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Form 990-PF		Return of Private Foundation				OMB No 1545-0052		
Department of the Treasury Internal Revenue Service		or Section 4947(a)(1) Trust Treated as Private Foundation				2016		
		Do not enter social security numbers on this form as it may be made public. Information about Form 990-PF and its instructions is at www.irs.gov/form990pf .				Open to Public Inspection		
For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016								
Name of foundation THE DOOLITTLE HOME INC					A Employer identification number 04-2103763			
Number and street (or P O box number if mail is not delivered to street address) 16 BIRD STREET			Room/suite		B Telephone number (see instructions) (508) 543-2694			
City or town, state or province, country, and ZIP or foreign postal code FOXBOROUGH, MA 020352360					C If exemption application is pending, check here			
G Check all that apply Initial return Final return Address change					D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation			
H Check type of organization Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation					E If private foundation status was terminated under section 507(b)(1)(A), check here			
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 2,762,585			J Accounting method Cash Other (specify) (Part I, column (d) must be on cash basis)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here			
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))					(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)	60,972					
	2	Check if the foundation is not required to attach Sch B						
	3	Interest on savings and temporary cash investments						
	4	Dividends and interest from securities	50,874	50,874	50,874			
	5a	Gross rents						
	b	Net rental income or (loss)						
	6a	Net gain or (loss) from sale of assets not on line 10	12,925					
	b	Gross sales price for all assets on line 6a						
	7	Capital gain net income (from Part IV, line 2)		12,925				
	8	Net short-term capital gain			0			
	9	Income modifications						
	10a	Gross sales less returns and allowances						
Operating and Administrative Expenses	b	Less Cost of goods sold						
	c	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)	2,654,357	4,046	2,654,357			
	12	Total. Add lines 1 through 11	2,779,128	67,845	2,705,231			
	13	Compensation of officers, directors, trustees, etc	0	0	0	0		
	14	Other employee salaries and wages	1,029,718	0	801,040	228,678		
	15	Pension plans, employee benefits	67,845	0	52,778	15,067		
	16a	Legal fees (attach schedule)						
	b	Accounting fees (attach schedule)	22,113	0	17,202	4,911		
	c	Other professional fees (attach schedule)	9,421	0	7,329	2,092		
	17	Interest	24,044	0	18,704	5,340		
	18	Taxes (attach schedule) (see instructions)	86,020	0	66,917	19,103		
	19	Depreciation (attach schedule) and depletion	99,878	0	99,878			
	20	Occupancy	192,291	0	149,587	42,704		
	21	Travel, conferences, and meetings						
	22	Printing and publications						
23	Other expenses (attach schedule)	319,577	0	248,605	70,972			
24	Total operating and administrative expenses. Add lines 13 through 23	1,850,907	0	1,462,040	388,867			
25	Contributions, gifts, grants paid	0			0			
26	Total expenses and disbursements. Add lines 24 and 25	1,850,907	0	1,462,040	388,867			
	27	Subtract line 26 from line 12						
	a	Excess of revenue over expenses and disbursements	928,221					
	b	Net investment income (if negative, enter -0-)		67,845				
	c	Adjusted net income (if negative, enter -0-)			1,243,191			
For Paperwork Reduction Act Notice, see instructions.					Cat No 11289X		Form 990-PF (2016)	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	117,560	130,122	130,121
	2 Savings and temporary cash investments	10,041	9,398	9,398
	3 Accounts receivable ▶ <u>37,543</u>			
	Less allowance for doubtful accounts ▶ _____	16,666	37,543	37,543
	4 Pledges receivable ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____			
	Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	13,421	12,146	12,146
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	24,528	34,047	34,047
	c Investments—corporate bonds (attach schedule)			
	Liabilities	11 Investments—land, buildings, and equipment basis ▶ _____		
Less accumulated depreciation (attach schedule) ▶ _____				
12 Investments—mortgage loans				
13 Investments—other (attach schedule)		1,484,353	1,592,200	1,592,200
14 Land, buildings, and equipment basis ▶ <u>2,296,686</u>				
Less accumulated depreciation (attach schedule) ▶ <u>1,349,556</u>		947,461	947,130	947,130
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)		2,614,030	2,762,586	2,762,585
17 Accounts payable and accrued expenses		27,311	46,879	
18 Grants payable				
Net Assets or Fund Balances	19 Deferred revenue	955,149	748,268	
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)	418,962	243,771	
	22 Other liabilities (describe ▶ _____)	834,737	312,726	
	23 Total liabilities (add lines 17 through 22)	2,236,159	1,351,644	
	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	359,364	1,392,725	
25 Temporarily restricted	18,507	18,217		
26 Permanently restricted				
Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.				
27 Capital stock, trust principal, or current funds				
28 Paid-in or capital surplus, or land, bldg , and equipment fund				
29 Retained earnings, accumulated income, endowment, or other funds				
30 Total net assets or fund balances (see instructions)	377,871	1,410,942		
31 Total liabilities and net assets/fund balances (see instructions) .	2,614,030	2,762,586		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	377,871
2 Enter amount from Part I, line 27a	2	928,221
3 Other increases not included in line 2 (itemize) ▶ _____	3	104,850
4 Add lines 1, 2, and 3	4	1,410,942
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	1,410,942

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1 a EDWARD JONES XXX2015	P		
b EDWARD JONES XXX2015	P		
c CAPITAL GAINS DIVIDENDS	P		
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 1,197		1,402	-205
b 12,260		12,341	-81
c 13,211			13,211
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			-205
b			-81
c			13,211
d			
e			

