

For calendar year 2019, or tax year beginning 01-01-2019, and ending 12-31-2019

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		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 ▶ <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... ▶ <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 2,389,821	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 ▶ <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	51,440			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	5,215	5,215	5,215	
	4 Dividends and interest from securities	26,794	26,794	26,794	
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 _____	32,549			
	b Gross sales price for all assets on line 6a _____ 354,333				
	7 Capital gain net income (from Part IV, line 2)		32,549		
	8 Net short-term capital gain			60	
	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)	1,729,377	195	1,729,182	
	12 Total. Add lines 1 through 11	1,845,375	64,753	1,761,251	
	13 Compensation of officers, directors, trustees, etc.	0	0	0	0
	14 Other employee salaries and wages	1,133,478	0	908,406	225,072
	15 Pension plans, employee benefits	79,846	0	63,991	15,855
	16a Legal fees (attach schedule)	10,000	0	8,014	1,986
	b Accounting fees (attach schedule)	30,775	0	24,664	6,111
	c Other professional fees (attach schedule)	4,807	0	3,853	954
	17 Interest	159	0	127	32
	18 Taxes (attach schedule) (see instructions)	100,698	0	80,703	19,995
	19 Depreciation (attach schedule) and depletion	101,786	0	101,786	
	20 Occupancy	126,795	0	101,618	25,177
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	343,436	12,254	254,869	76,314
	24 Total operating and administrative expenses. Add lines 13 through 23	1,931,780	12,254	1,548,031	371,496
	25 Contributions, gifts, grants paid	0			0
	26 Total expenses and disbursements. Add lines 24 and 25	1,931,780	12,254	1,548,031	371,496
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-86,405			
	b Net investment income (if negative, enter -0-)		52,499		
c Adjusted net income (if negative, enter -0-)				213,220	

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	109,868	52,404	52,404
	2 Savings and temporary cash investments	342,305	313,713	313,713
	3 Accounts receivable ▶ <u>36,201</u>			
	Less: allowance for doubtful accounts ▶ _____	37,066	36,201	36,201
	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	13,141	13,697	13,697
	10a Investments—U.S. and state government obligations (attach schedule)	51,904	53,856	53,856
	b Investments—corporate stock (attach schedule)	701,736	766,751	766,751
	c Investments—corporate bonds (attach schedule)	18,780	45,302	45,302
	11 Investments—land, buildings, and equipment: basis ▶ _____			
Less: accumulated depreciation (attach schedule) ▶ _____				
12 Investments—mortgage loans				
13 Investments—other (attach schedule)	328,734	118,190	118,190	
14 Land, buildings, and equipment: basis ▶ <u>2,654,663</u>				
Less: accumulated depreciation (attach schedule) ▶ <u>1,664,956</u>	860,407	989,707	989,707	
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	2,463,941	2,389,821	2,389,821	
Liabilities	17 Accounts payable and accrued expenses	56,931	58,946	
	18 Grants payable			
	19 Deferred revenue	289,701	189,330	
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)	124,420	62,760	
	23 Total liabilities (add lines 17 through 22)	471,052	311,036	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions	1,986,179	2,077,715	
	25 Net assets with donor restrictions	6,710	1,070	
	Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 Total net assets or fund balances (see instructions)	1,992,889	2,078,785	
	30 Total liabilities and net assets/fund balances (see instructions) .	2,463,941	2,389,821	

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 29 (must agree with end-of-year figure reported on prior year's return)	1	1,992,889
2 Enter amount from Part I, line 27a	2	-86,405
3 Other increases not included in line 2 (itemize) ▶ _____	3	172,301
4 Add lines 1, 2, and 3	4	2,078,785
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 29 .	6	2,078,785

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 PUBLICLY TRADED SECURITY-NATIONAL FINANCIAL SERVICES XXX9560	P		
b PUBLICLY TRADED SECURITY-NATIONAL FINANCIAL SERVICES XXX9560	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 106,630		106,570	60
b 247,661		215,214	32,447
c 42			42
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			60
b			32,447
c			42
d			
e			

2 Capital gain net income or (net capital loss) <div style="display: flex; align-items: center; margin-top: 5px;"> <div style="border-left: 1px solid black; border-right: 1px solid black; padding: 0 10px; margin: 0 10px;"> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 </div> </div>	2	32,549
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	60

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))
2018	427,359	1,666,225	0.256483
2017	472,835	1,770,852	0.267010
2016	388,189	1,675,608	0.231671
2015	531,171	2,120,814	0.250456
2014	487,795	2,549,067	0.191362

2 Total of line 1, column (d)	2	1.196982
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.239396
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	1,429,995
5 Multiply line 4 by line 3	5	342,335
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	525
7 Add lines 5 and 6	7	342,860
8 Enter qualifying distributions from Part XII, line 4	8	371,496

