Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990PF for Instructions and the latest information.

Open to Public Inspection

For calend	lar year 2017 or	tax year beginning		, 2017,	and ending	3	, 20
Name of fou	indation THE 1	NEW ENGLAND PATI	RIOTS CHARITABLE	2		A Employer identifi	cation number
FOUNDA'	TION, INC.	, ·				04-324406	9
Number and	street (or P O box r	number if mail is not delivered	I to street address)		Room/suite	8 Telephone numb	er (see instructions)
	TRIOT PLACE				·	(508) 69	8-4618
City or town	, state or province, or	ountry, and ZIP or foreign po	stal code			C If exemption applica	ntion is
FOXBOR	O, MA 02035					pending, check here	
G Check a	Ill that apply	Initial return	Initial return	of a former p	ublic charity	D 1 Foreign organizat	bons, check here 🕨 📖
		Final return	Amended re	turn		2 Foreign organiza	
	Ī	Address change	Name chang	e	5 .4_	85% test, check h	
H Check t	ype of organizati	on X Section 501	(c)(3) exempt private	foundation	ماكرا	E If private foundation	n status was terminated
Section	on 4947(a)(1) none	exempt chantable trust	Other taxable pr		ion	under section 507(b	► []
I Fair ma	rket value of a	all assets at J Acco	ounting method 🔀 C	ash Acc	rual	F If the foundation is	in a 60-month termination
end of y	ear (from Part II	I, col (c), line	ther (specify)			under section 507(b)(1)(B), check here . >
16) ▶ \$	3,85	6,159. (Part I	column (d) must be on ca	ash basis)			
		ue and Expenses (The	(a) Revenue and	(I) NI=1	_4	(a) Advisated met	(d) Disbursements for charitable
ma		olumns (b), (c), and (d) equal the amounts in ictions))	expenses per books	(b) Net inve		(c) Adjusted net income	purposes (cash basis only)
\neg	· · · · · · · · · · · · · · · · · · ·	tc , received (attach schedule) ,	4,971,231.				
1	of the for	undation is not required to	, _,,				
_	attach S	ch B emporary cash investments.	39.	 	39.		ATCH 1
	-	emporary cash investments.	51,189.	. 5	1,189.		ATCH 2
		· · · · · · · · · · · · · · · · · · ·					
		s)			-	· · · · · · · · · · · · · · · · · · ·	
	•	ale of assets not on line 10	30,621.				
b Gros	ss sales price for all	65,381.					
asse a 7 Cap	ets on line 6a	ne (from Part IV, line 2) .	· · · · · · · · · · · · · · · · · · ·	3	0,621.		
8 Net		gain	1				
	•	· · · · · · · · · · · · · · · · · · ·			-		
10a Gros	is sales less retums						
	allowances s Cost of goods sold						
	-	attach schedule)				•	
1		schedule) ATCH. 3	205 415			385,415.	
	•	ough 11		8	1,849.	385,415.	
_		directors, trustees, etc	1		SECHI	WED	
(A)	•	ies and wages		_	-	4	
Ø		yee benefits		ह्य	10 100 1 9	2018 9	
		edule) ATCH 4		8	3010 11 t	2010	50
		ch schedule)			OGDER	1 [17	
o c Oth		es (attach schedule)				-, -	
17 Inte	•						
18 Tax		e) (see instructions)[5].	500.				500
19 Der		schedule) and depletion.				-	
E 20 Occ	,						
▼ 21 Tray		and meetings					
>		ons	21,381.				21,381
23 Oth		ch schedule) ATCH .6	358,206.			168,337.	189,868
.⊑।	•	administrative expenses.			ĺ		
Φ Δdd		23	000 500			168,337.	212,254
Öl25 Cor		rants paid	5,578,200.				5,578,200
		ements Add lines 24 and 25	E 050 700		0.	168,337.	5,790,454
	otract line 26 from	-		1		·	
		enses and disbursements	-520,297.				
1		ne (if negative, enter -0-)		8	1,849.		
1		(if negative, enter -0-).			-	217,078.	

JSA For Paperwork Reduction Act Notice, see instructions. 7E1410 1 000 2EM36C F227

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Part II		Attached schedules and amounts in the description column should be for end-of-year		Beginning of year		End o	d of year		
<u> </u>	artii	amounts only (See instructions)	, ,ca	(a) Book Value	(b) Book Value		(c) Fair Market Value		
	1	Cash - non-interest-bearing		1,322,907.	720,5	559.	720,559.		
	2	Savings and temporary cash investments							
	3	Accounts receivable >							
		Less. allowance for doubtful accounts ▶							
	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 ▶							
ম	8	Inventories for sale or use							
ssets	9	Prepaid expenses and deferred charges		ľ					
Ä	10a	Investments - U.S. and state government obligations (attach schedul							
	ь	Investments - corporate stock (attach schedule)							
	l	Investments - corporate bonds (attach schedule)							
	11	Investments - land, buildings, and equipment basis							
	İ	Less accumulated depreciation (attach schedule)							
	12	Investments - mortgage loans							
	13	Investments - other (attach schedule)							
	14	Land, buildings, and equipment basis							
		Less accumulated depreciation (attach schedule)							
	15	Other assets (describe ATCH_ 7)	3,117,924.	3,169,1	113.	3,135,600.		
	16	Total assets (to be completed by all filers - see							
		instructions Also, see page 1, item I)			3,889,6	672.	3,856,159.		
	17	Accounts payable and accrued expenses					,		
	18	Grants payable							
S	19	Deferred revenue							
Liabilities	20	Loans from officers, directors, trustees, and other disqualified person							
<u>.</u>	21	Mortgages and other notes payable (attach schedule)							
Ë	22	Other liabilities (describe)						
	23	Total liabilities (add lines 17 through 22)		0.		0.			
		Foundations that follow SFAS 117, check here							
es		and complete lines 24 through 26, and lines 30 and 31.							
2	24 25	Unrestricted		4,440,831.	3,889,6	572.			
ᇛ	25	Temporarily restricted							
8	26	Permanently restricted							
ဋ		Foundations that do not follow SFAS 117, check here	$\cdot \bigcap$						
or Fund E		and complete lines 27 through 31.							
ō	27	Capital stock, trust principal, or current funds							
ets	28	Paid-in or capital surplus, or land, bldg , and equipment fund							
SS	29	Retained earnings, accumulated income, endowment, or other fund							
Ϋ́	27 28 29 30 31	Total net assets or fund balances (see instructions)		4,440,831.	3,889,6	672.			
Š	31	Total liabilities and net assets/fund balances							
		instructions)		4,440,831.	3,889,6	672.			
P	art II	Analysis of Changes in Net Assets or Fund		inces					
		al net assets or fund balances at beginning of year -		-	must agree with				
		-of-year figure reported on prior year's return)				1	4,440,831.		
2		er amount from Part I, line 27a				2	-520,297.		
_		er increases not included in line 2 (itemize)				3			
		lines 1, 2, and 3				4	3,920,534.		
5		reases not included in line 2 (itemize) ► ATCH			· ·	5	30,862.		
		al net assets or fund balances at end of year (line 4	minu	s line 5) - Part II, column (b), line 30	6	3,889,672.		
_							- 000 DE (0047)		

