAR WASHINGTON TOWN OF WAY AN ARE SHOWN		
3	Excess distributions carryover, if any, to 2014				
	From 2009				
_	From 2010				
_	From 2011				
_	From 2012				
	From 2013				
	Total of lines 3a through e	C 88278 C C 888.8 C 8 C C C C C C C C C C C C	AND THE PROPERTY OF THE PROPER		
4	Qualifying distributions for 2014 from Part				
_	XII, line 4 > \$				
	Applied to 2013, but not more than line 2a	Property Carty Carty Carty	/ CAY/20/4/12 + 2000 PET(ALT)288	Sizerrani aras dare d	
b	Applied to undistributed income of prior years (Election required – see instructions)		The second secon		
c	: Treated as distributions out of corpus (Election required — see instructions)				
d	Applied to 2014 distributable amount		A familia de la companya della companya de la companya de la companya della companya de la companya de la companya de la companya de la companya della companya della companya de la companya della compa		
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2014				
	(If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as				
	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e Subtract line 5				
	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				
е	Undistributed income for 2013. Subtract line 4a from line 2a Taxable amount — see instructions			The State of the S	
f	Undistributed income for 2014 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2015.				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)				
8	Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
	Excess from 2010				经基础的
t	Excess from 2011				
	Excess from 2012				
c	Excess from 2013				
ε	Excess from 2014				

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors.

c Any submission deadlines

BAA

Recipient	If recipient is an individual, show any relationship to any foundation manager or	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient	Contribution	
a Paid during the year TEAM IMPACT 3 BATTERYMARCH PARK 5TH FL QUINCY, MA 02169	NONE		TO IMPROVE THE QUALITY OF LIFE FOR CHILDREN FACING LIFE-THREATENING AND CHRONIC ILLNESSES THROUGH SPORTS PARTICIPATION.	10,000
GUIDING EYES FOR THE BLIND 611 GRANITE SPRINGS ROAD YORKTOWN HEIGHTS, NY 10598	NONE		PROVIDE TRAINING FOR GUIDE DOGS FOR PEOPLE WHO ARE BLIND, VISUALLY IMPAIRED, OR ON THE AUTISM SPECTRUM.	5,000
Total			► 3a	15,000
b Approved for future payment Total			► 3b	

Part-XVI-A				
	Amalyaia	at Incomo	Droducina	. A ctiv /itio/
にてはいたへいに自然し	Anaiveic	. OI INCOME		AUIIVIIIES

g. 00.	s amounts unless otherwise indicated	Unrelated business income			d by section 512, 513, or 514	(e)	
•		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions.)	
_	ram service revenue			code		,	
å		<u> </u>		ļ			
b				-			
_с				 			
e							
f —							
a Fees	and contracts from government agencies	-		<u> </u>			
_	bership dues and assessments						
3 Interes	st on savings and temporary cash investments						
4 Divid	lends and interest from securities						
5 Net re	rental income or (loss) from real estate	j Care	Profession of the		Programme and the second	ENDING PRESENT	
a Debt-	-financed property						
	debt-financed property						
	ental income or (loss) from personal property						
-	er investment income						
	or (loss) from sales of assets other than inventory						
	income or (loss) from special events.						
	s profit or (loss) from sales of inventory		The transfer of the transfer o	200 1 22		Transfer Commence of the Automotive Commence of the Commence o	
	er revenue:					32 527 555 746 57 1/4	
a		 	<u> </u>	-			
_		+		1			
ر ط							
e		+					
	otal Add columns (b), (d), and (e)			25 9 E			
	I. Add line 12, columns (b), (d), and (e)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Shark In James	13	0	
	sheet in line 13 instructions to verify calculat	ions)					
art XVI	-B Relationship of Activities to th	e Accompl	ishment of Exemp	t Purp	oses		
Line No. ▼	Explain below how each activity for which accomplishment of the foundation's exemp	ncome is rep	orted in column (e) of F ther than by providing f	Part XVI- funds for	-A contributed important such purposes). (See	tly to the	
						·	
	decomposition of the realization of exemp						
N/A	accomplishment of the realisation of exemp		-		•		
	accomplishment of the realisation's exemp						
	accomplishment of the realisation's exemp						
				-			
				-			
·							