2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }	2	12,925
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	-205

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	531,171	2,120,814	0.250456
2014	487,795	2,549,067	0.191362
2013	403,420	3,412,070	0.118233
2012	374,623	2,525,009	0.148365
2011	365,172	2,561,055	0.142587

2 Total of line 1, column (d)	2	0.851003
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.170201
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	1,675,608
5 Multiply line 4 by line 3	5	285,190
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	678
7 Add lines 5 and 6	7	285,868
8 Enter qualifying distributions from Part XII, line 4	8	388,867

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	678
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2.	3	678
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	678
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	1,400
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	1,400
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	722
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ 722 Refunded ▶	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
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? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
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? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	No
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MA _____		
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? <i>If "No," attach explanation</i> .	8b	Yes
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)? <i>If "Yes," complete Part XIV</i>	9	Yes
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► WWW DOOLITTLEHOME ORG	13	Yes	
14	The books are in care of ► LINDA HUNTER Telephone no ► (508) 543-2694			

Located at ► 16 BIRD STREET FOXBOROUGH MA ZIP+4 ► 02035

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here	<input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year	► 15		
16	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes," enter the name of the foreign country ►			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here.			
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 2016?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ► 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If "Yes," did it have excess business holdings in 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 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		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2016?	4b		No

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

5a During the year did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/> c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," attach the statement required by Regulations section 53.4945–5(d)	5b		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes" to 6b, file Form 8870	6b		No
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
LINDA HUNTER 16 BIRD STREET FOXBOROUGH, MA 02035	EXECUTIVE DIRECTOR 40 00	94,364	0	0
CHRISTINE KENT 16 BIRD STREET FOXBOROUGH, MA 02035	RN DIRECTOR 40 00	75,328	0	0
PHILIP COBB 16 BIRD STREET FOXBOROUGH, MA 02035	DIRECTOR OF BUILDING 40 00	52,126	0	0
LORI DITOMASO 16 BIRD STREET FOXBOROUGH, MA 02035	FOOD SERVICE SUPERVI 40 00	51,153	0	0
VIRGINA LEHR 16 BIRD STREET FOXBOROUGH, MA 02035	MARKETING DIRECTOR 40 00	50,433	0	0
Total number of other employees paid over \$50,000. ▶				0

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3

Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		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 ORGANIZATION PROVIDES HOUSING, HEALTH CARE AND OTHER RELATED SERVICES FOR THE ELDERLY THROUGH THE OPERATION OF A LIFE CARE RESIDENCE	0
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	1,567,564
b	Average of monthly cash balances.	1b	133,561
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,701,125
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	1,701,125
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	25,517
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,675,608
6	Minimum investment return. Enter 5% of line 5.	6	83,780

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	
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	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	388,867
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	388,867
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	678
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	388,189

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2016				
a From 2011.				
b From 2012.				
c From 2013.				
d From 2014.				
e From 2015.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ _____				
a Applied to 2015, 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 2016 distributable amount.				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2016 (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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2015 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				
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 2011 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2012.				
b Excess from 2013.				
c Excess from 2014.				
d Excess from 2015.				
e Excess from 2016.				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. ▶

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

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years			(e) Total	
(a) 2016	(b) 2015	(c) 2014	(d) 2013		
0				0	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed	388,867	532,549	490,245	405,033	1,816,694
d Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	0	0	0
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	388,867	532,549	490,245	405,033	1,816,694

3 Complete 3a, b, or c for the alternative test relied upon

a "Assets" alternative test—enter

(1) Value of all assets

(2) Value of assets qualifying under section 4942(j)(3)(B)(i)

b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.

55,853	70,694	84,969	113,736	325,252
--------	--------	--------	---------	---------

c "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)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).

(3) Largest amount of support from an exempt organization

(4) Gross investment income

Part XV Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

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

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Total			▶ 3a	0
b <i>Approved for future payment</i>				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a <u>RESIDENT SERVICE REVENUE</u>					2,164,367
b <u>LIFE CARE ADMISSIONS</u>					485,944
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities.			14	50,874	
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.			14	4,046	
8 Gain or (loss) from sales of assets other than inventory			14	12,925	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal Add columns (b), (d), and (e). .		0		67,845	2,650,311
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations)			13		2,718,156

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

Part XVII

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

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No
- b** If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

May the IRS discuss this return with the preparer shown below (see instr)? ☒ Yes ☐ No

Print/Type preparer's name JOSEPH M CAPLICE	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00810006
Firm's name ▶ STOWE & DEGON LLC				Firm's EIN ▶ 04-3379904
Firm's address ▶ 95A TURNPIKE ROAD WESTBOROUGH, MA 01581				Phone no (508) 983-6700