Part IV Capital (Gains and Losses for Tax o	on Investment Income			1 040 4
	and describe the kind(s) of property s		(b) How	(c) Date acquired	(d) Date sold
	story brick warehouse; or common sto	• • •	P - Purchase D - Donation	(mo , day, yr)	(mo, day, yr)
1 a SEE PART IV	SCHEDULE		D - DONIGIO		
b					
С					
d					
θ					
(e) Gross sales price	(f) Depreciation allowed			(h) Gain or (lo	
	(or allowable)	plus expense of sale		((e) plus (f) min	us (g))
<u>a</u>			.		
<u>b</u>					
<u> </u>					
d	···		-		_ _
e Complete only for a	ssets showing gain in column (h) and	d owned by the foundation on 12/31/69			
Complete only for a				Gains (Col (h) ga (k), but not less t	
(i) FMV as of 12/31/6	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col (j), if any		Losses (from co	
a		0,	 	<u> </u>	
b			+		-
C			 		
d			1		
е			<u> </u>		-
		If gain, also enter in Part I, line 7		· -	
2 Capital gain net in	come or (net capital loss)	If (loss), enter -0- in Part I, line 7	} 2		30,621.
3 Net short-term ca	pital gain or (loss) as defined in s	· · · · · · · · · · · · · · · · · · ·	'		-
If gain, also ente	r in Part I, line 8, column (c)	See instructions If (loss), enter -0- in	ti i		
Part I, line 8	<u> </u>		J 3		0.
Part V Qualifica	tion Under Section 4940(e) f	for Reduced Tax on Net Investment	Income		<u> </u>
	ole for the section 4942 tax on the doesn't qualify under section 494	e distributable amount of any year in the	base perio	d?	Yes X No
		each year, see the instructions before ma	cing any er	ntries	
(a)	(b)	(c)	ting any en	(d)	
Base period years Calendar year (or tax year begins	A divisar di su siè fa a di servicio			Distribution ra (col (b) divided by	
2016	3,768,0	000. 4,577,718.			0.823118
2015	3,668,9				0.782710
2014	2,226,5				0.559666
2013	3,141,2				0.953361
2012	1,506,7	2,695,705.			0.558930
					-
2 Total of line 1, co	umn (d)	• • • • • • • • • • • • • • • • • • • •	2		3.677785
		d - divide the total on line 2 by 5 0, or by			
the number of yea	rs the foundation has been in exi	stence if less than 5 years	3		0.735557
4 Enter the net value	e of noncharitable-use assets for	2017 from Part X, line 5	4	4,	064,341.
				_	
5 Multiply line 4 by	line 3		5	2,	989,554.
6 Enter 1% of net in	vestment income (1% of Part I, lir	ne 27b)	6		818.
7 Add lines 5 and 6			7	2,	990,372.
8 Enter qualifying di	stributions from Part XII, line 4	<u>.</u>	8		790,454.
If line 8 is equal to Part VI instructions		the box in Part VI, line 1b, and complete	e that part	t using a 1% ta	x rate. See th

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Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	1948 - see	instru	ctions	5)		
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1						
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)						
b		1		8	18.		
	here X and enter 1% of Part I, line 27b						
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of						
	Part I, line 12, col (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2					
3	Add lines 1 and 2	3		8	18.		
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		8	18.		
6	Credits/Payments						
	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 545.						
b	Exempt foreign organizations - tax withheld at source 6b						
c	Tax paid with application for extension of time to file (Form 8868) 6c 2,000.						
d	Backup withholding erroneously withheld 6d	1					
7	Total credits and payments Add lines 6a through 6d	7		2,5	45.		
8	Enter any penalty for underpayment of estimated tax. Check here 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		10		1,7	27.		
11		11					
Par	t VII-A Statements Regarding Activities	ı					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation	or did it		Yes	No		
	participate or intervene in any political campaign?		1a		X		
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes						
_	instructions for the definition		1b		Х		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of an						
	published or distributed by the foundation in connection with the activities	,					
c			1c		Х		
	c Did the foundation file Form 1120-POL for this year?						
٠	(1) On the foundation > \$(2) On foundation managers > \$						
•	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax	— umposed					
•	on foundation managers > \$	mposeu					
,	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		х		
2							
	If "Yes," attach a detailed description of the activities						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument,		3		Х		
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		 		X		
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a	N/			
_	If "Yes," has it filed a tax return on Form 990-T for this year?		4b	IN /	X		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	• • • • • •	5				
_	If "Yes," attach the statement required by General Instruction T						
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directively.			v			
	conflict with the state law remain in the governing instrument?		6	X			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), a	nd Part XV	7	Х			
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			1			
	MA,						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorn		_	ι,			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	Х			
9	ls the foundation claiming status as a private operating foundation within the meaning of section 49						
	4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XI	V If "Yes,"			(
	complete Part XIV		9		X <		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule I						
	names and addresses	<u></u>	10		Х		

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Par	t VII-A Statements Regarding Activities (continued)			
			Yes	No
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		x
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	12		х
	person had advisory privileges? If "Yes," attach statement See instructions		х	<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address WWW.PATRIOTS.COM/COMMUNITY	13	1	!
14	The books are in care of ► MICHAEL JOYCE Located at ►ONE PATRIOT PLACE FOXBORO, MA Telephone no ► 508-698- 2IP+4 ► 02035	4618	3	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	N/	<u>А</u> . >	•
	and enter the amount of tax-exempt interest received or accrued during the year			T
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	L	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country ▶			,
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	the bondit of doc of a disqualined person,			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
þ	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	_3.C		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	N,	/A
	Organizations relying on a current notice regarding disaster assistance, check here	\$		3 :
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2017?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private] 1
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and			}
	6e, Part XIII) for tax year(s) beginning before 2017?			
	If "Yes," list the years			
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	N	Α
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		1	
·			İ	
2-	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
Ja				
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2017 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	ļ		
	foundation had excess business holdings in 2017)	3b	N.	<u>Α</u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<u> </u>	X
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 2017?	4b		X

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Pai	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Req	uired (continued)				
5a	During the year, did the foundation pay or incur any amo	unt to.				Yes	No	
	(1) Carry on propaganda, or otherwise attempt to influe	•			·			
	(2) Influence the outcome of any specific public ele							
	directly or indirectly, any voter registration drive?							
	(3) Provide a grant to an individual for travel, study, or or				'			
	(4) Provide a grant to an organization other than a							
	section 4945(d)(4)(A)? See instructions				'			
	purposes, or for the prevention of cruelty to children or animals? Yes X No b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in							
U	Regulations section 53 4945 or in a current notice regard				5b	N	ľΑ	
	Organizations relying on a current notice regarding disas	_						
r	If the answer is "Yes" to question 5a(4), does the				_			
·	because it maintained expenditure responsibility for the g			Yes No	,			
	If "Yes," attach the statement required by Regulations se							
6a	Did the foundation, during the year, receive any fun		ectly, to pay premiur	ns			İ	
	on a personal benefit contract?				,			
b	Did the foundation, during the year, pay premiums, dire	ectly or indirectly, on a	personal benefit contra	nct?	6b		Х	
	If "Yes" to 6b, file Form 8870						1	
7a	At any time during the tax year, was the foundation a pa	•		. — —				
ь	If "Yes," did the foundation receive any proceeds or have					N	/A	
Pa	Information About Officers, Director and Contractors		_		oloyees,			
1	List all officers, directors, trustees, foundation n	nanagers and thei (b) Title, and average	r compensation. See	instructions.				
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	(e) Expens other all			
			_				_	
ATC	H 9		0.	0.			0.	
		İ						
				-				
			:					
2	Compensation of five highest-paid employees "NONE."	(other than thos	se included on lin	e 1 - see instructi	ons). If n	one,	ente	
	NONE.	(b) Title, and average		(d) Contributions to				
(a	Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	(e) Expens other all			
		a protect to position		compensation		-		
	NONE							
	NONE		· · · · ·					
			-					
				_				
Tota	number of other employees paid over \$50,000.		<u> </u>	. ▶ │				