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	525
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	525
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	525
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	880
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	0
d	Backup withholding erroneously withheld	6d	0
7	Total credits and payments. Add lines 6a through 6d.	7	880
8	Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached.	8	5
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	350
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ 350 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?		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>		No
c Did the foundation file Form 1120-POL for this year?		No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0 (2) On foundation managers. ▶ \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>		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>		No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		No
b If "Yes," has it filed a tax return on Form 990-T for this year?		
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>		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?		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>	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>	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 2019 or the taxable year beginning in 2019? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	Yes	
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>		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 ► <u>WWW.DOOLITTLEHOME.ORG</u>	13	Yes	
14	The books are in care of ► <u>LINDA HUNTER</u> Telephone no. ► <u>(508) 543-2694</u>			

Located at ► 16 BIRD STREET FOXBOROUGH MAZIP+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 2019, 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 the instructions for exceptions and filing requirements for FinCEN Form 114. 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.**

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <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. ► <input type="checkbox"/>		
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 2019?	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 2019, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2019? <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 2019 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 2019.)	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 2019?	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:		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	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.		5b	
	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? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.			
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	7b	
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?			
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
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	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
LINDA HUNTER 16 BIRD STREET FOXBOROUGH, MA 02035	EXECUTIVE DIRECTOR 40.00	105,273	0	0
CHRISTINE KENT 16 BIRD STREET FOXBOROUGH, MA 02035	RN DIRECTOR 40.00	83,473	0	0
MICHELE JAECKEL 16 BIRD STREET FOXBOROUGH, MA 02035	NURSE 40.00	52,291	0	0
PHILIP COBB 16 BIRD STREET FOXBOROUGH, MA 02035	MAINTENANCE SUPERVISOR 40.00	52,100	0	0
LORI DITOMASO 16 BIRD STREET FOXBOROUGH, MA 02035	FOOD SERVICE SUPERVISOR 40.00	52,100	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.	371,496
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	1,042,627
b	Average of monthly cash balances.	1b	409,145
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,451,772
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	1,451,772
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	21,777
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,429,995
6	Minimum investment return. Enter 5% of line 5.	6	71,500

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 2019 from Part VI, line 5.	2a	
b	Income tax for 2019. (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	371,496
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	371,496
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	525
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	370,971

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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2019:				
a From 2014.				
b From 2015.				
c From 2016.				
d From 2017.				
e From 2018.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ _____				
a Applied to 2018, 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 2019 distributable amount.				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2019. (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 2018. Subtract line 4a from line 2a. Taxable amount—see instructions.				
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020.				
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 2014 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a.				
10 Analysis of line 9:				
a Excess from 2015.				
b Excess from 2016.				
c Excess from 2017.				
d Excess from 2018.				
e Excess from 2019.				

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 2019, 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) 2019	(b) 2018	(c) 2017	(d) 2016		
0				0	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed	371,496	428,793	473,174	388,867	1,662,330
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	371,496	428,793	473,174	388,867	1,662,330
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.	47,667	55,541	59,029	55,853	218,090
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 foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

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

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

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

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.	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>					1,628,791
b <u>LIFE CARE ADMISSIONS</u>					100,391
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments			14	5,215	
4 Dividends and interest from securities.			14	26,794	
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	195	
8 Gain or (loss) from sales of assets other than inventory			18	32,549	
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		64,753	1,729,182
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.)			13		1,793,935

[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
----	--	----

value
ue

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) (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**

**Paid
Preparer
Use Only**

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
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				
BETH FERENCIK	PRESIDENT/TRUSTEE 2.00	0	0	0
16 BIRD STREET FOXBOROUGH, MA 02035				
CATHERINE HICKEY	TRUSTEE 1.00	0	0	0
16 BIRD STREET FOXBOROUGH, MA 02035				
FRAN KLEINDIENST	VICE PRESIDENT (05.2019 FORWARD) 2.00	0	0	0
16 BIRD STREET FOXBOROUGH, MA 02035				
FLORENCE SPILLANE ESQUIRE	CLERK 2.00	0	0	0
16 BIRD STREET FOXBOROUGH, MA 02035				
MARY DAVIS	TRUSTEE 1.00	0	0	0
16 BIRD STREET FOXBOROUGH, MA 02035				
ALBERT DANIELS	TRUSTEE 1.00	0	0	0
16 BIRD STREET FOXBOROUGH, MA 02035				
CAROL HADDAD	TRUSTEE 1.00	0	0	0
16 BIRD STREET FOXBOROUGH, MA 02035				
IRENE IGRSHEIMER	TRUSTEE EMERITUS 0.25	0	0	0
16 BIRD STREET FOXBOROUGH, MA 02035				
KEVIN DEEDY	TREASURER/TRUSTEE 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				
CATHERINE HICKEY	VICE PRESIDENT (UNTIL 05.2019) 1.00	0	0	0
16 BIRD STREET FOXBOROUGH, MA 02035				