Part XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

				***************************************				National States and St
d€	escribe	organization direct d in section 501(c to political organiz	:) of the Code (c	engage in any of the following other than section 501(c)(3) or	with any o ganizations	ther organizations) or in section !	n 527,	Yes No
a Tr	ransfer	s from the reporti	ng foundation to	a noncharitable exempt orga	nızatıon of			
(1) Cash	ı						1 a (1) X
(2) Othe	r assets						1 a (2) X
b O	ther tra	insactions.						
(1) Sale	s of assets to a n	oncharitable exe	empt organization				1 b (1) X
(2) Purc	hases of assets fr	rom a noncharit	able exempt organization				1 b (2) X
(3) Rent	al of facilities, equ	uipment, or othe	er assets				1 b (3) X
(4) Rein	nbursement arrang	gements					1 b (4) X
•	•	is or loan guarant		`				1 b (5) X
•	•			nip or fundraising solicitations				1 b (6) X
c SI	harıng	of facilities, equip	ment, mailing li	sts, other assets, or paid emp	loyees			1 c X
d If th	the and e goods	swer to any of the	e above is 'Yes,' services given by	complete the following sched the reporting foundation. If the is show in column (d) the value of	lule Colum foundation re	n (b) should alw eceived less than s. other assets	yays show the fa of fair market value or services rece	ור market value of פּ וח ועפל
(a) Line		(b) Amount involved		of noncharitable exempt organization		 -		and sharing arrangements
N/A		(2)				,		
								
-			 					
*								
						·		
d€	escribe	indation directly or d in section 501(c	c) of the Code (d	d with, or related to, one or more of the than section 501(c)(3)) of	e tax-exemp r in section	ot organizations n 527?		Yes X No
		Name of organiz		(b) Type of organizat	uon	(c) Description of	relationship
N/A	(u)	Traine of organiza		(b) Type of organization		1	, Doson priori or	· Cictions inp
14/11				1	-			
						 		
								-
					· — ·			
	Under p	enalties of perjury, I de	are that I have exam	nined this return, including accompanying	g schedules ar	nd statements, and to	the best of my knowl	edge and belief, it is true,
Sign	correct,	and complete Declarat	of preparer (other	than taxpayer) is based on all informat	ion of which pr	eparer has any know	ledge	May the IDS discuss
Here				1/22/	,s-			May the IRS discuss this return with the
11010	_			6/21/		PRESIDENT		preparer shown below (see instructions)?
	Signa	ture of officer or trustee		Date '		itte		X Yes No
	(Print/Type preparer's		Preparer's signature	·A-	Date		PTIN
Paid		NICHOLAS L	<u>EWITZ JR C</u>		Sport	1//6/1	self-employed	P01320056
Prepa	rer	Firm's name		LOSTE WOLLACK RAYNE	1	ROUX LLC	Firm's EiN > 06	-1533072
Use 0	nly	Firm's address	36 ELM ST				-	
			OLD SAYBRO	OOK, CT 06475			Phone no (8	60) 388-4451
BAA								Form 990-PF (2014)