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emand Contractors (continued)	oloyees,
3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "N	ONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
	0
	
Total number of others receiving over \$50,000 for professional services	•
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 organizations and other beneficianes served, conferences convened, research papers produced, etc.	of Expenses
1 NOT APPLICABLE	
1 NOT AFFEICABLE	-
	-
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 NONE	
	_
2	_
	_
All other program-related investments See instructions	
3 NONE	
	-
	_
Total Add lines 1 through 3	

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Pai	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign found	lations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	3,130,946.
b	Average of monthly cash balances	1b	995,289.
	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	4,126,235.
0	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	4,126,235.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	61,894.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	4,064,341.
6	Minimum investment return. Enter 5% of line 5	6	203,217.
Pai	The XII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part)	ndations	
1	Minimum investment return from Part X, line 6	1	203,217.
	Tax on investment income for 2017 from Part VI, line 5 2a 818.		
h	Income tax for 2017 (This does not include the tax from Part VI).	1 !	
	Add lines 2a and 2b	2c	818.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	202,399.
4	Recoveries of amounts treated as qualifying distributions		
5	Add lines 3 and 4	5	202,399.
6	Deduction from distributable amount (see instructions)	6	<u></u>
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
•	line 1	7	202,399.
Pai	rt XII Qualifying Distributions (see instructions)	 • 	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		· · · · · · · · · · · · · · · · · · ·
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	5,790,454.
	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the	-	
a	Suitability test (prior IRS approval required)	3a	
	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	5,790,454.
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	818.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	5,789,636.
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
	qualifies for the section 4940(e) reduction of tax in those years		iodijedioi

Page 9

Form 990-PF (2017)			<u></u> .		Page 9
Part XIII Undistrib	uted Income (see instru	•	··· 1		T
1 Distributable amount	· -	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
				 _	202,399.
2 Undistributed income, if					
	only			···=	
b Total for prior years 20_					
3 Excess distributions ca	i 1 051 005 l				
a From 2012 b From 2013	0 076 501				
c From 2014	1 007 030				
d From 2015	2 426 272				
e From 2016	2 507 402				
	jh e	13,199,340.			
4 Qualifying distributions line 4. ▶ \$					
	ot more than line 2a				
b Applied to undistribut	ed income of prior years				
	instructions)				
	ns out of corpus (Election				
	utable amount				202,399.
e Remaining amount dis	tributed out of corpus	5,588,055.			
5 Excess distributions c		!			
amount must be shown 6 Enter the net tota indicated below:					
a Corpus Add lines 3f, 4	c, and 4e. Subtract line 5	18,787,395.			
b Prior years' undistri	buted income Subtract				
c Enter the amount of income for which a been issued, or on w	prior years' undistributed notice of deficiency has hich the section 4942(a)				
d Subtract line 6c f	from line 6b Taxable				
e Undistributed income 4a from line 2a	for 2016 Subtract line Taxable amount - see				
	for 2017 Subtract lines 1 This amount must be				
•	nts imposed by section				
	(g)(3) (Election may be ons)				
	earryover from 2012 not e 7 (see instructions)	1,371,925.			
9 Excess distribution Subtract lines 7 and 8	s carryover to 2018.	17,415,470.			
10 Analysis of line 9	1 0 076 531				
a Excess from 2013	. 2,976,531.				
b Excess from 2014	2 426 272				
c Excess from 2015	· 				
d Excess from 2016	·				
e Excess from 2017	.1 3,303,033.1				Form 990-PF (2017)

Рa	rt XIV Private Ope	erating Foundations	(see instructions ar	nd Part VII-A, questi	on 9)	NOT APPLICABLE	
1 a	1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling						
b	Check box to indicate v	whether the foundation	is a private operating t	foundation described in	section 4942(j)(3) or 4942(j)(5)	
2 0	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total	
4 a	justed net income from Part	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(0)	
	I or the minimum investment return from Part X for each year listed		;				
ь	85% of line 2a						
	Qualifying distributions from Part						
d	XII, line 4 for each year listed . Amounts included in line 2c not	. , ,					
_	used directly for active conduct of exempt activities						
е	Qualifying distributions made directly for active conduct of				ĺ		
	exempt activities Subtract line						
3	2d from line 2c			-	7		
а	"Assets" alternative test - enter			, /			
_	(1) Value of all assets						
	(2) Value of assets qualifying under section			/			
b	4942(j)(3)(B)(i) "Endowment" alternative test-			, '			
	enter 2/3 of minimum invest- ment return shown in Part X,			<u>, '</u>			
	line 6 for each year listed		,				
С	"Support" alternative test - enter	1	, , ,				
	(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 sup- port from an exempt						
	organization					 	
Pa		ntary Information (Complete this part	only if the founda	tion had \$5,000 o	r more in assets at	
		uring the year - see					
1	Information Regardin	•					
а	List any managers of before the close of any			4= 444 /4			
	N/A	,, (,,	,	(-	,		
	List any managers of	the foundation who	own 10% or more of	f the stock of a corp	oration (or an equal	y large portion of the	
	ownership of a partner						
_	N/A	<u> </u>	0'6' 0-11	·			
2	Information Regardin	~		-			
	unsolicited requests for	or funds If the found	ation makes gifts, gra			and does not accept nder other conditions,	
	complete items 2a, b,				the ed blood be ed	dragged	
а	The name, address, a DONNA SPIGA	ROLO - (508) 38		ie person to wnom app	Dications should be ad-	aressea	
b	The form in which app	lications should be su	bmitted and information	on and materials they	should include		
	SEE ATTACHM	MENT 10					
С	Any submission deadle						
	SEE ATTACHM	ENT 10					
d	Any restrictions or li	imitations on awards	, such as by geogra	aphical areas, charita	able fields, kinds of	institutions, or other	
	SEE ATTACHM	ENT 10					

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Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual,	Foundation						
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of great or contribution	Amount				
	or substantial contributor	rocipient						
a Paid during the year ATTACHMENT 11				E 579 200				
ATTACHMENT 11				5,578,200.				
			· '					
			!					
		1						
		1						
		l						
			Į.					
		<u> </u>						
Total	 	<u></u>	▶ 3a	5,578,200.				
b Approved for future payment								
	•			1				
			1					
Total	' 	1		NONE				
IVIAI	· · · · · · <u>· · · · · · · · · · · · · </u>		· · · · · · · · · · · · · · · · · · ·	1				