TY 2019 Accounting Fees Schedule**Name:** THE DOOLITTLE HOME INC**EIN:** 04-2103763

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	30,775	0	24,664	6,111

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

TY 2019 Depreciation Schedule

Name: THE DOOLITTLE HOME INC

EIN: 04-2103763

Depreciation Schedule

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	330	SL	20.0000000000000	0	0	0	
PARKING LOT AND WALL, ETC.	1999-01-01	40,813	40,813	SL	20.0000000000000	0	0	0	
FENCING	2002-01-01	13,600	13,600	SL	12.0000000000000	0	0	0	
RAILING TO KITCHEN STEPS	2003-01-01	2,320	1,856	SL	20.0000000000000	116	0	116	
5-6FT HEMLOCK, ETC.	2004-01-01	1,905	1,429	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	13,600	SL	20.0000000000000	0	0	0	
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	5,065	SL	20.0000000000000	0	0	0	
STAPLES COMMUNICATIONS	1999-01-01	1,596	1,596	SL	15.0000000000000	0	0	0	
DELTA ELEVATOR SERVICE	2000-01-01	11,300	10,735	SL	20.0000000000000	565	0	565	
CELLAR DOOR	2000-01-01	1,980	1,881	SL	20.0000000000000	99	0	99	
3RD FLOOR RENOVATIONS	2001-01-01	7,985	7,985	SL	15.0000000000000	0	0	0	

Depreciation Schedule

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	9,069	SL	20.0000000000000	504	0	504	
2ND FLOOR BATHROOM	2002-01-01	38,500	32,725	SL	20.0000000000000	1,925	0	1,925	
2ND FLOOR SPRINKLER INSTALL	2002-01-01	2,153	2,153	SL	15.0000000000000	0	0	0	
COMPLETE ROOF RESTORATION	2002-01-01	8,243	7,007	SL	20.0000000000000	412	0	412	
STORAGE ROOM IN BASEMENT	2003-01-01	1,470	1,176	SL	20.0000000000000	74	0	74	
2NF FLOOR BATHROOM INCOMPLETE	2003-01-01	13,405	10,724	SL	20.0000000000000	670	0	670	
2ND FLOOR NEW BATHROOM	2004-01-01	18,500	13,875	SL	20.0000000000000	925	0	925	
RICHARD DAVIS, CONTRACTOR	1999-01-01	1,067,241	711,494	SL	30.0000000000000	35,575	0	35,575	
BAKER ST. ENTRANCE	2004-01-01	6,800	5,100	SL	20.0000000000000	340	0	340	
REPLACE BOILER	2004-01-01	20,500	10,250	SL	30.0000000000000	683	0	683	
MASONRY WORK	2004-01-01	18,900	14,175	SL	20.0000000000000	945	0	945	
NEW PRINTS OF OLD BUILDING	2004-01-01	280	210	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	938	SL	20.0000000000000	63	0	63	
STEEL DOOR - ELEVATOR TOWER	2004-01-01	1,785	1,339	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	3,563	SL	20.0000000000000	254	0	254	
REMODEL 2ND FLOOR ROOMS	2005-01-01	947	663	SL	20.0000000000000	47	0	47	

Depreciation Schedule

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	10.0000000000000	0	0	0	
GUTTERS AND SNOW GUARDS	2005-01-01	7,800	5,460	SL	20.0000000000000	390	0	390	
FIRE ALARM SYSTEM	2005-01-01	1,316	1,316	SL	10.0000000000000	0	0	0	
WIRED 3RD FLOOR FOR OFFICE	2006-01-01	340	221	SL	20.0000000000000	17	0	17	
OVERHAUL HEATING SYSTEM	2007-01-01	7,192	4,315	SL	20.0000000000000	360	0	360	
FLOOR PLANS	2007-01-01	3,113	1,868	SL	20.0000000000000	156	0	156	
BATHROOM 211 REMODELING	2007-01-01	15,396	9,238	SL	20.0000000000000	770	0	770	
ROOFING REMODELING	2007-01-01	6,240	3,744	SL	20.0000000000000	312	0	312	
MASONRY POINTING - ELEVATOR	2007-01-01	19,000	11,400	SL	20.0000000000000	950	0	950	
STEAM BOILER REPLACEMENT	2008-01-01	6,729	3,701	SL	20.0000000000000	336	0	336	
CARBON MONOXIDE DETECTORS	2008-01-01	4,411	4,411	SL	10.0000000000000	0	0	0	
CARBON MONOXIDE CERTIFICATION	2008-01-01	1,406	1,406	SL	10.0000000000000	0	0	0	
RELAY MODULES FOR CO	2008-01-01	2,783	2,783	SL	10.0000000000000	0	0	0	
GAS VALVES INSTALLATION	2008-01-01	1,158	1,158	SL	10.0000000000000	0	0	0	
2ND FLOOR BATH PAINT & WALLPAPER	2008-01-01	517	517	SL	10.0000000000000	0	0	0	
REPLACE ROPES IN ELEVATOR SHAFT	2008-01-01	4,793	2,636	SL	20.0000000000000	240	0	240	
DESIGN 2ND FLOOR BATHROOM	2008-01-01	1,551	853	SL	20.0000000000000	78	0	78	
MAJOR REPAIRS TO SLATE ROOF	2009-01-01	28,680	28,680	SL	10.0000000000000	0	0	0	
MAJOR BOILER REPAIRS	2009-01-01	8,632	8,632	SL	10.0000000000000	0	0	0	
EXTERIOR MASONRY	2010-01-01	2,470	2,223	SL	10.0000000000000	247	0	247	