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JOANNE PRATT	FORMER PRESIDENT/TRUSTEE 2 00	0	0	0
16 BIRD STREET FOXBOROUGH, MA 02035				
MARIE CRIMMINS	TRUSTEE 1 00	0	0	0
16 BIRD STREET FOXBOROUGH, MA 02035				
JOSEPH PIGNATO CPA	TREASURER 2 00	0	0	0
16 BIRD STREET FOXBOROUGH, MA 02035				
EDWARD MCINTYRE ESQUIRE	CLERK 2 00	0	0	0
16 BIRD STREET FOXBOROUGH, MA 02035				
LINDA HUNTER	EXECUTIVE DIRECTOR 2 00	0	0	0
16 BIRD STREET FOXBOROUGH, MA 02035				
IQUBAL S DHALIWAL MD	EX OFFICIO 2 00	0	0	0
16 BIRD STREET FOXBOROUGH, MA 02035				
ALBERT DANIELS	TRUSTEE 1 00	0	0	0
16 BIRD STREET FOXBOROUGH, MA 02035				
NINA L DEWOLF	FORMER TRUSTEE 1 00	0	0	0
16 BIRD STREET FOXBOROUGH, MA 02035				
JAMES MILLER	FORMER TRUSTEE 1 00	0	0	0
16 BIRD STREET FOXBOROUGH, MA 02035				
ROBERT EDGAR	FORMER TRUSTEE 1 00	0	0	0
16 BIRD STREET FOXBOROUGH, MA 02035				
BETH FERENCIK	CURRENT PRESIDENT/TRUSTEE 2 00	0	0	0
16 BIRD STREET FOXBOROUGH, MA 02035				
CATHERINE HICKEY	VICE PRESIDENT 2 00	0	0	0
16 BIRD STREET FOXBOROUGH, MA 02035				
FRAN KLEINDIENST	TRUSTEE 1 00	0	0	0
16 BIRD STREET FOXBOROUGH, MA 02035				
FLORENCE SPILLANE ESQUIRE	TRUSTEE 1 00	0	0	0
16 BIRD STREET FOXBOROUGH, MA 02035				
JOSEPH P MCDONOUGH	TRUSTEE 1 00	0	0	0
16 BIRD STREET FOXBOROUGH, MA 02035				

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
MARY DAVIS	TRUSTEE 1 00	0	0	0
16 BIRD STREET FOXBOROUGH, MA 02035				
MICHAEL LINCOLN	TRUSTEE 1 00	0	0	0
16 BIRD STREET FOXBOROUGH, MA 02035				

TY 2016 Accounting Fees Schedule**Name:** THE DOOLITTLE HOME INC**EIN:** 04-2103763

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	22,113	0	17,202	4,911

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2016 Depreciation Schedule

Name: THE DOOLITTLE HOME INC

EIN: 04-2103763

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
LAND	2015-06-15	6,822		L	0 %	0	0	0	
OUTSIDE DRAINAGE	1999-01-01	330	281	SL	20 0000000000000	17	0	17	
PARKING LOT AND WALL, ETC	1999-01-01	40,813	34,691	SL	20 0000000000000	2,041	0	2,041	
FENCING	2002-01-01	13,600	13,600	SL	12 0000000000000	0	0	0	
RAILING TO KITCHEN STEPS	2003-01-01	2,320	1,508	SL	20 0000000000000	116	0	116	
5-6FT HEMLOCK, ETC	2004-01-01	1,905	1,143	SL	20 0000000000000	95	0	95	
3RD FLOOR EXPANSION	1994-01-01	38,954	38,954	SL	20 0000000000000	0	0	0	
SUNROOM	1994-01-01	4,746	4,746	SL	20 0000000000000	0	0	0	
2ND FLOOR REMODEL	1996-01-01	25,595	25,595	SL	20 0000000000000	0	0	0	
3RD FLOOR	1996-01-01	2,131	2,131	SL	20 0000000000000	0	0	0	
EXTERIOR ROOF	1997-01-01	13,600	12,920	SL	20 0000000000000	680	0	680	
2ND FLOOR BATH PLUMBING	1998-01-01	2,906	2,906	SL	15 0000000000000	0	0	0	
BATH #12 CARPENTRY	1998-01-01	4,665	4,665	SL	15 0000000000000	0	0	0	
ELECTRIC PANEL ON 2ND FLOOR	1998-01-01	744	744	SL	15 0000000000000	0	0	0	
SERVICE/KITCHEN REMODEL	1998-01-01	1,735	1,735	SL	15 0000000000000	0	0	0	
RICHARD DAVIS	1999-01-01	5,065	4,305	SL	20 0000000000000	253	0	253	
STAPLES COMMUNICATIONS	1999-01-01	1,596	1,596	SL	15 0000000000000	0	0	0	
DELTA ELEVATOR SERVICE	2000-01-01	11,300	9,040	SL	20 0000000000000	565	0	565	
CELLAR DOOR	2000-01-01	1,980	1,584	SL	20 0000000000000	99	0	99	
3RD FLOOR RENOVATIONS	2001-01-01	7,985	7,985	SL	15 0000000000000	0	0	0	