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Pai	rt XVI-	A Analysis of Income-Prod	ucing Act	ivities			
Ente	r gross	amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e)
1 F	Program	service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
а	<u> </u>						
ь							
c							
d	•					`	
8	-						· · · · · · · · · · · · · · · · · · ·
f					 		
-		and contracts from covernment conserve					
g		ind contracts from government agencies			1		
		thip dues and assessments			14	39.	
		savings and temporary cash investments .			14	51,189.	
		s and interest from securities			1	31,103.	
		il income or (loss) from real estate.					
		financed property		·			
		ebt-financed property					
6 N	let rental	income or (loss) from personal property					
		estment income			18	20 621	
8 6	ain or (lo	oss) from sales of assets other than inventory			01	30,621.	
		me or (loss) from special events · · ·			01	385,415.	
		ofit or (loss) from sales of inventory					
11 C		renue a					
b	' —						
С	:						
d					ļ <u>.</u>		
е							
		Add columns (b), (d), and (e)				467,264.	
13 T	otal. Ad	d line 12, columns (b), (d), and (e)				13	467,264.
		eet in line 13 instructions to verify calc					
Pai	rt XVI-	Relationship of Activitie	S to the A	ccomplishment of Ex	kempt Pur	poses	
Lin	e No.	Explain below how each activit	y for which	h income is reported ii	n column (e	e) of Part XVI-A contribi	uted importantly to the
	▼	accomplishment of the foundation	on's exemp	t purposes (other than I	by providing	funds for such purposes	s) (See instructions)
							
		NOT APPLICABLE					
							
							<u> </u>
	l						
	_	<u> </u>					
	i						
							
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roim 95	_			BROBARD TATE.					04 324	_		ge 13
Part 2	XVII	Information F Exempt Orga		ansfers to and	Transaction	ns and	Relatio	onships \ 	With None	harit	table	
1 D	id the	organization direc	tly or indirectly	engage in any of	the following v	vith any	other o	rganization	described		Yes	No
ir	sec	tion 501(c) (other	than section	501(c)(3) organ	izations) or in	section	n 527,	relating t	o political			
0	rganız	ations?										
аТ	ransfe	ers from the reporti	ng foundation to	a noncharitable e	xempt organiza	ation of.						
(1	I) Cas	sh							<i></i>	1a(1)		Х
-	•	er assets								1		Х
-	•	ransactions										
(*	I) Sal	es of assets to a no	oncharitable exe	mpt organization.						1b(1)		X
		chases of assets fr										Х
		ntal of facilities, equ										X
		mbursement arrang	-							1		X
		ins or loan guarante								1		Х
(0	b) Per	formance of service	es or members	hip or fundraising s	olicitations					1b(6)		Х
		of facilities, equip										Х
d If	the a	answer to any of the	he above is "Ye	es," complete the	following sche	edule Co	olumn (I	b) should a	always shov	the	fair m	arke
		of the goods, other		•								
v	alue ii	n any transaction o	r sharing arran	gement, show in o	column (d) the	value o	f the go	ods, other	assets, or s	ervice	s rec	eived
(a) Line	no	(b) Amount involved	(c) Name of	noncharitable exempt o	rganization		ription of ti	ransfers, trans	actions, and sha	ring arre	angeme	nts
		N/A				N/A						
			ļ <u> —</u>									
			 									
		· · · · · · · · · · · · · · · · · · ·							<u>.</u>			
			ļ			_						_
			 	<u> </u>								
			_									
			 									
			 									
			 									
												
		foundation directly										a .
		ed in section 501(c			in section 527	?			ا	Y	es X	_l No
<u>b lf</u>	<u>"Yes,</u>	" complete the folio							 			
	_	(a) Name of organization	<u></u>	(b) Type of	organization		-	(c) Descri	ption of relation:	inip		
		 -										
									·			
				<u> </u>		-						
						-						
	Under	penalties of peguge I dec	are that I have exam	ine this return, including	accompanyona echec	fules and et	tatemente é	and to the best	of my knowled	ne and I	nation it	is ton
		, and complete pedaration		tax aver) is based on all info					. or my knowledg	, o and t	, it	15 114
Sign		///4/1	1 1/h.	11 06/0	5/2014	ch			May the IR	discus	s this	return
Here	Cura	1 1 1 V	147/	3 -1 -1	120.0		1 Plm		with the pr	•		
	Sign	ature of officer of trustee	- 1 <i> </i> /	Date	Tit	ue			See instruction	<u> </u>	Yes	X
	L	Print/Type preparer's na		Plan grade confe	(aC) A (1		Date	- 1	 	PTIN		
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Prepa	ırer	JENNIFER D RH					1 0012		24 6	P003		<u> </u>
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Use C	illy			CIRCLE, STE	4000	460	0.4		217 (01 7.	200	
		T£	NDIANAPOLIS	, IN		4620	U 4	Phone n	317-6) T = \(700	

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2017

Name of the organization Employer identification number THE NEW ENGLAND PATRIOTS CHARITABLE FOUNDATION, INC. 04-3244069 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation 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 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 33 1/3 % 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 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization THE NEW ENGLAND PATRIOTS CHARITABLE Employer identification number 04-3244069 FOUNDATION, INC.

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	A & A METRO TRANSPORTATION 1001 BEDFORD STREET BRIDGEWATER, MA 02324	\$	Person X Payroll Noncash (Complete Part II for			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	noncash contributions) (d) Type of contribution			
2	A TENT FOR RENT 125 COMMERICAL CIRCLE DENHAM, MA 02026	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	ABIOMED 22 CHERRY HILL DRIVE DANVERS, MA 01923	\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	ACE TICKET WORLDWIDE INC. 534 COMMONWEALTH AVE BOSTON, MA 02215	\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5	AETNA INC 151 FARMINGTON AVENUE HARTFORD, CT 06515	\$ 30,000 .	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	ALEX AND ANI 2000 CHAPEL VIEW BOULEVARD, SUITE 360 CRANSTON, RI 02920	\$ 30,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization THE NEW ENGLAND PATRIOTS CHARITABLE FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	AMANDA HOWE 509 CEDAR AVENUE LEAGUE CITY, TX 77573	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	ANHEUSER-BUSCH 401 EDGEWATER PLACE, SUITE 670 WAKEFIELD, MA 01880	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	AMR DARWISH 171 SALMAR TER CAMPBELL, CA 95008	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	ANDREAS RAHN KIRNACHER HOEHE 17 UNTERKIRNACH, BW 78089	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ANDY FINK 7944 NW 111TH WAY PARKLAND, FL 33076	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	ARBELLA INSURANCE GROUP 1100 CROWN COLONY DRIVE QUINCY, MA 02269	\$ 25,000.	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization THE NEW ENGLAND PATRIOTS CHARITABLE FOUNDATION, INC.

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			
13	AUDI 300 TICE BOULEVARD WOODCLIFF LAKE, RI 07677	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
14	BANK OF AMERICA 125 DUPONT DRIVE PROVIDENCE, RI 02907	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
15	DANVERS, MA 01923	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
16	BEHAVIORAL CONCEPTS 5 CEDAR RIDGE LANE MANSFIELD, MA 02048	\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
17	BENJAMIN BLEVINS 1838 REMELL STREET FLINT, MI 48503	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
18	BOB DAVIS 7 WYNDEMERE DRIVE SOUTHBORO, MA 01772	\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions)			

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization THE NEW ENGLAND PATRIOTS CHARITABLE FOUNDATION, INC.