Depreciation Schedule

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	294	SL	10.0000000000000	33	0	33	
STAFF BATHROOM UPDATE	2010-01-01	1,356	610	SL	20.0000000000000	68	0	68	
MAJOR OVERHAUL OF BOILER	2010-01-01	2,173	1,956	SL	10.0000000000000	217	0	217	
CIFM ROOFING REPAIR	2012-01-01	4,750	3,325	SL	10.0000000000000	475	0	475	
BOILER REPLACEMENT	2014-01-01	20,000	5,000	SL	20.0000000000000	1,000	0	1,000	
NURSING UNITS REPAIRS	2014-01-01	985	493	SL	10.0000000000000	99	0	99	
NEW CARPETS	2014-01-01	11,622	5,811	SL	10.0000000000000	1,162	0	1,162	
NURSING UNITS REPAIRS - HTC	2014-01-01	23,790	5,948	SL	20.0000000000000	1,190	0	1,190	
NURSING UNITS REPAIRS - WEBBER	2014-01-01	5,082	1,270	SL	20.0000000000000	254	0	254	
ELEVATOR REPAIR	2014-01-01	6,380	1,595	SL	20.0000000000000	319	0	319	
ROOF REPAIR	2014-01-01	10,184	2,546	SL	20.0000000000000	509	0	509	
BLACK HEATING & COOLING	2014-01-01	17,190	5,108	SL	20.0000000000000	860	0	860	
ROBERT A SCOTT, ARCHITECTS	1999-01-01	28,849	19,233	SL	30.0000000000000	962	0	962	
SPRINKLER	1999-01-01	49,210	32,807	SL	30.0000000000000	1,640	0	1,640	
PERMITS	1999-01-01	525	350	SL	30.0000000000000	18	0	18	
SURVEYING	1999-01-01	3,210	2,140	SL	30.0000000000000	107	0	107	
FIRE ALARM DESIGN	1999-01-01	6,719	4,480	SL	30.0000000000000	224	0	224	
INTERCOM SYSTEM	1999-01-01	7,678	7,678	SL	20.0000000000000	0	0	0	
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	

Depreciation Schedule

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	1,039	SL	20.0000000000000	0	0	0	
FIRE EXTINGUISHERS	1999-01-01	294	294	SL	20.0000000000000	0	0	0	
S.B.E. INC	1999-01-01	550	550	SL	20.0000000000000	0	0	0	
WIRING OFFICES	1999-01-01	1,061	1,061	SL	20.0000000000000	0	0	0	
SOUTH SHORE ENGINEERING	1999-01-01	705	470	SL	30.0000000000000	24	0	24	
KITCHEN EQUIPMENT	1995-01-01	23,113	23,113	SL	20.0000000000000	0	0	0	
DUMBWATER	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	5,948	SL	20.0000000000000	0	0	0	
CURTAINS & BLINDS	1999-01-01	3,492	3,492	SL	10.0000000000000	0	0	0	
ARJO TUB	1999-01-01	9,524	9,524	SL	20.0000000000000	0	0	0	
DONATED PIANO	2002-01-01	7,500	5,100	SL	25.0000000000000	300	0	300	
FREEZER	2003-01-01	3,450	3,450	SL	15.0000000000000	0	0	0	
TELEPHONE SYSTEM	2003-01-01	10,776	10,776	SL	15.0000000000000	0	0	0	
3RD FLOOR WIRING FOR OFFICE	2004-01-01	755	755	SL	15.0000000000000	0	0	0	
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	
FURNITURE & MATTRESS	2004-01-01	2,349	2,349	SL	15.0000000000000	0	0	0	
HOBART - ELECTRIC BOOSTER	2004-01-01	2,148	2,148	SL	10.0000000000000	0	0	0	
JANCO GARBAGE DISPOSAL	2004-01-01	1,445	1,445	SL	10.0000000000000	0	0	0	