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
SPRINKLER OVERHAUL	2001-01-01	12,000	12,000	SL	15 0000000000000	0	0	0	
ROOF RESTORATION	2001-01-01	10,077	7,558	SL	20 0000000000000	504	0	504	
2ND FLOOR BATHROOM	2002-01-01	38,500	26,950	SL	20 0000000000000	1,925	0	1,925	
2ND FLOOR SPRINKLER INSTALL	2002-01-01	2,153	2,010	SL	15 0000000000000	144	0	143	
COMPLETE ROOF RESTORATION	2002-01-01	8,243	5,770	SL	20 0000000000000	412	0	412	
STORAGE ROOM IN BASEMENT	2003-01-01	1,470	956	SL	20 0000000000000	74	0	74	
2NF FLOOR BATHROOM INCOMPLETE	2003-01-01	13,405	8,713	SL	20 0000000000000	670	0	670	
2ND FLOOR NEW BATHROOM	2004-01-01	18,500	11,100	SL	20 0000000000000	925	0	925	
RICHARD DAVIS, CONTRACTOR	1999-01-01	1,067,241	604,770	SL	30 0000000000000	35,575	0	35,575	
BAKER ST ENTRANCE	2004-01-01	6,800	4,080	SL	20 0000000000000	340	0	340	
REPLACE BOILER	2004-01-01	20,500	8,200	SL	30 0000000000000	683	0	683	
MASONRY WORK	2004-01-01	18,900	11,340	SL	20 0000000000000	945	0	945	
NEW PRINTS OF OLD BUILDING	2004-01-01	280	168	SL	20 0000000000000	14	0	14	
REDECORATE PARLOR	2004-01-01	1,730	1,730	SL	10 0000000000000	0	0	0	
REPAIR ROOM 200	2004-01-01	2,669	2,669	SL	10 0000000000000	0	0	0	
SLATE ROOF REPAIR	2004-01-01	1,250	750	SL	20 0000000000000	63	0	63	
STEEL DOOR - ELEVATOR TOWER	2004-01-01	1,785	1,071	SL	20 0000000000000	89	0	89	
HEATING/AIR CONDITION UNITS	2005-01-01	1,138	1,138	SL	10 0000000000000	0	0	0	
REMODEL 3RD FLOOR FOR OFFICES	2005-01-01	5,089	2,799	SL	20 0000000000000	254	0	254	
REMODEL 2ND FLOOR ROOMS	2005-01-01	947	521	SL	20 0000000000000	47	0	47	

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
2ND FLOOR DECK REBUILDING	2005-01-01	903	903	SL	10 000000000000	0	0	0	
GUTTERS AND SNOW GUARDS	2005-01-01	7,800	4,290	SL	20 000000000000	390	0	390	
FIRE ALARM SYSTEM	2005-01-01	1,316	1,316	SL	10 000000000000	0	0	0	
WIRED 3RD FLOOR FOR OFFICE	2006-01-01	340	170	SL	20 000000000000	17	0	17	
OVERHAUL HEATING SYSTEM	2007-01-01	7,192	3,237	SL	20 000000000000	360	0	360	
FLOOR PLANS	2007-01-01	3,113	1,401	SL	20 000000000000	156	0	156	
BATHROOM 211 REMODELING	2007-01-01	15,396	6,928	SL	20 000000000000	770	0	770	
ROOFING REMODELING	2007-01-01	6,240	2,808	SL	20 000000000000	312	0	312	
MASONRY POINTING - ELEVATOR	2007-01-01	19,000	8,550	SL	20 000000000000	950	0	950	
STEAM BOILER REPLACEMENT	2008-01-01	6,729	2,692	SL	20 000000000000	336	0	336	
CARBON MONOXIDE DETECTORS	2008-01-01	4,411	3,529	SL	10 000000000000	441	0	441	
CARBON MONOXIDE CERTIFICATION	2008-01-01	1,406	1,125	SL	10 000000000000	141	0	141	
RELAY MODULES FOR CO	2008-01-01	2,783	2,226	SL	10 000000000000	278	0	278	
GAS VALVES INSTALLATION	2008-01-01	1,158	926	SL	10 000000000000	116	0	116	
2ND FLOOR BATH PAINT & WALLPAPER	2008-01-01	517	414	SL	10 000000000000	52	0	52	
REPLACE ROPES IN ELEVATOR SHAFT	2008-01-01	4,793	1,917	SL	20 000000000000	240	0	240	
DESIGN 2ND FLOOR BATHROOM	2008-01-01	1,551	620	SL	20 000000000000	78	0	78	
MAJOR REPAIRS TO SLATE ROOF	2009-01-01	28,680	20,076	SL	10 000000000000	2,868	0	2,868	
MAJOR BOILER REPAIRS	2009-01-01	8,632	6,042	SL	10 000000000000	863	0	863	
EXTERIOR MASONRY	2010-01-01	2,470	1,482	SL	10 000000000000	247	0	247	

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
REMODEL FOOD SERVICE BATHROOM	2010-01-01	327	196	SL	10 0000000000000	33	0	33	
STAFF BATHROOM UPDATE	2010-01-01	1,356	407	SL	20 0000000000000	68	0	68	
MAJOR OVERHAUL OF BOILER	2010-01-01	2,173	1,304	SL	10 0000000000000	217	0	217	
CIFM ROOFING REPAIR	2012-01-01	4,750	1,900	SL	10 0000000000000	475	0	475	
BOILER REPLACEMENT	2014-01-01	20,000	2,000	SL	20 0000000000000	1,000	0	1,000	
NURSING UNITS REPAIRS	2014-01-01	985	197	SL	10 0000000000000	99	0	99	
NEW CARPETS	2014-01-01	11,622	2,324	SL	10 0000000000000	1,162	0	1,162	
NURSING UNITS REPAIRS - HTC	2014-01-01	23,790	2,379	SL	20 0000000000000	1,190	0	1,190	
NURSING UNITS REPAIRS - WEBBER	2014-01-01	5,082	508	SL	20 0000000000000	254	0	254	
ELEVATOR REPAIR	2014-01-01	6,380	638	SL	20 0000000000000	319	0	319	
ROOF REPAIR	2014-01-01	10,184	1,018	SL	20 0000000000000	509	0	509	
BLACK HEATING & COOLING	2014-01-01	17,190	2,529	SL	20 0000000000000	860	0	860	
ROBERT A SCOTT, ARCHITECTS	1999-01-01	28,849	16,348	SL	30 0000000000000	962	0	962	
SPRINKLER	1999-01-01	49,210	27,886	SL	30 0000000000000	1,640	0	1,640	
PERMITS	1999-01-01	525	298	SL	30 0000000000000	18	0	18	
SURVEYING	1999-01-01	3,210	1,819	SL	30 0000000000000	107	0	107	
FIRE ALARM DESIGN	1999-01-01	6,719	3,808	SL	30 0000000000000	224	0	224	
INTERCOM SYSTEM	1999-01-01	7,678	6,526	SL	20 0000000000000	384	0	384	
PHONE SYSTEM	1999-01-01	967	967	SL	15 0000000000000	0	0	0	
FLOOR SEALING	1999-01-01	475	475	SL	15 0000000000000	0	0	0	