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			
19	BOSE CORPORATION	_	Person X			
	FRAMINGHAM OPERATIONS, THE MOUNTAIN	\$ \$0,000.	Payroll Noncash			
	FRAMINGHAM, MA 01701	_	(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
20	BOSTON RED SOX FOUNDATION		Person			
	4 YAWKEY WAY	\$5,000.	Payroll			
	BOSTON, MA 02115	_	(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
21	BRAD MORRIS		Person			
	910 DAY HILL ROAD	\$ 15,000.	Payroll			
	WINDSOR, CT 06095	_	(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
22	BRIAN MCCABE		Person X			
	47 COLLINS BROOK ROAD	\$ 15,000.	Payroll Noncash			
	MEREDITH, NH 03253		(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
23	BURNIE GAFF		Person X			
į	160 PERRY ROAD	\$ 1 5,000.	Payroll Noncash			
	BANGOR, ME 04401	_	(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
24	C & W FACILITY SERVICES		Person X			
l	275 GROVE STREET, SUITE 3-200	30,000 .	Payroll Noncash			
	AUBURNDALE, MA 02466	_	(Complete Part II for noncash contributions)			

Name of o	organization THE NEW ENGLAND PATRIOTS CHARITABL	E	Employer identification number
Part I	Contributors (see instructions). Use duplicate copies of	of Part Lif additional spa	04-3244069
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)
25	CBS RADIO 83 LEO M. BIRMINGHAM PARKWAY BOSTON, MA 02135	\$15,	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
26	CBS TELEVISION 524 WEST 57TH STREET NEW YORK, NY 10019	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
27	COMMUNICATION TECHNOLOGY SERVICES, LLC 33 LOCKE DRIVE MARLBOROUGH, MA 01752	\$15,	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
28	CONECO ENGINEERS & SCIENTISTS 4 FIRST STREET BRIDGEWATER, MA 02324	_	Person X Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
29_	P.O. BOX 1388 BANGOR, ME 04402	_	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ons Type of contribution
30	DANIELA SNOPKOWSKI 800 MAIN STREET HOLDEN, MA 01520	-	Person X Payroll Noncash (Complete Part II for noncash contributions)

Name of organization THE NEW ENGLAND PATRIOTS CHARITABLE FOUNDATION, INC.

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			
31	DAVE WAJSGRAS 152 LOWELL ROAD WELLESLEY, MA 02481	\$35,263.	Person X Payroll X Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
32	DAVID ABRAMS 222 BERKELEY STREET, 21ST FLOOR BOSTON, MA 02116	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	DAVID THURSTON 30 ASH STREET CAMPBELL, MA 02138	\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
34	DELLBROOK - JKS ONE ADAMS PLACE, 859 WILLARD STREET QUINCY, MA 02169	\$ 50,000.	Person Payroll Noncash (Complete Part If for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
35	DEREK YOUNG 82 DEVONSHIRE STREET BOSTON, MA 02109	\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
36	DEVETTE RUSSO 16 WESCOTT DRIVE HOPKINTON, MA 01748	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions)			

. Name of organization THE NEW ENGLAND PATRIOTS CHARITABLE FOUNDATION, INC.

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			
37	DIGITAL GUARDIAN 860 WINTER STREET, SUITE 3 WALTHAM, MA 02451	\$	Person Payroll Noncash (Complete Part II for			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
38	DOLE & BAILY 16 CONN STREET WOBURN, MA 01801	\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
39_	EDMOND ENGLISH 150 BEACON STREET BOSTON, MA 02116	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)			
. (a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
40	ENERGI INSURANCE SERVICES INC. 10 CENTENNIAL DRIVE, SUITE 201 PEABODY, MA 01960	\$ 47,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
41	ERNST & YOUNG, L.L.P. 2323 VICTORY AVENUE, SUITE 2000 DALLAS, TX 75219	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
42_	ESPN/WALT DISNEY ESPN PLAZA BRISTOL, CT 06010	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)			

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			
_43	FACTORY MUTUAL INSURANCE COMPANY P.O. BOX 7500 JOHNSTON, RI 02919	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
44	FOLEY & LARDNER LLP 777 EAST WISCONSON AVENUE MILWAUKEE, WI 53202	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
45	GEORGE AGHJAYAN 5 SHORE AVENUE WESTMINSTER, MA 01473	\$6,150.	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution			
46_	GEORGE SCHWEITZER 4024 RADFORD AVENUE STUDIO CITY, CA 91604	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
47	GILLETTE ONE GILLETTE PARK BOSTON, MA 02127	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
48	GIVING GROUSBECK - WYC KENT GROUSBECK 226 CAUSEWAY STREET, 4TH FLOOR BOSTON, MA 02114	\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions)			

Name of organization THE NEW ENGLAND PATRIOTS CHARITABLE FOUNDATION, INC.

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			
49	GLYNN ELECTRIC 11 RESNIK ROAD PLYMOUTH, MA 02360	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
50	H CARR AND SONS 100 ROYAL LITTLE DRIVE	s 30,000.	Person X Payroll			
	PROVIDENCE, RI 02904	_ \$30,000.	Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_51	HARBORONE BANK 770 OAK STREET BROCKTON, MA 02303	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
52	HAROLD BROTHERS MECHANICAL CONTRACTORS 44 WOODROCK ROAD WEYMOUTH, MA 02189	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
53	HARVARD PILGRIM HEALTH CARE, INC. 93 WORCESTER STREET WELLESLEY, MA 02481	\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
54	HINCKLEY, ALLEN & SNYDER LLP 100 WESTMINSTER STREET, SUITE 1500 PROVIDENCE, RI 02903	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization THE NEW ENGLAND PATRIOTS CHARITABLE FOUNDATION, INC.

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			
55	HOBBS BROOK MANAGEMENT		Person X Payroll			
	225 WYMAN STREET	\$15,000.	Noncash			
	WALTHAM, MA 02451		(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
56_	INFOR INC		Person X			
	13560 MORRIS ROAD, SUITE 4100	\$\$	Payroll Noncash			
	ALPHARETTA, GA 30004		(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_ 57_	JAMES BAILEY		Person X			
	125 HIGH STREET	\$10,000.	Payroll Noncash			
	BOSTON, MA 02110		(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
58	JAMES R.MOTZKIN		Person X			
	265 NEWBURY STREET	\$\$	Payroll Noncash			
	PEABODY, MA 01960		(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
59	JASON CARLSON		Person X			
	6943 GEMINI DRIVE	\$5,000.	Payroli Noncash			
	ANCHORAGE, AK 99504		(Complete Part II for noncash contributions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
60	JED DAVID SATOW FAMILY FOUNDATION		Person			
l	158 MERCER STREET, APT 8B	\$ \$	Payroll Noncash			
	NEW YORK, NY 10012		(Complete Part II for noncash contributions)			

Name of organization THE NEW ENGLAND PATRIOTS CHARITABLE FOUNDATION, INC.