Depreciation Schedule

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
LAPTOP COMPUTER	2004-01-01	2,400	2,400	SL	10.0000000000000	0	0	0	
REFURBISH 2ND FLOOR ROOMS	2005-01-01	2,154	2,154	SL	10.0000000000000	0	0	0	
AIR CONDITIONERS	2005-01-01	1,285	1,285	SL	10.0000000000000	0	0	0	
HALL & STAIR CARPET	2005-01-01	1,653	1,653	SL	10.0000000000000	0	0	0	
MATTRESSES	2005-01-01	395	395	SL	10.0000000000000	0	0	0	
OFFICE CARPET	2005-01-01	220	220	SL	10.0000000000000	0	0	0	
FURNITURE	2005-01-01	207	207	SL	10.0000000000000	0	0	0	
GERIATRIC MEDICAL EQUIPMENT	2005-01-01	1,465	1,465	SL	10.0000000000000	0	0	0	
OFFICE COMPUTER & SOFTWARE	2006-01-01	1,860	1,860	SL	10.0000000000000	0	0	0	
HOSPITAL BED	2006-01-01	550	550	SL	10.0000000000000	0	0	0	
SECURITY CAMERAS	2006-01-01	8,400	5,460	SL	20.0000000000000	420	0	420	
FIRE SUPPRESSION SYSTEM	2006-01-01	2,775	1,804	SL	20.0000000000000	139	0	139	
OUTSIDE KEY BOX	2006-01-01	228	148	SL	20.0000000000000	11	0	11	
ALARM SYSTEM	2006-01-01	650	423	SL	20.0000000000000	33	0	33	
VARIOUS FURNITURE AND ACCESS.	2006-01-01	2,792	2,792	SL	10.0000000000000	0	0	0	
HOBART FOOD MIXER	2006-01-01	4,030	2,620	SL	20.0000000000000	202	0	202	
REDO MYRTLE'S ROOM	2006-01-01	1,688	1,688	SL	10.0000000000000	0	0	0	
INTERCOM SYSTEM FOR DOORS	2006-01-01	920	598	SL	20.0000000000000	46	0	46	
NURSING LIFT	2007-01-01	1,349	1,349	SL	10.0000000000000	0	0	0	
KITCHEN SLICER	2007-01-01	1,620	1,620	SL	10.0000000000000	0	0	0	

Depreciation Schedule

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
OXIMETER	2007-01-01	609	609	SL	10.0000000000000	0	0	0	
KITCHEN STOVE & INSTALLATION	2007-01-01	8,036	8,036	SL	10.0000000000000	0	0	0	
WASHING MACHINE	2007-01-01	4,904	4,904	SL	10.0000000000000	0	0	0	
PLASMA TV	2007-01-01	2,100	2,100	SL	10.0000000000000	0	0	0	
FLOOR BUFFER	2007-01-01	890	890	SL	10.0000000000000	0	0	0	
COFFEE URN	2007-01-01	184	184	SL	10.0000000000000	0	0	0	
REPLACE MOTOR IN HOYT DRYER	2007-01-01	581	581	SL	10.0000000000000	0	0	0	
VACUUM CLEANER	2007-01-01	491	491	SL	10.0000000000000	0	0	0	
VARIOUS MATTRESSES AND OTHER	2008-01-01	2,121	2,121	SL	10.0000000000000	0	0	0	
VARIOUS TOILETS	2008-01-01	1,140	627	SL	20.0000000000000	57	0	57	
LAUNDRY BASKETS	2008-01-01	313	313	SL	5.0000000000000	0	0	0	
FREEZER & INSTALLATION	2008-01-01	4,131	2,272	SL	20.0000000000000	207	0	207	
HUEBSCH GAS DRYER	2008-01-01	4,125	2,269	SL	20.0000000000000	206	0	206	
CARPETING	2008-01-01	1,734	1,272	SL	15.0000000000000	116	0	116	
DIGITAL SCALE FOR LIFT	2008-01-01	625	625	SL	10.0000000000000	0	0	0	
ROUND TABLE FOR NURSE STATION	2008-01-01	920	506	SL	20.0000000000000	46	0	46	
HI-LOW TABLE	2009-01-01	4,852	4,852	SL	10.0000000000000	0	0	0	
HOT WATER MAKER	2009-01-01	5,635	5,635	SL	10.0000000000000	0	0	0	
PAYROLL TIME & DATA TERMINAL	2009-01-01	2,090	2,090	SL	10.0000000000000	0	0	0	
BEDROOM SETS	2009-01-01	1,793	1,793	SL	10.0000000000000	0	0	0	