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF

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

OMB No 1545-0047

2014

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of the organization		Employer identification number
DOOLITTLE FAMILY FOUNDA	46-5209373	
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	\square 501(c)() (enter number) o	rganization
	4947(a)(1) nonexempt charitable	trust not treated as a private foundation
	527 political organization	•
Form 990-PF	X 501(c)(3) exempt private foundate	tion
	4947(a)(1) nonexempt charitable	trust treated as a private foundation
	501(c)(3) taxable private foundat	tion
Check if your organization is covered	i by the General Rule or a Special Rule	
Note. Only a section 501(c)(7), (8), c	or (10) organization can check boxes for both the	e General Rule and a Special Rule See instructions
General Rule		
[X] For an organization filing Form 9 property) from any one contribute	90, 990-EZ, or 990-PF that received, during the or Complete Parts I and II. See instructions for	year, contributions totaling \$5,000 or more (in money or determining a contributor's total contributions.
Special Rules		
under sections 509(a)(1) and 170(b	section 501(c)(3) filing Form 990 or 990-EZ that)(1)(A)(vi), that checked Schedule A (Form 990 or 9 or, during the year, total contributions of the grean) Form 990-EZ, line 1 Complete Parts I and II	met the 33-1/3% support test of the regulations 190-EZ), Part II, line 13, 16a, or 16b, and that atter of (1) \$5,000 or (2) 2% of the amount on (i)
during the year, total contribution	section 501(c)(7), (8), or (10) filing Form 990 or ns of more than \$1,000 <i>exclusively</i> for religious, if cruelty to children or animals. Complete Parts	charitable, scientific, literary, or educational
during the year, contributions ex \$1,000. If this box is checked, er charitable, etc., purpose Do not	section 501(c)(7), (8), or (10) filing Form 990 or clusively for religious, charitable, etc., purposes, her here the total contributions that were receive complete any of the parts unless the General R us, charitable, etc., contributions totaling \$5,000	but no such contributions totaled more than ed during the year for an <i>exclusively</i> religious, ule applies to this organization bec <u>a</u> use
990-PF), but it must answer 'No' on	covered by the General Rule and/or the Special Part IV, line 2, of its Form 990; or check the bo	Rules does not file Schedule B (Form 990, 990-EZ, or x on line H of its Form 990-EZ or on its Form 990-PF, Form 990, 990-FZ, or 990-PF)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

1 of

of Part 1

Name of organization
DOOLITTLE • FAMILY FOUNDATION INC.

Employer identification number 46-5209373

Part	Contributors (see instructions) Use duplicate copies of Part I if additional space	is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	JOHN C. DOOLITTLE 31 POND ST MILFORD, CT 06460	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		•	Person

		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

(a) Number (b) Name, address, and ZIP + 4 Noncash

(c) Total contributions (Complete Part II for noncash contributions)

(d) Type of contribution

1 to

1 of Part II

Name of organization

DOOLITTLE FAMILY FOUNDATION INC.

46-5209373

Employer identification number

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
BAA	Scher	 dule B (Form 990, 990-EZ, c	r 990-PF) (2014)

Employer identification number

DOOLITTLE FAMILY FOUNDATION INC.

46-5209373

Part III	Exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional	he year from any one contributor. ompleting Part III, enter the total of e (Enter this information once See ins	exclusively religious, charitable, etc , structions.) • \$ N/A
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to tra			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	Description of how gift is held
	Transferee's name, addres	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
BAA		TEEA0704L 11/13/14	Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

2014	FEDERAL STATEMENTS			
· 	OOOLITTLE FAMILY FOUNDATION INC.	46-5209373		
STATEMENT 1 FORM 990-PF, PART I, LINE 16A LEGAL FEES				
LEGAL	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED NET INCOME \$ 3,086. TOTAL \$ 3,086. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES \$ 0.		
STATEMENT 2 FORM 990-PF, PART I, LINE 16C OTHER PROFESSIONAL FEES		٠٠٠		
ADMINISTRATIVE	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME \$ 5,800. \$ 5,800. \$ 0.	(D) CHARITABLE PURPOSES \$ 0.		
STATEMENT 3 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES				
OFFICE SUPPLIES & EXPENSES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME TOTAL \$ 419. \$ 0. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES \$ 419. \$ 419.		
STATEMENT 4 FORM 990-PF, PART VII-A, LINE 10 SUBSTANTIAL CONTRIBUTORS DURING THE TAX YEAR				
NAME OF SUBSTANTIAL CONTRIB	UTOR ADDRESS OF SUBSTANTIAL CONTRIB	UTOR		
JOHN C. DOOLITTLE	31 POND STREET MILFORD, CT 06460			
	•			

2014

FEDERAL STATEMENTS

PAGE 2

DOOLITTLE FAMILY FOUNDATION INC.