Part I	Contributors (see instructions) Use duplicate copies	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	JEFF PALACIOS 4 BISHOP STREET, #402 FRAMINGHAM, MA 01702	\$ 31,100.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62	JERRY SPEYER 45 ROCKERFELLER PLAZA NEW YORK, NY 10111	\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63	JOE FLEMING 28 LORD ROAD MARLBOROUGH, MA 01752	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64	JOHN HANCOCK LIFE INSURANCE COMPANY 100 CLARENDON STREET BOSTON, MA 02116	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>65</u> i	JOHN PANIZZA 969 WEST MAIN ROAD, APT. 3503 MIDDLETOWN, MA 02842	\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
66	JOSE ALMEIDA 580 E. WOODLAND LAKE FOREST, IL 60045	\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	JUSTIN WALSH 1 IRVING PLACE, APT V24C NEW YORK, NY 10003	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68_	KATHY DEMALA 5662 ROUDROCK DRIVE LAS VEGAS, NV 89142	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69_	KENNETH G. LANGONE 375 PARK AVENUE NEW YORK, NY 10152	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70	KENNETH LEVINE 860 WINTER STREET, SUITE 3 WALTHAM, MA 02451	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71	KIM BOWERS 15 TAM O SHANTER LANE BOCA RATON, FL 33431	\$\$,000.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72	KYLE CORKUM 26 MEMORIAL GROVE ROAD WEYMOUTH, MA 02190	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 2 Name of organization THE NEW ENGLAND PATRIOTS CHARITABLE **Employer identification number** 04-3244069 FOUNDATION, INC. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 73 **KYOCERA** Person **Payroll** 1 JEWEL DRIVE 15,000. Noncash (Complete Part II for WILMINGTON, MA 01887 noncash contributions) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 74 LARRY HAMELSKY Person **Payroll** 55 VALENTINE STREET 15,000. Noncash (Complete Part II for NEWTON, MA 02465 noncash contributions) (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 75 LIDDELL BROTHERS INC Person Payroll 600 INDUSTRIAL DRIVE 30,000. Noncash (Complete Part II for HALIFAX, MA 02338 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 76 LIGHTHOUSE COMPUTER Person **Payroll** 6 BLACKSTONE VALLEY PLAVE, SUITE 205 15,000. Noncash (Complete Part II for LINCOLN, RI 02865 noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 77 LSTAR Person Payroll 26 MEMORIAL GROVE ROAD 65,000. Noncash (Complete Part II for WEYMOUTH, MA 02190 noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 78 MANCHESTER SUBARU Person Payroll P.O. BOX 10490 50,000.

BEDFORD, NH

03110

noncash contributions)

Noncash (Complete Part II for

\$

Part I	Contributors (see instructions). Use duplicate copies of the	Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	MARK SALOMONE 46 FAIRHILL DRIVE LONGMEADOW, MA 01106	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80	MARSH & MCLENNAN		Person X
	101 HUNTINGTON AVENUE, SUITE 401 BOSTON, MA 02199	\$5,000.	Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81	MARTY MEEHAN EDUCATIONAL FOUNDATION 144 FAIRMOUNT STREET LOWELL, MA 01852	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
82	MARY CHRISTIE FOUNDATION C/O CHRISTIE AND ASSOCIATES, 80 HAYDEN A LEXINGTON, MA 02421	\$ 15,000.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83	MASHANTUCKET PEQUOT GAMING ENTERPRISE 350 TROLLEY LINE BLVD. MASHANTUCKET, CT 06338	\$ 45,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
84	MASSMUTUAL 1295 STATE STREET	\$50,000.	Person X Payroll Noncash (Complete Part II for
	SPRINGFIELD, MA 01111		noncash contributions)

Part I	Contributors (see instructions). Use duplicate copies of	of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	MICHELE VELCHECK 5040 HEATHERWOOD COURT ROSEWELL, GA 30075	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86	MIMECAST 480 PLEASANT STREET WATERTOWN, MA 02472	\$\$	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87	MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND ONE FINANCIAL CENTER BOSTON, MA 02111	\$30,155. 	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88	MORGAN, LEWIS & BLOCKIUS LLP 1701 MARKET STREET PHILADELPHIA, PA 19103	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89	MYLAN INC 1000 MYLAND BLVD CANONSBURG, PA 15317	\$5,000. 	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90	NANOLUMENS 4900 AVALON RIDGE PKWY NORCROSS, GA 30071	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	NEW ENGLAND PATRIOTS L.P. ONE PATRIOT PLACE	\$72,727.	Person X Payroll X Noncash
_	FOXBOROUGH, MA 02035		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92	NFL FOUNDATION		Person X Payroll
	NEW YORK, NY 10154	\$98,500.	Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93	NGAM ADVISORS, LP 399 BOYLSTON STREET BOSTON, MA 02116	\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94	NIGEL TRAVIS 98 LIVINSTON ROAD WELLESLEY, MA 02482	\$ 36,968.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95	NIKCO SPORTS 516 TRADE CENTER BOULEVARD CHESTERFIELD, MO 63005	\$ 5,330.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96	NRG ENERGY 1201 FANNIN STREET HOUSTON, TX 77002	\$24,000.	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization THE NEW ENGLAND PATRIOTS CHARITABLE FOUNDATION, INC.

(a) No. (b) Name, address, and ZIP + 4 (c) Total contributions 97 OCEAN SPRAY CRANBERRIES, INC. \$ 65,000. ONE OCEAN SPRAY DRIVE \$ 65,000. LAKEVILLE-MIDDLEBORO, MA 02349 (c) Total contributions (a) No. Name, address, and ZIP + 4 Total contributions 98 ONE8 FOUNDATION \$ 50,000.	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
ONE OCEAN SPRAY DRIVE LAKEVILLE-MIDDLEBORO, MA 02349 (a) (b) (c) No. Name, address, and ZIP + 4 ONE 8 FOUNDATION S 65,000.	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) (b) (c) No. Name, address, and ZIP + 4 Total contributions 98 ONE8 FOUNDATION	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
	Payroll Noncash (Complete Part II for noncash contributions.)
BOSTON, MA 02116	
(a) (b) (c) No. Name, address, and ZIP + 4 Total contributions	
99 OPTUMHEALTH P.O. BOX 1459 MN008-W235 \$ 105,000. MINNEAPOLIS, MN 55440	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) (b) (c) No. Name, address, and ZIP + 4 Total contributions	(d) Type of contribution
100 PARTNERS HEALTHCARE SYSTEM P.O. BOX 9127 \$ 17,500. BOSTON, MA 02129	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) (b) (c) No. Name, address, and ZIP + 4 Total contributions	(d) Type of contribution
101 PATRICIA KENNEDY PO BOX 2727 ORLEANS, MA 02653 \$ 80,000.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) (b) (c) No. Name, address, and ZIP + 4 Total contributions	(d) Type of contribution
102 PATRICK MELAMPY 1024 MAIN STREET \$ 50,000. DUNSTABLE, MA 01827	Person X Payroll Noncash (Complete Part II for noncash contributions)