Depreciation Schedule

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
BATHROOM REMODELING	2009-01-01	349	349	SL	10.0000000000000	0	0	0	
VARIOUS BEDROOM FURNITURE	2009-01-01	1,330	1,330	SL	10.0000000000000	0	0	0	
TWO MATTRESSES	2009-01-01	756	756	SL	10.0000000000000	0	0	0	
HEADBOARD & BED FRAME	2009-01-01	477	477	SL	10.0000000000000	0	0	0	
VARIOUS BEDFRAMES, CHAIRS, CHESTS	2009-07-01	7,935	7,538	SL	10.0000000000000	397	0	397	
RAISED FLOWER BED	2009-07-01	733	696	SL	10.0000000000000	37	0	37	
MATTRESSES	2009-07-01	1,179	1,120	SL	10.0000000000000	59	0	59	
BATHROOM VANITY	2009-07-01	316	300	SL	10.0000000000000	16	0	16	
VARIOUS FURNITURE - REDISENT ROOMS	2010-07-01	597	507	SL	10.0000000000000	60	0	60	
REMOTE DISHWASHER BOOSTER	2010-07-01	2,495	2,121	SL	10.0000000000000	250	0	250	
GARBAGE DISPOSAL	2010-07-01	2,490	2,117	SL	10.0000000000000	249	0	249	
UPGRADE WEBSITE	2010-07-01	4,900	4,165	SL	10.0000000000000	490	0	490	
COMPUTER - DEANNA	2012-01-01	1,150	805	SL	10.0000000000000	115	0	115	
REUPHOLSTER DINING ROOM CHAIRS	2010-07-01	7,291	6,197	SL	10.0000000000000	729	0	729	
TWO DOOR FREEZER	2010-07-01	5,075	4,314	SL	10.0000000000000	508	0	508	
CARDI'S RECLINER	2012-01-01	194	136	SL	10.0000000000000	19	0	19	
DELTA BECKWITH ELEVATOR	2012-01-01	1,950	1,365	SL	10.0000000000000	195	0	195	
MATTRESSES	2012-01-01	1,294	906	SL	10.0000000000000	129	0	129	
WATER COOLER	2012-01-01	782	547	SL	10.0000000000000	78	0	78	
GAS DRYER	2012-01-01	4,419	3,093	SL	10.0000000000000	442	0	442	

Depreciation Schedule

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
COMPUTER FOR RESIDENTS	2012-01-01	1,148	804	SL	10.0000000000000	115	0	115	
USED LIFE CHAIR	2012-01-01	200	140	SL	10.0000000000000	20	0	20	
QUEEN MATTRESSES	2012-01-01	750	525	SL	10.0000000000000	75	0	75	
WHIRLPOOL	2012-01-01	12,713	8,899	SL	10.0000000000000	1,271	0	1,271	
MATTRESSES	2012-01-01	1,166	816	SL	10.0000000000000	117	0	117	
CHAIRS	2012-01-01	538	377	SL	10.0000000000000	54	0	54	
AWNINGS & UMBRELLAS	2012-01-01	332	232	SL	10.0000000000000	33	0	33	
SNOWBLOWER	2012-01-01	950	665	SL	10.0000000000000	95	0	95	
REFRIGERATOR	2012-01-01	4,500	3,150	SL	10.0000000000000	450	0	450	
SECURITY CAMERA - REPLACEMENT	2013-01-01	903	271	SL	20.0000000000000	45	0	45	
WING CHAIR	2013-01-01	299	179	SL	10.0000000000000	30	0	30	
MATTRESSES	2013-01-01	13,634	8,180	SL	10.0000000000000	1,363	0	1,363	
CARPET CLEANER/EXTRACTOR	2013-01-01	650	650	SL	5.0000000000000	0	0	0	
CHAIR	2013-01-01	400	240	SL	10.0000000000000	40	0	40	
HD TELEVISION	2013-01-01	650	650	SL	5.0000000000000	0	0	0	
DVD PLAYER	2013-01-01	110	110	SL	5.0000000000000	0	0	0	
WING CHAIR/BEDFRAME	2013-01-01	349	209	SL	10.0000000000000	35	0	35	
MICROWAVE	2013-01-01	170	170	SL	5.0000000000000	0	0	0	
MATTRESSES	2013-01-01	1,621	972	SL	10.0000000000000	162	0	162	
POWER RECLINING CHAIR	2013-01-01	605	605	SL	5.0000000000000	0	0	0	