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
MISCELLANEOUS LIGHTING & FIXTURES	1999-01-01	1,039	883	SL	20 0000000000000	52	0	52	
FIRE EXTINGUISHERS	1999-01-01	294	250	SL	20 0000000000000	15	0	15	
S B E INC	1999-01-01	550	468	SL	20 0000000000000	28	0	28	
WIRING OFFICES	1999-01-01	1,061	902	SL	20 0000000000000	53	0	53	
SOUTH SHORE ENGINEERING	1999-01-01	705	400	SL	30 0000000000000	24	0	24	
KITCHEN EQUIPMENT	1995-01-01	23,113	23,113	SL	20 0000000000000	0	0	0	
DUMBWAITER	1995-01-01	19,307	19,307	SL	20 0000000000000	0	0	0	
OFFICE CREDENZAS	1999-01-01	1,023	1,023	SL	15 0000000000000	0	0	0	
BEDSIDE CABINETS/DRESSERS	1999-01-01	5,948	5,056	SL	20 0000000000000	297	0	297	
CURTAINS & BLINDS	1999-01-01	3,492	3,492	SL	10 0000000000000	0	0	0	
ARJO TUB	1999-01-01	9,524	8,096	SL	20 0000000000000	476	0	476	
DONATED PIANO	2002-01-01	7,500	4,200	SL	25 0000000000000	300	0	300	
FREEZER	2003-01-01	3,450	2,990	SL	15 0000000000000	230	0	230	
TELEPHONE SYSTEM	2003-01-01	10,776	9,339	SL	15 0000000000000	718	0	718	
3RD FLOOR WIRING FOR OFFICE	2004-01-01	755	604	SL	15 0000000000000	50	0	50	
COMPUTER EQUIPMENT - DEANNA	2004-01-01	910	910	SL	10 0000000000000	0	0	0	
RUGS & CARPETS	2004-01-01	4,024	4,024	SL	10 0000000000000	0	0	0	
NURSING COMPUTER & SOFTWARE	2004-01-01	1,455	1,455	SL	10 0000000000000	0	0	0	
FURNITURE & MATTRESS	2004-01-01	2,349	1,879	SL	15 0000000000000	157	0	157	
HOBART - ELECTRIC BOOSTER	2004-01-01	2,148	2,148	SL	10 0000000000000	0	0	0	

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
JANCO GARBAGE DISPOSAL	2004-01-01	1,445	1,445	SL	10 000000000000	0	0	0	
LAPTOP COMPUTER	2004-01-01	2,400	2,400	SL	10 000000000000	0	0	0	
REFURBISH 2ND FLOOR ROOMS	2005-01-01	2,154	2,154	SL	10 000000000000	0	0	0	
AIR CONDITIONERS	2005-01-01	1,285	1,285	SL	10 000000000000	0	0	0	
HALL & STAIR CARPET	2005-01-01	1,653	1,653	SL	10 000000000000	0	0	0	
MATTRESSES	2005-01-01	395	395	SL	10 000000000000	0	0	0	
OFFICE CARPET	2005-01-01	220	220	SL	10 000000000000	0	0	0	
FURNITURE	2005-01-01	207	207	SL	10 000000000000	0	0	0	
GERIATRIC MEDICAL EQUIPMENT	2005-01-01	1,465	1,465	SL	10 000000000000	0	0	0	
OFFICE COMPUTER & SOFTWARE	2006-01-01	1,860	1,860	SL	10 000000000000	0	0	0	
HOSPITAL BED	2006-01-01	550	550	SL	10 000000000000	0	0	0	
SECURITY CAMERAS	2006-01-01	8,400	4,200	SL	20 000000000000	420	0	420	
FIRE SUPPRESION SYSTEM	2006-01-01	2,775	1,388	SL	20 000000000000	139	0	139	
OUTSIDE KEY BOX	2006-01-01	228	114	SL	20 000000000000	11	0	11	
ALARM SYSTEM	2006-01-01	650	325	SL	20 000000000000	33	0	33	
VARIOUS FURNITURE AND ACCESS	2006-01-01	2,792	2,792	SL	10 000000000000	0	0	0	
HOBART FOOD MIXER	2006-01-01	4,030	2,015	SL	20 000000000000	202	0	202	
REDO MYRTLE'S ROOM	2006-01-01	1,688	1,688	SL	10 000000000000	0	0	0	
INTERCOM SYSTEM FOR DOORS	2006-01-01	920	460	SL	20 000000000000	46	0	46	
NURSING LIFT	2007-01-01	1,349	1,214	SL	10 000000000000	135	0	135	