Name of organization THE NEW ENGLAND PATRIOTS CHARITABLE Employer identification number 04-3244069 FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eaea.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	PEAK EVENT SERVICES	15 000	Person X Payroll
:	WOBURN, MA 01801	\$ 15,000.	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104	PEPSI-COLA COMPANY		Person X
	100 JOHN ROAD	\$ 70,000.	Payroll Noncash
	CANTON, MA 02021		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105	PERFORMANCE FOOD GROUP COMPANY		Person X Payroll
	P.O. BOX 17849 DENVER, CO 80217	\$ 27,500.	Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Type of contribution Person X Payroll Noncash
No.	Name, address, and ZIP + 4 PETER BARRETT	Total contributions	Type of contribution Person X Payroll
No.	PETER BARRETT 303 COLUMBUS AVE, APT 401	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 106	PETER BARRETT 303 COLUMBUS AVE, APT 401 BOSTON, MA 02116 (b)	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
No. 106 (a) No.	PETER BARRETT 303 COLUMBUS AVE, APT 401 BOSTON, MA 02116 (b) Name, address, and ZIP + 4	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution
No. 106 (a) No.	Name, address, and ZIP + 4 PETER BARRETT 303 COLUMBUS AVE, APT 401 BOSTON, MA 02116 (b) Name, address, and ZIP + 4 POPULOUS GROUP	\$ 5,000. (c) Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll
No. 106 (a) No.	Name, address, and ZIP + 4 PETER BARRETT 303 COLUMBUS AVE, APT 401 BOSTON, MA 02116 (b) Name, address, and ZIP + 4 POPULOUS GROUP 4800 MAIN STREET, SUITE 300	\$ 5,000. (c) Total contributions	Person X Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person X Payroll Noncash (Complete Part II for
(a) No. 107	Name, address, and ZIP + 4 PETER BARRETT 303 COLUMBUS AVE, APT 401 BOSTON, MA 02116 (b) Name, address, and ZIP + 4 POPULOUS GROUP 4800 MAIN STREET, SUITE 300 KANSAS CITY, MO 64112 (b)	\$\$ 5,000. Total contributions (c) Total contributions 5,000.	Person X
(a) No. 107	Name, address, and ZIP + 4 PETER BARRETT 303 COLUMBUS AVE, APT 401 BOSTON, MA 02116 (b) Name, address, and ZIP + 4 POPULOUS GROUP 4800 MAIN STREET, SUITE 300 KANSAS CITY, MO 64112 (b) Name, address, and ZIP + 4	\$\$ 5,000. Total contributions (c) Total contributions 5,000.	Person Payroll Noncash (Complete Part II for noncash contributions) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions)

Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	PRO CON INC 1359 HOOKSETT ROAD HOOKSETT, NH 03106	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110	PUTNAM INVESTMENTS ONE POST OFFICE SQUARE BOSTON, MA 02109	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111	QUALITY BEVERAGE 525 MYLES STANDISH BLVD. TAUNTON, MA 02780	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112	RAYMOND SULLIVAN 36 WICHITA ROAD MEDFIELD, MA 02052	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113	RAYTHEON 870 WINTER STREET WALTHAM, MA 02451	\$60,000.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114	RICHARD STAMM ONE OCEAN SPRAY DRIVE LAKEVILLE-MIDDLEBORO, MA 02349	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)

Name of organization THE NEW ENGLAND PATRIOTS CHARITABLE FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	ROBERT PENFIELD	5 000	Person X Payroll
	CONCORD, MA 01742	\$5,000.	Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116	ROBERT REYNOLDS		Person X
	153 GARFIELD ROAD	\$50,000.	Payroll Noncash (Complete Part II for
	CONCORD, MA 01742		noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117	RUGGIERI FLOORING 1191 PONTIAC AVENUE CRANSTON, MA 02920	\$10,500.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
118	SCOTT KAPLOWITCH 160 FEDERAL STREET, 9TH FLOOR BOSTON, MA 02110	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
119	SEAN STEALTH 5 DEWEY WAY SHEFFIELD, MA 01257	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
120	SHIELDS HEALTH CARE GROUP LP 55 CHRISTY'S DRIVE BROCKTON, MA 02301	\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions)
		i	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 2 Name of organization THE NEW ENGLAND PATRIOTS CHARITABLE Employer identification number 04-3244069 FOUNDATION, INC. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 121 SID WAINER Х Person Pavroll 2301 PURCHASE STREET #1 5,000. Noncash (Complete Part II for NEW BEDFORD, MA 02746 noncash contributions) (a) (b) (c) (d) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. 122 SIR MARTIN SORRELL Х Person **Payroll** 100 PARK AVENUE, 4TH FLOOR 50,000. \$ Noncash (Complete Part II for NEW YORK, NY 10017 noncash contributions) (a) (b) (c) (d) Name, address, and ZIP + 4 Total contributions Type of contribution No. 123 STATE STREET BANK Person **Payroll** ONE LINCOLN STREET 10,000. Noncash (Complete Part II for BOSTON, MA 02111 noncash contributions) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 124 STEPHEN ADELSON Person Payroll 20 PARK PLAZA, SUITE 820 5,000. Noncash (Complete Part II for BOSTON, MA 02116 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 125 STEPHEN CHAPMAN Person Payroll 100 GALEN STREET, SUITE 301 15,000. Noncash (Complete Part II for WATERTOWN, MA 02472 noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 126 SUSAN RAGON Person Payroll C/O LACK & COGAN 45 SCHOOL STREET 380,000. Noncash (Complete Part II for

noncash contributions)

02108

BOSTON, MA

Name of organization THE NEW ENGLAND PATRIOTS CHARITABLE FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies	s of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	SYSCO BOSTON LLC 99 SPRING STREET PLYMPTON, MA 02367	\$ 27,500.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
128	THE CATERED AFFAIR PO BOX 432 HINGHAM, MA 02043	\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129	THE EDGERLEY FAMILY FOUNDATION PO BOX 590098 NEWTON CENTER, MA 02459	\$ 30,000.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
130	THE FALLON COMPANY LLC ONE MARINA PARK DRIVE, SUITE 1500 BOSTON, MA 02210	\$ \$,000.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
131	THE HALL AT PATRIOT PLACE ONE PATRIOT PLACE FOXBOROUGH, MA 02035	\$ 5 ,962.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
132	THE PATRIOT PUB INC 2472 PLEASURE HOUSE ROAD VIRGINIA BEACH, VA 23455	\$	Person X Payroll Noncash (Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 2 Name of organization THE NEW ENGLAND PATRIOTS CHARITABLE Employer identification number 04-3244069 FOUNDATION, INC. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 133 THISTLE COMMUNICATIONS Person Payroll 14 TENNEY ROAD 15,000. Noncash (Complete Part II for PELHAM, NH 03076 noncash contributions) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 134 THOMAS SYNHORST Х Person Payroll 502 15TH STREET 23,300. Noncash (Complete Part II for DALLAS CENTER, IA 50063 noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 135 TOBY O'BRIEN Person **Payroll** 40 GRANDVIEW ROAD 51,100. Noncash (Complete Part II for CHELMSFORD, MA 01824 noncash contributions) (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 136 TODD BERKOWITZ Person Payroli PO BOX 10490 6,010. Noncash (Complete Part II for BEDFORD, NH 03110 noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 137 TRAVELERS INSURANCE Person **Payroll** ONE TOWER SQUARE 15,000. Noncash (Complete Part II for HARTFORD, CT 06183 noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 138 TURF PRODUCTS Person Payroll 157 MOODY ROAD, PO BOX 1200 27,000. Noncash

(Complete Part II for

noncash contributions)