46-5209373

STATEMENT 5 FORM 990-PF, PART IX-A, LINE 1 SUMMARY OF DIRECT CHARITABLE ACTIVITIES

DIRECT CHARITABLE ACTIVITIES

EXPENSES

THE DOOLITTLE FAMILY FOUNDATION SEEKS TO FUND ORGANIZATIONS FOR EDUCATION, HEALTH, RELIGIOUS AND CHARITABLE PURPOSES. A SPECIAL EMPHASIS IS PLACED ON PROGRAMS THAT SUPPORT THE NEEDS OF THOSE INDIVIDUALS IMPACTED BY LIFE ALTERING OR LIFE THREATENING DISEASE OR CIRCUMSTANCE. IN ADDITION, THE FOUNDATION SEEKS TO SUPPORT NOT FOR PROFIT ORGANIZATIONS THAT PROVIDE INTENTIONAL CHARACTER DEVELOPMENT TRAINING FOR ATHLETES THROUGH SPORT.

\$ 15,419.

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

►Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

► X

• If you ar	e filing for an Additional (Not Automatic) 3-Mont	h Extensior	n, complete only Part II (on page 2 of the	ıs form).	
Do not com	plete Part II unless you have already been grante	d an autom	atic 3-month extension on a previously f	filed Form 8868.	
corporation request an ex Associated \	ling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not dension of time to file any of the forms listed in Part With Certain Personal Benefit Contracts, which ming of this form, visit www.irs.gov/efile and click of	automatic) I or Part II w ust be sent	3-month extension of time You can ele with the exception of Form 8870, Information to the IRS in paper format (see instruct	ectronically file Foi Return for Transfe	m 8868 to rs
Part I	Automatic 3-Month Extension of Time.	Only sub	omit original (no copies needed).		
A corporatio	n required to file Form 990-T and requesting an a	utomatic 6	-month extension - check this box and	complete Part I or	nly 🕨 🗌
All other cor		REMICs, ar	nd trusts must use Form 7004 to request Enter filer's identi	fying number, see	instructions
Type or print	or			Employer identification 46-5209373	
File by the	Number, street, and room or suite number If a P O box, see in	structions		Social security number	r (SSN)
due date for filing your	31 POND STREET City, town or post office, state, and ZIP code For a foreign additional content of the code of the	roce coo inetru	dune	<u></u>	
return See instructions		ress, see msuu	ctions		
	MILFORD, CT 06460				
Enter the Re	eturn code for the return that this application is fo	r (file a sep	parate application for each return)		04
Application Is For		Return Code	Application Is For		Return Code
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-B	L	02	Form 1041-A		08
Form 4720 (ı	ndıvıdual)	03	Form 4720 (other than individual)		09
Form 990-P	·	04	Form 5227		10
	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	(trust other than above)	06	Form 8870		12
Telephor If the or If this is check the	nsion is for.	Fax No siness in th digit Group theck this b	e United States, check this box Exemption Number (GEN) . If ox and attach a list with the na	f this is for the wh imes and EINs of	•
until The ex ► [X 2 If the	est an automatic 3-month (6 months for a corporation 8/15, 20 15 _, to file the exempt organization is for the organization is return for calendar year 20 or tax year beginning4/01, 20 14 tax year entered in line 1 is for less than 12 months angle in accounting period	anization re	turn for the organization named above $\frac{12/31}{2} = \frac{12}{2} = \frac{14}{2} = \frac{1}{2}$	nal return	
nonre	application is for Forms 990-BL, 990-PF, 990-T, 4 fundable credits. See instructions			3 a \$	0.
tax pa	application is for Forms 990-PF, 990-T, 4720, or syments made. Include any prior year overpayments	nt allowed a	is a credit	3 b \$	0.
c Balan EFTPS	ce due. Subtract line 3b from line 3a. Include you S (Electronic Federal Tax Payment System). See	r payment v instructions	with this form, if required, by using	3 c \$	0.