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
KITCHEN SLICER	2007-01-01	1,620	1,458	SL	10 000000000000	162	0	162	
OXIMETER	2007-01-01	609	548	SL	10 000000000000	61	0	61	
KITCHEN STOVE & INSTALLATION	2007-01-01	8,036	7,233	SL	10 000000000000	804	0	803	
WASHING MACHINE	2007-01-01	4,904	4,414	SL	10 000000000000	490	0	490	
PLASMA TV	2007-01-01	2,100	1,890	SL	10 000000000000	210	0	210	
FLOOR BUFFER	2007-01-01	890	801	SL	10 000000000000	89	0	89	
COFFEE URN	2007-01-01	184	166	SL	10 000000000000	18	0	18	
REPLACE MOTOR IN HOYT DRYER	2007-01-01	581	523	SL	10 000000000000	58	0	58	
VACUUM CLEANER	2007-01-01	491	442	SL	10 000000000000	49	0	49	
VARIOUS MATTRESSES AND OTHER	2008-01-01	2,121	1,697	SL	10 000000000000	212	0	212	
VARIOUS TOILETS	2008-01-01	1,140	456	SL	20 000000000000	57	0	57	
LAUNDRY BASKETS	2008-01-01	313	313	SL	5 000000000000	0	0	0	
FREEZER & INSTALLATION	2008-01-01	4,131	1,652	SL	20 000000000000	207	0	207	
HUEBSCH GAS DRYER	2008-01-01	4,125	1,650	SL	20 000000000000	206	0	206	
CARPETING	2008-01-01	1,734	925	SL	15 000000000000	116	0	116	
DIGITAL SCALE FOR LIFT	2008-01-01	625	500	SL	10 000000000000	63	0	63	
ROUND TABLE FOR NURSE STATION	2008-01-01	920	368	SL	20 000000000000	46	0	46	
HI-LOW TABLE	2009-01-01	4,852	3,396	SL	10 000000000000	485	0	485	
HOT WATER MAKER	2009-01-01	5,635	3,945	SL	10 000000000000	564	0	564	
PAYROLL TIME & DATA TERMINAL	2009-01-01	2,090	1,463	SL	10 000000000000	209	0	209	

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
ICE MAKER	2009-01-01	1,889	1,322	SL	10 000000000000	189	0	189	
BEDROOM SETS	2009-01-01	1,793	1,255	SL	10 000000000000	179	0	179	
BATHROOM REMODELING	2009-01-01	349	245	SL	10 000000000000	35	0	35	
VARIOUS BEDROOM FURNITURE	2009-01-01	1,330	931	SL	10 000000000000	133	0	133	
TWO MATTRESSES	2009-01-01	756	529	SL	10 000000000000	76	0	76	
HEADBOARD & BED FRAME	2009-01-01	477	334	SL	10 000000000000	48	0	48	
VARIOUS BEDFRAMES, CHAIRS, CHESTS	2009-07-01	7,935	5,158	SL	10 000000000000	794	0	794	
RAISED FLOWER BED	2009-07-01	733	476	SL	10 000000000000	73	0	73	
MATTRESSES	2009-07-01	1,179	766	SL	10 000000000000	118	0	118	
BATHROOM VANITY	2009-07-01	316	205	SL	10 000000000000	32	0	32	
VARIOUS FURNITURE - REDISENT ROOMS	2010-07-01	597	328	SL	10 000000000000	60	0	60	
REMOTE DISHWASHER BOOSTER	2010-07-01	2,495	1,372	SL	10 000000000000	250	0	250	
GARBAGE DISPOSAL	2010-07-01	2,490	1,370	SL	10 000000000000	249	0	249	
UPGRADE WEBSITE	2010-07-01	4,900	2,695	SL	10 000000000000	490	0	490	
COMPUTER - DEANNA	2012-01-01	1,150	460	SL	10 000000000000	115	0	115	
REUPHOLSTER DINING ROOM CHAIRS	2010-07-01	7,291	4,010	SL	10 000000000000	729	0	729	
TWO DOOR FREEZER	2010-07-01	5,075	2,791	SL	10 000000000000	508	0	508	
CARDI'S RECLINER	2012-01-01	194	78	SL	10 000000000000	19	0	19	
DELTA BECKWITH ELEVATOR	2012-01-01	1,950	780	SL	10 000000000000	195	0	195	
MATTRESSES	2012-01-01	1,294	518	SL	10 000000000000	129	0	129	