Depreciation Schedule

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
DIGITAL CAMERA	2013-01-01	290	290	SL	5.00000000000000	0	0	0	
SHELVING	2014-07-01	893	402	SL	10.00000000000000	89	0	89	
MATTRESSES	2014-07-01	470	212	SL	10.00000000000000	47	0	47	
FURNITURE - SIMONS	2014-07-01	2,944	1,325	SL	10.00000000000000	294	0	294	
TOILET	2014-07-01	224	101	SL	10.00000000000000	22	0	22	
WANDER GUARD ALARMS	2014-07-01	9,789	4,405	SL	10.00000000000000	979	0	979	
GAME TABLE	2014-07-01	2,600	1,170	SL	10.00000000000000	260	0	260	
CHAIRS	2014-07-01	2,700	1,215	SL	10.00000000000000	270	0	270	
ELECTRIC MIXER	2014-07-01	136	122	SL	5.00000000000000	14	0	14	
BLENDER	2014-07-01	663	596	SL	5.00000000000000	66	0	67	
WHEELCHAIR SCALE	2014-07-01	3,415	1,537	SL	10.00000000000000	342	0	342	
COMPUTER	2014-07-01	2,376	2,138	SL	5.00000000000000	238	0	238	
EMERGENCY GENERATOR FOR ELEVATOR	2004-01-01	59,940	44,955	SL	20.00000000000000	2,997	0	2,997	
RELOCATE LOAD PANEL	2005-01-01	653	653	SL	10.00000000000000	0	0	0	
EXHAUST CHANGER	2005-01-01	767	767	SL	10.00000000000000	0	0	0	
2007 VAN	2008-07-31	36,428	36,428	SL	10.00000000000000	0	0	0	
SIGNAGE	2008-07-31	250	250	SL	10.00000000000000	0	0	0	
LAUNDRY ROOM VENT	2015-10-23	3,330	1,506	SL	7.00000000000000	476	0	476	
SPRINKER HEADS	2015-11-09	3,800	602	SL	27.50000000000000	190	0	190	
HEATING UNITS	2015-05-30	32,275	5,783	SL	27.50000000000000	1,614	0	1,614	

Depreciation Schedule

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
NURSING CHAIRS	2015-06-01	3,954	2,024	SL	7.00000000000000	565	0	565	
TANKLESS HOT WATER SYSTEM	2015-06-12	5,863	3,001	SL	7.00000000000000	838	0	838	
REUPHOLSTER 2 CHAIRS	2015-09-23	1,950	1,268	SL	5.00000000000000	390	0	390	
36 DINING ROOM CHAIRS	2016-03-18	16,854	9,270	SL	5.00000000000000	3,371	0	3,371	
GARBAGE DISPOSAL	2016-06-24	2,495	1,248	SL	5.00000000000000	499	0	499	
SERVICE ROOM BOOSTER	2016-07-06	2,391	1,195	SL	5.00000000000000	478	0	478	
4 NURSING UNIT TABLES	2016-09-27	3,168	1,426	SL	5.00000000000000	634	0	634	
LOBBY FURNITURE	2016-10-20	785	340	SL	5.00000000000000	157	0	157	
WINDOW TREATMENTS-DINING ROOM	2016-11-17	7,970	3,321	SL	5.00000000000000	1,594	0	1,594	
FILTERED SHADES	2016-11-28	2,645	1,102	SL	5.00000000000000	529	0	529	
LAPTOP	2016-01-31	1,410	822	SL	5.00000000000000	282	0	282	
COMPUTER SOFTWARE/IMPROVMENTS	2016-10-28	570	247	SL	5.00000000000000	114	0	114	
SERVER	2016-11-18	3,006	1,253	SL	5.00000000000000	601	0	601	
VINYL FLOORING-NURSING UNIT	2016-05-13	18,761	1,791	SL	27.50000000000000	682	0	682	
WALLPAPER	2016-12-15	16,149	4,806	SL	7.00000000000000	2,307	0	2,307	
CEILING FANS	2016-12-16	1,146	341	SL	7.00000000000000	164	0	164	
UPDATE ELECTRICAL WIRING	2016-07-27	19,531	1,746	SL	27.50000000000000	710	0	710	
VINYL FLOORING-LOBBY	2016-11-14	1,703	132	SL	27.50000000000000	62	0	62	
RUG-DIRECTOR OF NURSES OFFICE	2016-11-14	956	414	SL	5.00000000000000	191	0	191	
HEATING/AC UPGRADE-NURSING UNIT	2017-07-28	35,360	1,252	SL	40.00000000000000	884	0	884	

Depreciation Schedule

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
FRONT PORCH IMPROVEMENTS	2017-06-07	26,298	1,041	SL	40.0000000000000	657	0	657	
MIRROR/CLOCK-DINING ROOM	2017-02-27	941	345	SL	5.0000000000000	188	0	188	
ICE MACHINE	2017-11-28	1,800	279	SL	7.0000000000000	257	0	257	
COMPUTER-NURSING DEPARTMENT	2017-08-25	1,482	395	SL	5.0000000000000	296	0	296	
HALLWAY CARPETS	2018-01-03	46,800	6,686	SL	7.0000000000000	6,686	0	6,686	
CHAIRLIFT	2018-01-17	5,395	989	SL	5.0000000000000	1,079	0	1,079	
HEATING UNIT IN NURSES OFFICE	2018-01-22	5,221	684	SL	7.0000000000000	746	0	746	
FURNITURE (NIGHT STAND; BUREAU	2018-08-16	1,970	117	SL	7.0000000000000	281	0	281	
8 ROCKING CHAIRS	2018-06-01	1,458	170	SL	5.0000000000000	292	0	292	
FURNITURE	2018-08-10	3,517	209	SL	7.0000000000000	502	0	502	
ELEVATOR MODERNIZATION	2019-09-20	218,668		SL	40.0000000000000	1,367	0	1,367	
COMPUTER	2019-05-16	1,597		SL	5.0000000000000	213	0	213	
ELECTROSTATIC CLEANER	2019-05-02	4,192		SL	7.0000000000000	399	0	399	

TY 2019 Investments Corporate Bonds Schedule

Name: THE DOOLITTLE HOME INC

EIN: 04-2103763

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS	45,302	45,302

TY 2019 Investments Corporate Stock Schedule**Name:** THE DOOLITTLE HOME INC**EIN:** 04-2103763**Investments Corporation Stock Schedule**

Name of Stock	End of Year Book Value	End of Year Fair Market Value
COMMON STOCK	766,751	766,751

TY 2019 Investments Government Obligations Schedule**Name:** THE DOOLITTLE HOME INC**EIN:** 04-2103763**US Government Securities - End
of Year Book Value:**

53,856

**US Government Securities - End
of Year Fair Market Value:**

53,856

**State & Local Government
Securities - End of Year Book
Value:**

0

**State & Local Government
Securities - End of Year Fair
Market Value:**

0

TY 2019 Investments - Other Schedule**Name:** THE DOOLITTLE HOME INC**EIN:** 04-2103763**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
MUTUAL FUNDS	FMV	118,190	118,190

TY 2019 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	56,996	1,972	1,972
BUILDING	914,875	423,689	491,186	491,186
NURSING UNIT	1,168,523	801,875	366,648	366,648
FURNITURE AND EQUIPMENT	407,439	297,846	109,593	109,593
GENERATOR	61,359	47,873	13,486	13,486
MOTOR VEHICLES	36,677	36,677	0	
LAND	6,822	0	6,822	6,822

TY 2019 Legal Fees Schedule**Name:** THE DOOLITTLE HOME INC**EIN:** 04-2103763

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL	10,000	0	8,014	1,986

TY 2019 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	1,036	0	830	206
HOUSEKEEPING SUPPLIES AND EXPENSES	9,173	0	7,352	1,821
FOOD SUPPLIES AND EXPENSES	99,201	0	79,503	19,698
MEDICAL DIRECTOR AND NURSING SUBCONTRACTORS	8,347	0	6,690	1,657
MEDICAL EXPENSES	43,194	0	34,617	8,577
ACTIVITIES EXPENSE	6,226	0	4,990	1,236
RESIDENT SERVICES	10,122	0	8,112	2,010
INSURANCE	51,082	0	40,939	10,143
WORKERS COMPENSATION	21,423	0	17,169	4,254
ADVERTISING AND MARKETING EXPENSE	34,888	0	17,411	17,478

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE EXPENSE	15,835	0	12,690	3,145
OTHER EXPENSES	25,632	12,254	10,720	2,658
LICENSES AND DUES	7,347	0	5,888	1,459
PAYROLL SERVICE COSTS	4,792	0	3,840	952
TELEPHONE	5,138	0	4,118	1,020

TY 2019 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	195	195	0
RESIDENT SERVICE REVENUE	1,628,791		1,628,791
LIFE CARE ADMISSIONS	100,391		100,391

TY 2019 Other Increases Schedule

Name: THE DOOLITTLE HOME INC
EIN: 04-2103763

Description	Amount
CHANGE IN NET UNREALIZED GAIN (LOSS) ON INVESTMENTS	172,301

TY 2019 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	124,420	62,760

TY 2019 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	4,307	0	3,452	855
CHAPLAIN	500	0	401	99

TY 2019 Taxes Schedule**Name:** THE DOOLITTLE HOME INC**EIN:** 04-2103763

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ANNUAL REPORT FEE	500	0	401	99
OTHER	2,643	0	2,118	525
PAYROLL TAXES	97,555	0	78,184	19,371

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.	OMB No. 1545-0047
		2019
Name of the organization THE DOOLITTLE HOME INC		Employer identification number 04-2103763

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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
THE DOOLITTLE HOME INC

Employer identification number
04-2103763

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	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
2	HOWARD KANE 16 BIRD STREET FOXBOROUGH, MA 02035	\$ 5,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization THE DOOLITTLE HOME INC	Employer identification number 04-2103763
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Part II Noncash Property			
(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(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
-	_____ _____ _____	_____ \$	_____

Employer identification number

04-2103763

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.

(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	
	_____	_____	_____
	_____	_____	_____
(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	
	_____	_____	_____
	_____	_____	_____
(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	
	_____	_____	_____
	_____	_____	_____
(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	
	_____	_____	_____
	_____	_____	_____
(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	
	_____	_____	_____
	_____	_____	_____