ENFIELD, CT

06083

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 2 Name of organization THE NEW ENGLAND PATRIOTS CHARITABLE Employer identification number 04-3244069 FOUNDATION, INC. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) Total contributions No. Name, address, and ZIP + 4 Type of contribution 139 VANASSE HANGEN BRUSTLIN, INC. Х Person **Payroll** 101 WALNUT STREET, PO BOX 9151 15,000. Noncash (Complete Part II for WATERTOWN, MA 02471 noncash contributions) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 140 VERIZONWIRELESS Х Person Payroll 27-01 QUEENS PLAZA NORTH 20,000. \$ Noncash (Complete Part II for LONG ISLAND CITY, NY 11101 noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 141 VINYL DEVELOPMENT LLC Х Person Payroll P.O. BOX 2727 135,000. Noncash (Complete Part II for ORLEANS, MA 02653 noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 142 WALSH CONTRACTING Х Person Payroll 82 NORTH AVENUE 15,000. Noncash (Complete Part II for ATTLEBORO, MA 02703 noncash contributions) (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 143 WASTE MANAGEMENT Person Pavroll 26 PATRIOT PLACE 7,500. Noncash (Complete Part II for FOXBOROUGH, MA 02035 noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 144 WATERS CORPORATION Person

noncash contributions)

Payroll

Noncash (Complete Part II for

34 MAPLE STREET

01757

MILFORD, MA

15,000.

\$

Name of organization THE NEW ENGLAND PATRIOTS CHARITABLE Employer identification number FOUNDATION, INC.

Employer identification number 04-3244069

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145	WILLIAM BOOTH 64 BARLOW PLACE FAIRFIELD, CT 06824	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
146	WILLIAM BURCK 104 E. MELROSE STREET CHEVY CHASE, MD 20815	\$\$	Person X Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
147_	WILLIAM PEROCCHI P.O. BOX 1809 PEBBLE BEACH, CA 93953	\$ 10,000.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization THE NEW ENGLAND PATRIOTS CHARITABLE FOUNDATION, INC.

Employer identification number 04-3244069

04-3244069 Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) CONTRIBUTED STOCK- STARBUCKS AND STEEL DYNAMICS 31 35,263. 12/12/2017 (c) (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) CONTRIBUTED STOCK - RUSSEL 3000 ETF 91 30,268. 08/18/2017 (a) No. (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.)

04-3244069

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CASH INVESTMENT	
CASH	
ON TEMPORARY CASH	
NO	
INTEREST	
ı	
PART I	
990PF.	
FORM	

NET INVESTMENT INCOME	.39.	39.
REVENUE AND EXPENSES PER BOOKS	39.	39.
		TOTAL
DESCRIPTION	INTEREST INCOME	

10761625

THE NEW ENGLAND PATRIOTS CHARITABLE

SECURITIES
FROM S
INTEREST
AND
DIVIDENDS
ı
PART I
990PF,
FORM

	NET	INVESTMENT	INCOME	51,189.	51,189.
REVENUE	AND	EXPENSES	PER BOOKS	51,189.	51,189.
					TOTAL
			DESCRIPTION	DIVIDEND INCOME	

ATTACHMENT 2 PAGE 48

10761625

04-3244069

ATTACHMENT 3

THE NEW ENGLAND PATRIOTS CHARITABLE

2EM36C F227

E, PART I - OTHER INCOME	
FORM 990P	

	ADJUSTED	NET	INCOME	385,415.		385,415.
		INVESTMENT				
REVENUE	AND	EXPENSES	PER BOOKS	385,415.	1	385,415.
						TOTALS
			DESCRIPTION	SPECIAL EVENT GROSS INCOME		

2017 FORM 990-PF THE NEW ENGLAND PATRIOTS CHARITABLE 04-3244069
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of P				ription	<u></u>	Pr Pr	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj. basis as of 12/31/69	Excess of FMV over adj basis	P	Gain or (loss)	
		TOTAL LONG-	TERM CAPITAI	L GAIN DIVIE	DENDS		90.	
			ADED SECURIT			D	VARIOUS	VARIOUS
65,291.		34,760.					30,531.	
COTAL GAIN(LC	oss)						30,621.	
					•			

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION AMOUNT DIFFERENCE BETWEEN FMV AND TAX BASIS 30,772. OF CONTRIBUTED STOCK 90. OTHERS TOTAL 30,862. FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

THE NEW ENGLAND PATRIOTS CHARITABLE

ATTACHMENT 9

EXPENSE ACCT AND OTHER ALLOWANCES	ó	.0	.0	.0	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	ó	.0	.0	Ö	
COMPENSATION	Ö	.0	.0	.0	0.
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	CHAIRMAN 1.00	TREASURER 1.00	DIRECTOR 1.00	DIRECTOR 1.00	GRAND TOTALS
NAME AND ADDRESS	ROBERT K. KRAFT ONE PATRIOT PLACE FOXBORO, MA 02035	JOSHUA M. KRAFT ONE PATRIOT PLACE FOXBORO, MA 02035	JONATHAN A. KRAFT ONE PATRIOT PLACE FOXBORO, MA 02035	DANIEL A. KRAFT ONE PATRIOT PLACE FOXBORO, MA 02035	

THE NEW ENGLAND PATRIOTS CHARITABLE

04-3244069

		LE S	505.	505.
4		CHARITABLE		
ATTACHMENT 4		ADJUSTED NET INCOME		
		NET INVESTMENT INCOME		
		REVENUE AND EXPENSES PER BOOKS	505.	505.
	FORM 990PF, PART I - LEGAL FEES			TOTALS
	FORM 990PF, PA	DESCRIPTION	LEGAL FEES	

04-3244069

THE NEW ENGLAND PATRIOTS CHARITABLE

2EM36C F227

ATTACHMENT 5		CHARITABLE	500.	200.
		REVENUE AND EXPENSES PER BOOKS	500.	500.
	FORM 990PF, PART I - TAXES	DESCRIPTION	STATE FILING FEES	TOTALS

ATTACHMENT 6 PAGE 52

04-3244069

ATTACHMENT 6

FYDFNCFC	
- OTHER	
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	CHARITABLE	PURPOSES	52,800.		35.	108,098.	6,545.	22,390.			189,868.
ADJUSTED	NET	INCOME		35,662.					8,986.	123, 689.	168,337.
NET	INVESTMENT	INCOME									
REVENUE AND	EXPENSES	PER BOOKS	52,800.	35,663.	35.	108,098.	6,545.	22,390.	8,986.	123,689.	358,206.
		DESCRIPTION	BANK FEES	FANTASY CAMP EVENT	MISCELLANEOUS EXPENSES	PROMOTION AND FUNDRAISING EXP	COMMUNITY MVP AWARDS EXPENSE	COATS FOR HOMELESS	BOWLING SPECIAL EVENT	PREMIERE EVENT	TOTALS

THE NEW ENGLAND PATRIOTS CHARITABLE

2EM36C F227

ASSETS
OTHER
- II
PART
990PF.
FORM

		_
DESCRIPTION	BOC	\simeq

ENDING	FMV	
ENDING	BOOK VALUE	

2 125 600	. 000 , CCT , C	
2 160 113	J, 109, 11J.	

TOTALS

VANGUARD ST BOND INDEX FUND

3,169,113.

3,135,600.