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
WATER COOLER	2012-01-01	782	313	SL	10 0000000000000	78	0	78	
GAS DRYER	2012-01-01	4,419	1,768	SL	10 0000000000000	442	0	442	
COMPUTER FOR RESIDENTS	2012-01-01	1,148	459	SL	10 0000000000000	115	0	115	
USED LIFE CHAIR	2012-01-01	200	80	SL	10 0000000000000	20	0	20	
QUEEN MATTRESSES	2012-01-01	750	300	SL	10 0000000000000	75	0	75	
WHIRLPOOL	2012-01-01	12,713	5,085	SL	10 0000000000000	1,271	0	1,271	
MATTRESSES	2012-01-01	1,166	466	SL	10 0000000000000	117	0	117	
CHAIRS	2012-01-01	538	215	SL	10 0000000000000	54	0	54	
AWNINGS & UMBRELLAS	2012-01-01	332	133	SL	10 0000000000000	33	0	33	
SNOWBLOWER	2012-01-01	950	380	SL	10 0000000000000	95	0	95	
REFRIGERATOR	2012-01-01	4,500	1,800	SL	10 0000000000000	450	0	450	
SECURITY CAMERA - REPLACEMENT	2013-01-01	903	135	SL	20 0000000000000	45	0	45	
WING CHAIR	2013-01-01	299	90	SL	10 0000000000000	30	0	30	
MATTRESSES	2013-01-01	13,634	4,090	SL	10 0000000000000	1,363	0	1,363	
CARPET CLEANER/EXTRACTOR	2013-01-01	650	390	SL	5 0000000000000	130	0	130	
CHAIR	2013-01-01	400	120	SL	10 0000000000000	40	0	40	
HD TELEVISION	2013-01-01	650	390	SL	5 0000000000000	130	0	130	
DVD PLAYER	2013-01-01	110	66	SL	5 0000000000000	22	0	22	
WING CHAIR/BEDFRAME	2013-01-01	349	105	SL	10 0000000000000	35	0	35	
MICROWAVE	2013-01-01	170	102	SL	5 0000000000000	34	0	34	

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
MATTRESSES	2013-01-01	1,621	486	SL	10 0000000000000	162	0	162	
POWER RECLINING CHAIR	2013-01-01	605	363	SL	5 0000000000000	121	0	121	
DIGITAL CAMERA	2013-01-01	290	174	SL	5 0000000000000	58	0	58	
SHELVING	2014-07-01	893	134	SL	10 0000000000000	89	0	89	
MATTRESSES	2014-07-01	470	71	SL	10 0000000000000	47	0	47	
FURNITURE - SIMONS	2014-07-01	2,944	442	SL	10 0000000000000	294	0	294	
TOILET	2014-07-01	224	34	SL	10 0000000000000	22	0	22	
WANDER GUARD ALARMS	2014-07-01	9,789	1,468	SL	10 0000000000000	979	0	979	
GAME TABLE	2014-07-01	2,600	390	SL	10 0000000000000	260	0	260	
CHAIRS	2014-07-01	2,700	405	SL	10 0000000000000	270	0	270	
ELECTRIC MIXER	2014-07-01	136	41	SL	5 0000000000000	27	0	27	
BLENDER	2014-07-01	663	199	SL	5 0000000000000	133	0	133	
WHEELCHAIR SCALE	2014-07-01	3,415	512	SL	10 0000000000000	342	0	342	
COMPUTER	2014-07-01	2,376	713	SL	5 0000000000000	475	0	475	
EMERGENCY GENERATOR FOR ELEVATOR	2004-01-01	59,940	35,964	SL	20 0000000000000	2,997	0	2,997	
RELOCATE LOAD PANEL	2005-01-01	653	653	SL	10 0000000000000	0	0	0	
EXHAUST CHANGER	2005-01-01	767	767	SL	10 0000000000000	0	0	0	
2007 VAN	2008-07-31	36,428	27,017	SL	10 0000000000000	3,643	0	3,643	
SIGNAGE	2008-07-31	250	185	SL	10 0000000000000	25	0	25	
LAUNDRY ROOM VENT	2015-10-23	3,330	79	SL	7 0000000000000	476	0	476	

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
SPRINKER HEADS	2015-11-09	3,800	32	SL	27 5000000000000	190	0	190	
HEATING UNITS	2015-05-30	32,275	941	SL	27 5000000000000	1,614	0	1,614	
NURSING CHAIRS	2015-06-01	3,954	329	SL	7 0000000000000	565	0	565	
TANKLESS HOT WATER SYSTEM	2015-06-12	5,863	489	SL	7 0000000000000	838	0	838	
REUPHOLSTER 2 CHAIRS	2015-09-23	1,950	98	SL	5 0000000000000	390	0	390	
36 DINING ROOM CHAIRS	2016-03-18	16,854		SL	5 0000000000000	2,528	0	2,528	
GARBAGE DISPOSAL	2016-06-24	2,495		SL	5 0000000000000	250	0	250	
SERVICE ROOM BOOSTER	2016-07-06	2,391		SL	5 0000000000000	239	0	239	
4 NURSING UNIT TABLES	2016-09-27	3,168		SL	5 0000000000000	158	0	158	
LOBBY FURNITURE	2016-10-20	785		SL	5 0000000000000	26	0	26	
WINDOW TREATMENTS-DINING ROOM	2016-11-17	7,970		SL	5 0000000000000	133	0	133	
FILTERED SHADES	2016-11-28	2,645		SL	5 0000000000000	44	0	44	
LAPTOP	2016-01-31	1,410		SL	5 0000000000000	258	0	258	
COMPUTER SOFTWARE/IMPROVMENTS	2016-10-28	570		SL	5 0000000000000	19	0	19	
SERVER	2016-11-18	3,006		SL	5 0000000000000	50	0	50	
VINYL FLOORING-NURSING UNIT	2016-05-13	18,761		SL	27 5000000000000	426	0	426	
WALLPAPER	2016-12-15	16,149		SL	7 0000000000000	192	0	192	
CEILING FANS	2016-12-16	1,146		SL	7 0000000000000	14	0	14	
UPDATE ELECTRICAL WIRING	2016-07-27	19,531		SL	27 5000000000000	326	0	326	
VINYL FLOORING-LOBBY	2016-11-14	1,703		SL	27 5000000000000	8	0	8	

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
RUG-DIRECTOR OF NURSES OFFICE	2016-11-14	956		SL	5 0000000000000	32	0	32	

TY 2016 Investments Corporate Stock Schedule**Name:** THE DOOLITTLE HOME INC**EIN:** 04-2103763

Name of Stock	End of Year Book Value	End of Year Fair Market Value
EQUITY SECURITIES	34,047	34,047

TY 2016 Investments - Other Schedule**Name:** THE DOOLITTLE HOME INC**EIN:** 04-2103763

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUTUAL FUNDS	FMV	1,591,700	1,591,700
OTHER SECURITIES	FMV	500	500

**TY 2016 Land, Etc.
Schedule****Name:** THE DOOLITTLE HOME INC**EIN:** 04-2103763

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
LAND IMPROVEMENTS	58,968	52,248	6,720	6,720
BUILDING	581,126	327,894	253,232	253,232
NURSING UNIT	1,168,523	685,167	483,356	483,356
FURNITURE AND EQUIPMENT	383,210	214,189	169,021	169,021
GENERATOR	61,359	38,882	22,477	22,477
MOTOR VEHICLES	36,678	31,176	5,502	5,502
LAND	6,822	0	6,822	6,822

TY 2016 Mortgages and Notes Payable Schedule

Name: THE DOOLITTLE HOME INC

EIN: 04-2103763

Total Mortgage Amount:

Item No.	1
Lender's Name	CAPITAL GUARDIAN
Lender's Title	
Relationship to Insider	NONE
Original Amount of Loan	
Balance Due	243,771
Date of Note	
Maturity Date	
Repayment Terms	
Interest Rate	
Security Provided by Borrower	SECURITIES
Purpose of Loan	WORKING CAPITAL
Description of Lender Consideration	
Consideration FMV	
Item No.	1
Lender's Name	EDWARD JONES
Lender's Title	
Relationship to Insider	NONE
Original Amount of Loan	
Balance Due	0
Date of Note	
Maturity Date	
Repayment Terms	
Interest Rate	
Security Provided by Borrower	SECURITIES
Purpose of Loan	WORKING CAPITAL
Description of Lender Consideration	
Consideration FMV	

TY 2016 Other Expenses Schedule**Name:** THE DOOLITTLE HOME INC**EIN:** 04-2103763**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LAUNDRY SUPPLIES AND EXPENSE	5,290	0	4,115	1,175
HOUSEKEEPING SUPPLIES AND EXPENSES	8,974	0	6,981	1,993
FOOD SUPPLIES AND EXPENSES	124,465	0	96,824	27,641
MEDICAL DIRECTOR AND NURSING SUBCONTRACTORS	25,081	0	19,511	5,570
MEDICAL EXPENSES	29,603	0	23,029	6,574
ACTIVITIES EXPENSE	4,082	0	3,175	907
RESIDENT SERVICES	16,695	0	12,987	3,708
FUNDRAISING EXPENSES	461	0	359	102
INSURANCE	22,382	0	17,411	4,971
WORKERS COMPENSATION	23,689	0	18,428	5,261

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADVERTISING	19,165	0	14,909	4,256
OFFICE EXPENSE	18,207	0	14,164	4,043
OTHER EXPENSES	12,998	0	10,111	2,887
LICENSES AND DUES	3,089	0	2,403	686
PAYROLL SERVICE COSTS	5,396	0	4,198	1,198

TY 2016 Other Income Schedule**Name:** THE DOOLITTLE HOME INC**EIN:** 04-2103763**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
NET NONTAXABLE DISTRIBUTIONS	4,046	4,046	4,046
RESIDENT SERVICE REVENUE	2,164,367		2,164,367
LIFE CARE ADMISSIONS	485,944		485,944

TY 2016 Other Increases Schedule

Name: THE DOOLITTLE HOME INC
EIN: 04-2103763

Description	Amount
CHANGE IN NET UNREALIZED GAIN (LOSS) ON INVESTMENTS	104,850

TY 2016 Other Liabilities Schedule**Name:** THE DOOLITTLE HOME INC**EIN:** 04-2103763

Description	Beginning of Year - Book Value	End of Year - Book Value
ESTIMATED OBLIGATION TO PROVIDE FUTURE SERVICES	834,737	312,726

TY 2016 Other Professional Fees Schedule**Name:** THE DOOLITTLE HOME INC**EIN:** 04-2103763

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
DIETITIAN	6,671	0	5,190	1,481
CHAPLAIN	2,750	0	2,139	611

TY 2016 Taxes Schedule**Name:** THE DOOLITTLE HOME INC**EIN:** 04-2103763

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
PAYROLL TAXES	85,520	0	66,528	18,992
ANNUAL REPORT FEE	500	0	389	111

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 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 2016

Name of the organization THE DOOLITTLE HOME INC	Employer identification number 04-2103763
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, 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 THE DOOLITTLE HOME INC	Employer identification number 04-2103763
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Part I **Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE LEBARON FOUNDATION 922 FULLER HILL ROAD WARREN, VT 05674	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Employer identification number

04-2103763

Part II	Noncash Property
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(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
		\$	
(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
		\$	

Name of organization THE DOOLITTLE HOME INC	Employer identification number 04-2103763
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____ Use duplicate copies of Part III if additional space is needed
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(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 transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee