Department of the Treasury

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.

o www.irs.gov/Form990PF for instructions and the latest information.

| | _ | lendar year 2018 or tax year beginning | , | | , and end | | , 20 |
|-----------------------|---------|---|--|---------------------------------------|---------------|--|--|
| | | foundation THE NEW ENGLAND PATE | RIOTS CHARITABL | | <u> </u> | A Employer Identifi | |
| FC | เบด | NDATION, INC. | | | | 04-324406 | 9 |
| Numi | ber | and street (or P O box number if mail is not delivered to | o street address) | | Room/suit | e B Telephone numb | er (see instructions) |
| | | PATRIOT PLACE | | | | (508) 69 | 8-4618 |
| City | or to | own, state or province, country, and ZIP or foreign posta | al code | | | C If exemption application pending, check here | ution is |
| FC | IXC | BORO, MA 02035 | | | | pending, creat here | |
| GC | he | ck all that apply Initial return | Initial return | of a former p | oublic cha | rity D 1 Foreign organizat | tions, check here |
| | | Final return | Amended re | turn | | 2 Foreign organiza | tions meeting the |
| | | Address change | Name chang | е | | 85% test, check h | |
| H C | ٦. | ck type of organization X Section 501(| | | ΛL | E If private foundation | n status was terminated |
| Т_ | | ection 4947(a)(1) nonexempt charitable trust | Other taxable pr | | | under section 507(b |)(1)(A), check here . 🕨 📖 |
| | | | unting method 🔀 C | ash 💹 Acc | crual | | in a 60-month termination |
| | | · · · · · · · · · · · · · · · · · · · | ther (specify) | | | under section 507(b |)(1)(B), check here . |
| | - | | column (d) must be on ca | ish basis) | | | (d) Disbursements |
| (Pa | rt 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 invenion | | (c) Adjusted net income | for charitable purposes (cash basis only) |
| 7 | 1 | Contributions, gifts, grants, etc., received (attach schedule) . | 4,570,134. | | right in the | a the second of the | |
| | 2 | Check if the foundation is not required to | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | the state of the | 4 | | |
| | 3 | attach Sch B | 741. | | 741. | | " 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | 4 | Dividends and interest from securities | 49,638. | 4 | 19,638. | | Sign of the state |
| | 5a | Gross rents | | , ž | . 1.25 | | The state of the s |
| | | Net rental income or (loss) | Ta = 2 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 | | 1 - 2 - 2 - 1 | RECE | IVED |
| 9 6 | | Net gain or (loss) from sale of assets not on line 10 | -14,495. | The state of the state of | 1 1 | | The second second |
| Revenue | b | Gross sales price for all assets on line 6a 30, 227. | | | | , 80 " " NOV 9" | 2010 |
| 6 | 7 | Capital gain net income (from Part IV, line 2) . | The Total Control of the Control | <u></u> | 0. | S nov Z | 1 2013 |
| PE 8 | В | Net short-term capital gain | | 1 1 1 1 1 1 1 7 | 1- 1 | | ď |
| | 9 Da | Income modifications | | 341 1 pt 1 | | OGDE | N, UT |
| | | and allowances | 1 | | | 11 | |
| | | Gross profit or (loss) (attach schedule) | | l in his . | " + "t" , T | | dia 2019 1 1 1 1 1 |
| 11 | | Other income (attach schedule) ATCH, 1 | 323,235. | | | 323,235. | Tall the part of t |
| 12 | | Total Add lines 1 through 11 | 4,929,253. | 9 | 0,379. | 323,235. | |
| 13 | 3 | Compensation of officers, directors, trustees, etc | 0. | | | | |
| Ses | | Other employee salaries and wages | | | | | |
| | 5 | Pension plans, employee benefits | | | | | |
| Exper | 6 a | Legal fees (attach schedule) ATCH 2 | 560. | | | | 560 |
| ш | | Accounting fees (attach schedule) | | | | | |
| Ęį | С | Other professional fees (attach schedule) | | | | · · · · · · · · · · · · · · · · · · · | • |
| <u>t</u> 17 | 7 | Interest | 0 500 | - | | | 500 |
| . <u>S</u> 18 | В | Taxes (attach schedule) (see instructions)[3]. | .2,500. | | | | . 111 |
| and Administrative Ex | | Depreciation (attach schedule) and depletion. | | | | | for the carte |
| P 20 | 0 | Occupancy | | | | | |
| [21 | 1 | Travel, conferences, and meetings | 39,959. | • . | | | 39,959 |
| E 22 | 2 | Printing and publications | 373,060. | · · · · · · · · · · · · · · · · · · · | | 130,489. | 242,571 |
| : <u>:</u> []23 | 3 | Other expenses (attach schedule) ATCH .4. | 373,000. | | | | |
| Operating and Ad | 4 | Total operating and administrative expenses. | 416,079. | , | - | 130,489: | 283,590 |
| ၣၛၟၙၟ | - | Add lines 13 through 23 | 4,155,634. | | - heat | | 4,155,634 |
| 26 | 5 8 | Contributions, gifts, grants paid Total expenses and disbursements Add lines 24 and 25 | 4,571,713. | | 0. | 130,489. | 4,439,224 |
| 27 | | Subtract line 26 from line 12 | , | n Sha | ' gt , ' | | III III III III III III III III III II |
| ' | | Excess of revenue over expenses and disbursements | 357,542. | | | L. J. Mar. 1 255. | |
| | | Net investment income (if negative, enter -0-) | n n n 1 1 n | . 5 | 0,379. | F 1 2 10 5 2 | |
| | | Adjusted net income (if negative, enter -0-). | | ш , _{је} | 1 1 1 1 | 192,746. | |
| For | | perwork Reduction Act Notice, see instructions | <u> </u> | | | | Form 990-PF (2018 |

JSA For Paperwork Reduction Act Notice, see instructions. $^{8E1410\ 1\ 000}$ $2EM36C\ F227$

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PAGE 2

| Part II | | Attached schedules and amounts in the | Beginning of year | End | of year |
|-------------|----------------------------|--|--|---|--|
|) [| artii | Balance Sheets description column should be for end-of-year amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | 720,559. | 2,042,971 | 2,042,971 |
| - | | Savings and temporary cash investments | | | |
| | | Accounts receivable ▶ | The state of the s | 1 " " " " " " " " " " " " " " " " " " " | |
| | | Less allowance for doubtful accounts ▶ | | | |
| | | Pledges receivable ▶ | | ે ફિલ્મ | |
| | | Less allowance for doubtful accounts ▶ | | | · |
| | | Grants receivable | | | |
| | _ | Receivables due from officers, directors, trustees, and other | | | |
| | _ | disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) | , | , | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | | Less allowance for doubtful accounts ▶ | | | |
| Ŋ | | | | | |
| Assets | _ | Inventories for sale or use | ľ | · · | |
| S | | Prepaid expenses and deferred charges | 1 | | |
| | | Investments - U S and state government obligations (attach schedule). | | | |
| | | Investments - corporate stock (attach schedule) | | | |
| | 11 C | Investments - corporate bonds (attach schedule) | 1 5 . | , , , | 1 |
| | | and equipment basis Less accumulated depreciation | The second of th | TE ES UM TO MA | wa a 2' a a 2'11 a ' |
| | | (attach schedule) | | | |
| | 12 | Investments - mortgage loans | | | |
| | | Investments - other (attach schedule) | 767 A 3 | ······································ | 7 7 7 7 |
| | • • | equipment basis | | A APPLICATION OF STREET | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | | equipment basis Less accumulated depreciation (attach schedule) | 2 160 112 | 2 102 525 | 2,156,501. |
| | 15 | Other assets (describe ► ATCH 5) | | 2,193,535 | 2,130,301. |
| | | Total assets (to be completed by all filers - see the | | 4 006 506 | 4 100 470 |
| | | instructions Also, see page 1, item I) | 3,889,6/2. | 4,236,506 | 4,199,472. |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | The transfer of the second |
| es | 19 | Deferred revenue | | | 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | , 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| ap | | Mortgages and other notes payable (attach schedule) | | | 11/5 11/1 |
| | 22 | Other liabilities (describe) | | | |
| | | | | | |
| | | Total liabilities (add lines 17 through 22) | 0. | 0 | · sale in the sale |
| | | Foundations that follow SFAS 117, check here \dots | | | 5 1 10 110 211 |
| es | | and complete lines 24 through 26, and lines 30 and 31. | j | | |
| Ĕ | 24 | Unrestricted | 3,889,672. | 4,236,506 | |
| a | 24 25 | Temporarily restricted | | | The state of the state of |
| 8 | 26 | Permanently restricted | | | |
| Ĕ | 27 28 29 30 31 | Foundations that do not follow SFAS 117, check here ▶ | , | | 1 |
| Ē | | 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 | | | 7.1 |
| SS | 29 | Retained earnings, accumulated income, endowment, or other funds | | | 1 1 1 1 1 1 1 1 1 1 1 1 |
| tΑ | 30 | Total net assets or fund balances (see instructions) | 3,889,672. | 4,236,506 | |
| Š | 31 | Total liabilities and net assets/fund balances (see | | | 1,2 -21 |
| | | instructions) | 3,889,672. | 4,236,506 | · · · · · · · · · · · · · · · · · · · |
| P | art III | | | | |
| | | I net assets or fund balances at beginning of year - Part | | must agree with | |
| • | | of-year figure reported on prior year's return). | | | 3,889,672. |
| 2 | | er amount from Part I, line 27a | | | 357,542. |
| | | er increases not included in line 2 (itemize) | 3 | <u> </u> | |
| | | lines 1, 2, and 3 | | | 4,247,214. |
| | | reases not included in line 2 (itemize) ATCH 6 | | 5 | 10,708. |
| | | I net assets or fund balances at end of year (line 4 minus | s line 5) - Part II, column (| | 4,236,506. |
| | 1010 | Thet assets of fund balances at end of year time 4 filling | Janes Of Track II, Column (| | |

Capital Gains and Losses for Tax on Investment Income

Part IV

Page 3

| (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co) | | | | | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
|---|---|--|---|-----------|--|----------------------------------|
| 1 a | SEE PART IV SCHE | DULE | | | | |
| b | | <u> </u> | | | | |
| С | | | | | | |
| <u>d</u> | <u> </u> | | | | | |
| <u> </u> | | | | | | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | (h) Gain or (lo ((e) plus (f) minu | |
| <u>a</u> | | | | | | |
| <u>b</u> | | | | | | |
| <u>c</u> | | | | | | |
| <u>d</u> | | | | | | |
| <u>e</u> | | | 10/04/02 | | | |
| | Complete only for assets s | howing gain in column (h) and owned | T | | Gains (Col (h) ga | |
| | (ı) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col (i) over col (j), if any | COI | (k), but not less t Losses (from co | |
| a | | | | _ | | |
| b | | | | | | |
| <u>c</u> | · | | | | | |
| d | | | | | | |
| <u> </u> | | | L | l | | |
| 2 | Capital gain net income | or (net capital loss) | ain, also enter in Part I, line 7 bss), enter -0- in Part I, line 7 | 2 | | -14,495. |
| 3 | | ain or (loss) as defined in sections Part I, line 8, column (c) See ins | | | | |
| | | <u> </u> | • | 3 | | 0. |
| Pa | rt V Qualification l | Under Section 4940(e) for Red | duced Tax on Net Investment I | ncome | | |
| | | | outable amount of any year in the b | ase perio | d? | Yes X No |
| | | n't qualify under section 4940(e) | | | ·4=: | |
| | Enter the appropriate ai | | ar, see the instructions before maki | ng any er | itries (d) | |
| Cal | Base penod years endar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of nonchartable-use assets | | Distribution ra (col (b) divided by | |
| | 2017 | 5,789,636. | 4,064,341. | | | 1.424496 |
| | 2016 | 3,768,000. | 4,577,718. | | | 0.823118 |
| | 2015 | 3,668,972. | 4,687,523. | | | 0.782710 |
| | 2014 | 2,226,561. | 3,978,376. | | | 0.559666 |
| | 2013 | 3,141,279. | 3,294,952. | | | 0.953361 |
| | | | | | | |
| 2 | | d) | | 2 | | 4.543351 |
| 3 | • | o for the 5-year base period - divid foundation has been in existence i | | 3 | | 0.908670 |
| 4 | Enter the net value of no | oncharitable-use assets for 2018 fo | rom Part X, line 5 | 4 | 3, | 812,327. |
| 5 | Multiply line 4 by line 3. | | | 5 | 3, | 464,147. |
| 6 | | nent income (1% of Part I, line 27b). | | 6 | | 504. |
| 7 | | | | 7 | 3, | 464,651. |
| 8 | | | | 8 | 4, | 439,224. |
| | If line 8 is equal to or g | greater than line 7, check the box | ın Part VI, line 1b, and complete | | using a 1% tax | rate See the |

| Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49 |)48 - see | instru | ctions | s) |
|--|---------------------------------------|---------|-----------------------|----------------|
| 1a Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1) | | r | | 7 |
| Date of ruling or determination letter (attach copy of letter if necessary - see instructions) | ''' | | ** 1 | : |
| | 1 | | 5 | 04. |
| here X and enter 1% of Part I, line 27b | - | | | (· |
| j į | | ; ,, | | 'aı "- |
| Part I, line 12, col (b) | | | | |
| | 2 | | | |
| | 3 | | 5 | 04. |
| | 1 | | | 0. |
| Subtille A (income) tax (domestic section 4347(a)(1) tradit and taxable roundations only, office, office of | 5 | | | 04. |
| 1 ax based on investment income. Subtract line 4 non-line 5 in zero or less, enter -0- | , , , , , , , , , , , , , , , , , , , | · , | 1 | × ' |
| Credits/Payments 2.018 estimated tax payments and 2017 overpayment credited to 2018 6a 1,727. | - 1,1 | 4 | | ٠ |
| a 2016 estimated tax payments and 2017 overpayment credited to 2016 | - 1 - 1, | 1, 1, | , | _ |
| 20 000 | | | ",' | |
| c Tax paid with application for extension of time to line (Form 6000), | ' F.,., | , , , , | | , |
| d Backup withholding erroneously withheld | , ' ' ' ' | 3 | 31,7 | 127 |
| Total credits and payments. Add lines of through out a control of the control of | - | | <u> </u> | |
| Enter any penalty for under payment or estimated tax Check here | 3 | | | |
| Tax due. If the total of filles 5 and 6 is more than line 7, enter amount owed | 9 | | 31,2 | 22 |
| Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | - | | 30,0 | |
| Enter the amount of line 10 to be Credited to 2019 estimated tax ▶ 1,223. Refunded ▶ 1 | 7 | | 30,0 | ,,,,, |
| art:VII-A Statements Regarding Activities | | Т. Т | | ٠ |
| a During the tax year, did the foundation attempt to influence any national, state, or local legislation | | | Yes | No X |
| participate or intervene in any political campaign? | | 1a | | _^ |
| b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? | See the | | | ١,, |
| instructions for the definition | | 1b | | X |
| If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any | materials | - 3 | , 1 / at | |
| published or distributed by the foundation in connection with the activities | | 1· | 4 * 1 1 1 | |
| c Did the foundation file Form 1120-POL for this year? | | 1c | | X |
| d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year | | , ,,, | r, | T _Q |
| (1) On the foundation ►\$(2) On foundation managers ►\$ | _ | | , ' - ' | , , - |
| e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax in | nposed | | ' ' | 1 |
| on foundation managers \$ | | | | .iq . |
| Has the foundation engaged in any activities that have not previously been reported to the IRS? | | 2 | | X |
| If "Yes," attach a detailed description of the activities | | ' | ر این راین و اخیرا | -, -, |
| Has the foundation made any changes, not previously reported to the IRS, in its governing instrumer | it, articles | '- | | |
| of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | 3 | | Х |
| a Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | 4a | | Х |
| b If "Yes." has it filed a tax return on Form 990-T for this year? | | 4b | | |
| Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | 5 | | Х |
| If "Yes," attach the statement required by General Instruction T | | | | , |
| Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | ', ' | · · | |
| By language in the governing instrument, or | | | | ١, |
| By state legislation that effectively amends the governing instrument so that no mandatory directively. | tions that | 1. | , '.' | |
| conflict with the state law remain in the governing instrument? | | 6 | Х | |
| Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), an | | 7 | X | |
| The state of the s | | 1 1 | , | , t |
| MA, | | - | , , | , |
| The state of the s | v General | ' ' | را در نائیسا | , ' , ' |
| | | 8b | X | |
| (or designate) of each state as required by General Instruction G? If "No," attach explanation | | 1 | | |
| to the foundation planning plants on a consider process foundation within the magazine of contract 10s | ee (111.31 ()) | '- | <u>"</u> , | 1 |
| is the foundation claiming status as a private operating foundation within the meaning of section 494 | | | | |
| 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV | If "Yes," | | | l x |
| 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV complete Part XIV | If "Yes," | 9 | | x |
| 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV | If "Yes," | 9 | | x |

04-3244069

| Pai | rt VII-A Statements Regarding Activities (continued) | | | |
|-----|---|---|--------------|--|
| | | 14 151 140 152 27 8 232 | 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 | | | |
| | person had advisory privileges? If "Yes," attach statement See instructions | 12 | : | X |
| 13 | | 13 | Х | |
| | Website address ► WWW.PATRIOTS.COM/COMMUNITY | | | |
| 14 | The books are in care of ► MICHAEL JOYCE Telephone no ► 508-698 | -461 | В | |
| • • | Located at ▶ONE PATRIOT PLACE FOXBORO, MA ZIP+4 ▶ 02035 | | | |
| 15 | | | > | \Box |
| | | N/A | | |
| 16 | | $\overline{}$ | Yes | No |
| | over a bank, securities, or other financial account in a foreign country? | 16 | | Х |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of | | | |
| | the foreign country ▶ | 12 16 16 | | |
| Pa | rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | ફો પુંતુ કર્મથી જ્યાર જેવે કર્મ | 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 | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | PARTY. | | |
| | disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No | | | rite is |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for | 91 year gre | | |
| | the benefit or use of a disqualified person)? Yes X No | 1,300 | | CALL SECTION |
| | (6) Agree to pay money or property to a government official? (Exception Check "No" if the | | | 17.5.4 |
| | foundation agreed to make a grant to or to employ the official for a period after | 12 Table 1 | 1977 cm27 | The party |
| | termination of government service, if terminating within 90 days) | N. L. J. J. W. | | \$2(9) |
| b | o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | 200 | - <u>- 1</u> | المرامة المرامة |
| | section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions | 1b | 30 % 1 Fee | 50 N 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| | Organizations relying on a current notice regarding disaster assistance, check here | | 91 Hays 14 | |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | | | X |
| | were not corrected before the first day of the tax year beginning in 2018? | 1c | ZES'u' | -#11m/6d |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | Fix | |
| | operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | 7 | | |
| а | At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e. Part XIII) for tax year(s) beginning before 2018? | | | |
| | | 1 | 34 | |
| | If "Yes," list the years ►,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | \$ - 1 - 1 - 1 | | 100 |
| L | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | |
| | all years listed, answer "No" and attach statement - see instructions) | 2b | <u> </u> | Tell Statements |
| _ | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | 14 N 35 | <u> </u> | ************************************** |
| · | The title provisions of section 4542(a)(2) are being applied to any of the years nated in 2a, list the years note | 4. 44. | | |
| 3. | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | | | |
| Ja | at any time during the year? | | | |
| h | of "Yes," did it have excess business holdings in 2018 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 2018) | 3b | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | Х |
| | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | | £1814 | |
| | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018? | 4b | | Х |

| 01111 | 20011 (2010) | | 100001 | | | | | - J |
|-------|--|---------------------------------------|-----------------------------|----------------------------------|--------------------------|------------|---|-------------|
| Pa | t VII-B Statements Regarding Activities | for Which Form | 4720 May Be Req | juired (cont | inued) | | | |
| 5a | During the year, did the foundation pay or incur any amo | | | | | ' ' | Yes | No |
| | (1) Carry on propaganda, or otherwise attempt to influe | ence legislation (sectio | n 4945(e))? | Yes | X No | (T) (1-3) | 1 | |
| | (2) Influence the outcome of any specific public ele | ection (see section 4 | 1955), or to carry or | ٦, | | " | ,,,, | 1111 |
| | directly or indirectly, any voter registration drive? | | | . Yes | X No | -11. | 4.1 | 1, , |
| | (3) Provide a grant to an individual for travel, study, or o | ther similar purposes? | · | . X Yes | No | 3, 35, | ;' | `` |
| | (4) Provide a grant to an organization other than a | charitable, etc., org | anization described i | n | _ | | r' , | - ' |
| | section 4945(d)(4)(A)? See instructions | | | Yes | X No | ' | | 1,1 |
| | (5) Provide for any purpose other than religious, ch | | | al | | 17 | | ۱, ۱ |
| | purposes, or for the prevention of cruelty to children | or animals? | | Yes | X No | 77 | J. | , |
| b | If any answer is "Yes" to 5a(1)-(5), did any of the | transactions fail to | qualify under the e | xceptions de | scribed in | 11 | 1 ¹ 1 | 1, |
| | Regulations section 53 4945 or in a current notice regar | ding disaster assistan | ce? See instructions. | | | 5b | | X |
| | Organizations relying on a current notice regarding disas | ster assistance, check | here | | ▶[| | | 13, |
| С | If the answer is "Yes" to question 5a(4), does the | | | | | r | ' | |
| | because it maintained expenditure responsibility for the | grant? | N/A | . Yes | No | | ٠, | |
| | If "Yes," attach the statement required by Regulations se | | | | | 1 1 | | <u>'</u> |
| 6a | Did the foundation, during the year, receive any fur | | ectly, to pay premiur | ms | | ' | | |
| | on a personal benefit contract? | · · · · · · · · · · · · · · · · · · · | | Yes | X No | | | · |
| ь | Did the foundation, during the year, pay premiums, dire | | | act? | | 6ь | | Х |
| - | If "Yes" to 6b, file Form 8870 | • | • | | | 1 | - 1 | اد. |
| 7a | At any time during the tax year, was the foundation a p | arty to a prohibited tax | x shelter transaction? | Yes | X No | - الله | | 100 |
| ь | If "Yes," did the foundation receive any proceeds or have | | | | N/A | 7b | | |
| 8 | Is the foundation subject to the section 4960 tax on pay | | | | | , | | , , μ |
| _ | remuneration or excess parachute payment(s) during the | • • | | . Yes | X No | | 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 | 1.1 |
| Pa | Information About Officers, Directo | rs, Trustees, Fou | indation Manager | s, Highly P | aid Empl | oyees, | | |
| _ | and Contractors | ion managara and | their compensation | Soo instrus | tions | | | |
| | List all officers, directors, trustees, and foundat | (b) Title, and average | (c) Compensation | (d) Contribu | | (e) Expens | | unt |
| | (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | employee ben and deferred cor | efit plans mpensation | other all | | |
| | · · · · · · · · · · · · · · · · · · · | • | | | | | | |
| ATC | 1 7 | | 0. | | 0. | | | 0. |
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| | | | | | | | | |
| | | | | | | | | |
| 2 | Compensation of five highest-paid employees | (other than thos | e included on lin | e 1 - see i | instructio | ns). If n | one, | ente |
| | "NONE." | | | (d) Contribu | tions to | | | |
| (a) | Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week | (c) Compensation | employee i | benefit | (e) Expens | | |
| ν-, | | devoted to position | | plans and d compens | | other all | OWAIICE | :5 |
| | | | | | | | | |
| | NONE | | | | | | | |
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| 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 | | |
| | | 0 |
| | | _ |
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| | | |
| | | |
| | | |
| | | |
| | ar of others recovered over \$50,000 for respectively | |
| | er of others receiving over \$50,000 for professional services | |
| Part IX-A | | |
| | indation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of its and other beneficianes served, conferences convened, research papers produced, etc. | Expenses |
| 1 NOT Z | APPLICABLE | |
| | | |
| | | |
| 2 | | |
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| | | |
| 3 | | |
| - | | |
| | | |
| 4 | | |
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| - | | |
| Part IX-B | Summary of Program-Related Investments (see instructions) | |
| | ne two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
| 1 NONE | | |
| - | | |
| | | |
| 2 | | , |
| | | |
| | | |
| All other pr | ogram-related investments. See instructions | |
| 3 NONE | | |
| | | |
| | | |
| | | |

Page 8

| Pai | Minimum Investment Return (All domestic foundations must complete this part. For see instructions.) | oreign fou | ndations, |
|--------|---|------------|---|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. | , | |
| | purposes | 4. | 2,498,830. |
| | g , | 1 1 ' | 1,371,553. |
| b | • | • | 1,3/1,333. |
| С. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 3,870,383. |
| d | | · 14 | |
| е | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d. | • ⊢ | 3,870,383. |
| 4 | Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, se | • — — | |
| 4 | instructions) | | 58,056. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line | | 3,812,327. |
| 6 | Minimum investment return. Enter 5% of line 5 | | 190,616. |
| | rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating (| | |
| | and certain foreign organizations, check here ▶ and do not complete this part) | | |
| 1 | Minimum investment return from Part X, line 6 | . 1 | 190,616. |
| 2 а | 50 | | |
| b | | | |
| c | | 2c | 504. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | | 190,112. |
| 4 | Recoveries of amounts treated as qualifying distributions. | 1 1 | |
| 5 | Add lines 3 and 4 | | 190,112. |
| 6 | Deduction from distributable amount (see instructions) | | |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XI | | |
| | line 1 | | 190,112. |
| Par | rt XII Qualifying Distributions (see instructions) | | |
| | | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | 4,439,224. |
| a | | | 4,439,224. |
| b | Program-related investments - total from Part IX-B | | |
| 2 | | 1 | |
| 3 | purposes | . 2 | |
| э a | • | . 3a | |
| a b | | | |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line | | 4,439,224. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment incom | | -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| J | Enter 1% of Part I, line 27b See instructions. | | 504. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | | 4,438,720. |
| J | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when | | |
| | qualifies for the section 4940(e) reduction of tax in those years | Jaioaiatii | 5 |

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| | rt XIII Undistributed Income (see Insti | ructions) . | , | • | L L L |
|-------|---|--|--|--|---|
| ; L L | · · · · · · · · · · · · · · · · · · · | (a) | (b) | (c) | (d) |
| 1 | Distributable amount for 2018 from Part XI, | Corpus | Years prior to 2017 | . 2017 | 2018 |
| | line 7 | # , " | 37 ⁻⁵ , 5, 5, 7 | 1 11 11 11 11 11 11 11 11 11 11 11 11 1 | 190,112. |
| 2 | Undistributed income, if any, as of the end of 2018 | | | | |
| а | Enter amount for 2017 only | | | | 21 P 1 2 TH |
| b | Total for prior years 20 16 ,20 15 ,20 14 | | | , pe | , o' 7, '' 1, '' |
| 3 | Excess distributions carryover, if any, to 2018 | | 7 (Ma. 1912) | | |
| а | From 2013 2,976,531. | | 13,11 | | |
| | From 2014 1,907,030. | , , , , , , , , , , , , , , , , , , , | ************************************** | | |
| С | From 2015 3,436,372. | 7.1 | F ₁₁ | | |
| d | From 2016 3,507,482. | | | | |
| ` e | From 2017 | 8 " 3 k 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | 112 12 12 14 14 14 14 14 |
| f | Total of lines 3a through e | 17,415,470. | | " " " " " " " " " " " " " " " " " " " | , 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 4 | Qualifying distributions for 2018 from Part XII, | | , , , | | |
| | line 4 ▶ \$4,439,224. | 1 | | • | |
| а | Applied to 2017, but not more than line 2a | A. 13. | al i | , , , , , , | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| b | Applied to undistributed income of prior years | ", "maj 1 /1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
| | (Election required - see instructions) | " · 'nıı 'l'ı . 'l' . | 3 1/2 1/3 1/3 | in the Train that the same of | 1,2 |
| С | Treated as distributions out of corpus (Election | | | | |
| | required - see instructions) | | | | 100 112 |
| | Applied to 2018 distributable amount | 4,249,112. | at in Table 1 to 1 to 1 | ر الله الله الله الله الله الله الله الل | 190,112. |
| e | Remaining amount distributed out of corpus Excess distributions carryover applied to 2018 | 4,249,112. | * , Th, 10T, 15* | , 2, 3 ha | |
| 3 | (If an amount appears in column (d), the same | · | Links For the state of the stat | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | • |
| | amount must be shown in column (a)) | 7 | 1 1 11 11 | | 7 21 2 2 1 1 1 mil |
| 6 | Enter the net total of each column as | e | " , " , 1 , 1 , 1 , 1 , 1 , 1 , 1 , 1 , | | 1475 m |
| • | indicated below: Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 21,664,582. | | | |
| | • | | | | |
| 10 | Prior years' undistributed income Subtract line 4b from line 2b, | , 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | , | | |
| С | Enter the amount of prior years' undistributed | | | 16 P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | The second second |
| | income for which a notice of deficiency has | | • | | |
| | been issued, or on which the section 4942(a) tax has been previously assessed | | | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | |
| d | Subtract line 6c from line 6b Taxable | | | The second of th | 1 |
| | amount - see instructions | | | 1 P. 26, 21 | |
| е | Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount - see | | | | |
| | instructions | | | | |
| f | Undistributed income for 2018 Subtract lines | | | | |
| Ī | 4d and 5 from line 1 This amount must be | | | | |
| | distributed in 2019 | 3 2 2 | n 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | A STATE OF THE STA | 1 9, 2× 1 7419 |
| 7 | Amounts treated as distributions out of corpus | | 1 | | |
| | to satisfy requirements imposed by section | | | , 1 " 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 |
| | 170(b)(1)(F) or 4942(g)(3) (Election may be | | | | |
| | required - see instructions) | | | 7_7 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| 8 | Excess distributions carryover from 2013 not | 2,976,531. | | | |
| | applied on line 5 or line 7 (see instructions) | | 7 7 % No. 16 % | | |
| . 9 | Excess distributions carryover to 2019. | 18,688,051. | 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1 | | in the second |
| 40 | Subtract lines 7 and 8 from line 6a | 1 tu 1 tu 1 | 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 k* r = 1 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | Analysis of line 9 Excess from 2014 1,907,030. | and the state of t | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| | Excess from 2015 3, 436, 372. | | | | |
| | Excess from 2016 3,507,482. | | | | |
| | Excess from 2017 5,588,055. | | | | 1 1 1 x 1 x 1 x 1 x 1 x 1 x 1 x 1 x 1 x |
| | Excess from 2018 4,249,112. | | | [| |
| | | <u> </u> | 5 | · | Form 990-PF (2018) |

| | · |
|---|---|
| | N/A |
| 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 |
| а | The name, address, and telephone number or email address of the person to whom applications should be addressed |
| | ATCH 8 |
| t | The form in which applications should be submitted and information and materials they should include |
| | ATTACHMENT 9 |
| C | : Any submission deadlines |
| | ATTACHMENT 9 |
| C | Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors |

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ATTACHMENT 9

| Form 990-PF (2018) | | | | Page 11 |
|---|--|----------------------|----------------------------------|------------|
| Part XV Supplementary Information (| continued) | | | |
| 3 Grants and Contributions Paid Dur Recipient Name and address (home or business) | ing the Year or App | roved for | Future Payment | |
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | contribution | |
| a Paid during the year ATTACHMENT 10 | | | | 4,155,634. |
| | | | | |
| | | | | |
| ** | | | | |
| | | | | |
| Total | <u></u> | <u>,</u> | ▶ 3a | 4,155,634. |
| b Approved for future payment | | | | |
| NONE | | | | |
| Total | | | | |

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| Part XVI | -A Analysis of Income-Prod | | | | | |
|--------------|---|---------------|------------------------|----------------|-----------------------------------|---------------------------------------|
| Enter gross | amounts unless otherwise indicated | (a) | (b) | (c) | y section 512, 513, or 514 (d) | (e) Related or exempt function income |
| 1 Program | service revenue | Business code | Amount | Exclusion code | Amount | (See instructions) |
| . — | | | | | | |
| | | | | | | |
| | | | | - | | |
| | | | | | | |
| | | | | | | |
| | and contracts from government agencies | | | | | |
| _ | ship dues and assessments | | | | | |
| | on savings and temporary cash investments - | | | 14 | 741. | |
| | ds and interest from securities | | | 14 | 49,638. | |
| 5 Net rent | al income or (loss) from real estate | _ | | | | |
| a Debt | -financed property | | | | | |
| b Not o | debt-financed property | | | | | |
| 6 Net renta | al income or (loss) from personal property | | | - | | |
| | vestment income | | | 18 | -14,495. | |
| • | loss) from sales of assets other than inventory | | | 01 | 323,235. | |
| | ome or (loss) from special events | | | + | 323,233. | |
| | rofit or (loss) from sales of inventory venue a | | | | | |
| | | | | - | | |
| | | | | | | |
| | | | | | | |
| е | | | | | | |
| 12 Subtotal | Add columns (b), (d), and (e) | | | | 359,119. | |
| 13 Total. Ad | dd line 12, columns (b), (d), and (e) | | | | 13 | 359,119. |
| | heet in line 13 instructions to verify calc | | | | | |
| Part XVI- | B Relationship of Activitie | s to the A | ccomplishment of E | exempt Pur | poses | |
| Line No. | Explain below how each activit | y for which | n income is reported | ın column (| e) of Part XVI-A contribe | ated importantly to the |
| ▼ | accomplishment of the foundation | on's exemp | t purposes (other than | n by providing | funds for such purposes | s) (See instructions) |
| 1 | NOT APPLICABLE | | · | | | |
| | NOT ATTBICABLE | | | | ., , | |
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THE NEW ENGLAND PATRIOTS CHARITABLE Page 13 Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations Part XVII

| 1 | | e organization direct | | | | | | | | | Yes | No |
|----------|----------|---------------------------------------|------------------------|--|---------------------------------------|------------------|----------------|--------------|---|------------|------------|---------|
| | | ction 501(c) (other | than section | 501(c)(3) orga | nizations) or | in section | n 527, re | lating to | o political | | | |
| | - | zations? | | | | _ | | | | | | |
| а | | ers from the reportin | - | | | | | | | | | 3,7 |
| | . , | sh | | | | | | | | | | X |
| | (2) Oth | her assets | · · · · · · · · · | | • • • • • • • | | | • • • • • | • • • • • | 1a(2) | | X |
| b | Other | transactions | | | | | | | | | | |
| | (1) Sa | les of assets to a no | ncharitable exe | mpt organization. | | | | | | 1b(1) | | Х |
| | (2) Pui | rchases of assets fro | om a noncharita | able exempt orgar | nization | | | | | 1b(2) | | Х |
| | | ntal of facilities, equi | • | | | | | | | | | Х |
| | | imbursement arrange | | | | | | | | | | Х |
| | (5) Loa | ans or loan guarantee | es | | | | | | | 1b(5) | <u> </u> | X |
| | (6) Pe | rformance of service | s or membersh | nip or fundraising | solicitations. | | | | | 1b(6) | | Х |
| | | g of facilities, equipm | | | | | | | | | | X |
| ď | If the | answer to any of th | e above is "Ye | es," complete the | following so | hedule Co | olumn (b) | should a | lways show | the t | fair m | arket |
| | value o | of the goods, other | assets, or serv | ices given by the | reporting for | undation I | f the found | dation re | ceived less | than | fair m | arket |
| | value i | in any transaction or | sharing arrang | gement, show in | column (d) th | ne value o | f the good | s, other | assets, or s | ervice | s rec | eived |
| (a) L | ine no | (b) Amount involved | (c) Name of | noncharitable exempt | organization | (d) Descr | ption of trans | fers, transa | ctions, and sha | nng ama | angeme | nts |
| | | N/A | | | | N/A | | | | | | |
| | | | | | | | | | | | | |
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| | | | | | | | • | | . | | | |
| 20 | ls the | foundation directly | or indirectly af | filiated with or i | elated to one | a or more | tav-avamr | t organi | zatione | | | |
| Za | | bed in section 501(c) | | | | | | | | | es X | No. |
| L | | i." complete the follow | | ction 30 ((c)(3)) c | in section 52 | ., | | | • | | C3 <u></u> | |
| | 11 163 | (a) Name of organization | | (h) Type | of organization | | | (c) Descrip | tion of relations | ship | | |
| | | (a) Hamo or organization | | (0) 1) po | o. o.gamzanan | | | (0) 5 000 | | <u>-</u> - | | |
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| _ | | | | | | | | | | | | |
| | Linder | r penalties of geguy, I decid | e that I have exami | ned tals return, includir | no accompanying so | hedules and si | atements and | to the best | of my knowledd | e and t | pelief. it | is true |
| | correc | ct, and complete Orclaration of | o epared (other than t | ned this return, includir axpayer) is based on all in | formation of which p | preparer has any | knowledge | | | , | | |
| Sigr | 1 | 1//56/171 | | μ μ | 2/19 | The 1 | * | | May the IRS | discus | s this | retum |
| Her | e 🖳 | עעין | 11 | 71 111 | <u>-('/</u> , | - (1//// | 77 | | with the pro | | | below? |
| | ~ Sigi | nature of difficer or trustee | V V | Date | | Title | | | See instruction | s | Yes | X No |
| | | V | · / | 10 | | | I D-45 | | , , , , , | TIL: | | |
| Paic | | Print/Type preparer's nai | | Preparer's signa | | 1 · 11 | Date | | | POOR | 0530 | - |
| | | JENNIFER D RHO | | Jennya | Depund | enek | 10/26/ | | | P003 | | 5 |
| _ | parer | | NST & YOUN | | | | | Firm's Ell | v ▶34-6. | 0655 | 96 | |
| Use | Only | | | CIRCLE, ST | € 4000 | | | | | | | |
| | | IN | DIANAPOLIS | , IN | | 4620 |)4 | Phone no | | | | |
| | | | | | | | | | Fo | m 990 |)-PF | (2018) |

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.

For the latest information.

OMB No 1545-0047

2018

Name of the organization Employer identification number THE NEW ENGLAND PATRIOTS CHARITABLE FOUNDATION, INC. 04-3244069 Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 (entering "N/A" in column (b) instead of the contributor name and address), 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

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) (2018)

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)

| | FOUNDATION, INC. | | 04-3244069 |
|------------|--|--|--|
| Part I | Contributors (see instructions). Use duplicate copie | es of Part I if additional space is ne | eeded. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | A TENT FOR RENT 125 COMMERICAL CIRCLE | \$ | Person X Payroll Noncash (Complete Part II for |
| | DENHAM, MA 02026 | | noncash contributions) |
| (a) No | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | 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 |
| 3 | ACE TICKET WORLDWIDE INC. 534 COMMONWEALTH AVE BOSTON, MA 02215 | \$\$ | 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 |
| 4 | AETNA INC 151 FARMINGTON AVENUE HARTFORD, CT 06515 | \$ \$ 50,000. | Person Payroli Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | ANHEUSER-BUSCH 7801 POCAHONTAS TRAIL WILLIAMSBURG, VA 23185 | \$\$ | 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_ | ARBELLA INSURANCE GROUP 1100 CROWN COLONY DRIVE QUINCY, MA 02269 | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions) |

| | FOUNDATION, INC. | | 04-3244009 |
|------------|---|------------------------------------|---|
| Part I | Contributors (see instructions). Use duplicate copies of | f Part I if additional space is ne | eded |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | AUDI 2200 FERDINAND PORSCHE DRIVE HERNDON, VA 20171 | \$ | 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 |
| 8 | BANK OF AMERICA 125 DUPONT DRIVE PROVIDENCE, RI 02907 | \$ 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 |
| 9 | DANVERS, MA 01923 | \$30,000. | 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 | BOB DAVIS 7 WYNDEMERE DRIVE SOUTHBORO, MA 01772 | \$\$ | 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 |
| 11 | BOSE CORPORATION FRAMINGHAM OPERATIONS, THE MOUNTAIN FRAMINGHAM, MA 01701 | \$\$ | 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 |
| 12 | BOSTON RED SOX FOUNDATION 4 YAWKEY WAY BOSTON, MA 02115 | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions) |

04-3244069 FOUNDATION, INC. Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (a) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Х 13 BURNIE GAFF Person Payroll 160 PERRY ROAD 30,000. Noncash (Complete Part II for BANGOR, ME 04401 noncash contributions) (d) (a) (b) (c) Name, address, and ZIP + 4 Total contributions Type of contribution No. 14 C & W FACILITY SERVICES Person **Payroll** 15,000. 275 GROVE STREET, SUITE 3-200 Noncash (Complete Part II for AUBURNDALE, MA 02466 noncash contributions) (a) (c) (d) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. 15 CBS TELEVISION Person Payroll 30,000. 524 WEST 57TH STREET Noncash (Complete Part II for NEW YORK, NY 10019 noncash contributions) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 16 COMMUNICATION TECHNOLOGY SERVICES, LLC Person Payroll 15,000. 33 LOCKE DRIVE Noncash (Complete Part II for MARLBOROUGH, MA 01752 noncash contributions) (c) (d) (a) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 17 CONECO ENGINEERS & SCIENTISTS Person Payroll 4 FIRST STREET 5,000. Noncash (Complete Part II for BRIDGEWATER, MA 02324 noncash contributions) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 18 CROSS FINANCIAL CORP Person **Payroll** 30,000. P.O. BOX 1388 Noncash (Complete Part II for BANGOR, ME 04402

noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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 ne | eded. |
|------------|--|-------------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 19 | DAVE WAJSGRAS 152 LOWELL ROAD WELLESLEY, MA 02481 | \$20,000. | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 20 | 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 |
| 21 | DAVID THURSTON 30 ASH STREET CAMPBELL, MA 02138 | \$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 |
| 22 | DELLBROOK - JKS ONE ADAMS PLACE, 859 WILLARD STREET QUINCY, MA 02169 | \$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 |
| | DEVETTE RUSSO 16 WESCOTT DRIVE HOPKINTON, MA 01748 | \$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 |
| 24 | DOLE & BAILY 16 CONN STREET WOBURN, MA 01801 | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |

| Part I | Contributors (see instructions). Use duplicate copies | s of Part I if additional space is needed | |
|------------|---|--|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution | 1 |
| 25 | EDMOND ENGLISH | Person X | |
| | 150 BEACON STREET | \$ \$ Payroll Noncash | |
| | BOSTON, MA 02116 | (Complete Part II for noncash contributions) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |) |
| 26 | ERNST & YOUNG, L.L.P. | Person X | |
| | 2323 VICTORY AVENUE, SUITE 2000 | \$ \$ Payroll Noncash | |
| | DALLAS, TX 75219 | (Complete Part II for noncash contributions) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution | 1 |
| 27 | ESPN/WALT DISNEY | Person X | |
| | ESPN PLAZA | \$ 50,000. Payroll Noncash | |
| | BRISTOL, CT 06010 | (Complete Part II for noncash contributions) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution | I |
| 28_ | FACTORY MUTUAL INSURANCE COMPANY | Person X | |
| | P.O. BOX 7500 | \$ Payroll Noncash | |
| | JOHNSTON, RI 02919 | (Complete Part II for noncash contributions) | |
| (a) No. | (b) Name, address, and ZiP + 4 | (c) (d) Total contributions Type of contribution | ı |
| 29 | FOLEY & LARDNER LLP | Person X | |
| | 777 EAST WISCONSON AVENUE | \$15,000. Payroll Noncash | |
| | MILWAUKEE, WI 53202 | (Complete Part II for noncash contributions) | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) (d) Total contributions Type of contribution |) |
| 30_ | GEORGE SCHWEITZER | Person X | |
| | 4024 RADFORD AVENUE | \$ \$ Payroll Noncash | |
| | STUDIO CITY, CA 91604 | (Complete Part II for noncash contributions) | |

| Part I | Contributors (see instructions). Use duplicate copies of | Part I if additional space is no | eeded. |
|------------|---|----------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 31 | GIVING GROUSBECK - WYC KENT GROUSBECK 226 CAUSEWAY STREET, 4TH FLOOR BOSTON, MA 02114 | \$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 |
| 32 | H CARR AND SONS 100 ROYAL LITTLE DRIVE PROVIDENCE, RI 02904 | \$ <u>125,000.</u> | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 33 | HARVARD PILGRIM HEALTH CARE, INC. 93 WORCESTER STREET WELLESLEY, MA 02481 | \$\$ | 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 |
| 34 | JAMES BAILEY 125 HIGH STREET BOSTON, MA 02110 | \$\$. | 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 |
| 35 | JAMES R.MOTZKIN 265 NEWBURY STREET PEABODY, MA 01960 | \$\$ | 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 | JED DAVID SATOW FAMILY FOUNDATION 158 MERCER STREET, APT 8B NEW YORK, NY 10012 | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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 | JOHN HANCOCK LIFE INSURANCE COMPANY 100 CLARENDON STREET BOSTON, MA 02116 | \$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 | | |
| 38 | KENNETH G. LANGONE 375 PARK AVENUE NEW YORK, NY 10152 | \$\$ | Person Payroll Noncash (Complete Part If for noncash contributions) | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | |
| 39 | LIDDELL BROTHERS INC 600 INDUSTRIAL DRIVE HALIFAX, MA 02338 | \$ | 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 | LIGHTHOUSE COMPUTER 6 BLACKSTONE VALLEY PLAVE, SUITE 205 LINCOLN, RI 02865 | \$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 | | |
| 41 | MARSH & MCLENNAN 101 HUNTINGTON AVENUE, SUITE 401 BOSTON, MA 02199 | \$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 | | |
| 42 | MARTY MEEHAN EDUCATIONAL FOUNDATION 144 FAIRMOUNT STREET LOWELL, MA 01852 | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) | | |

04-3244069 FOUNDATION, INC. Contributors (see instructions) Use duplicate copies of Part I if additional space is needed. Part I (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 43 MASSMUTUAL Person **Payroll** 1295 STATE STREET 50,000. Noncash (Complete Part II for SPRINGFIELD, MA 01111 noncash contributions) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 44 MIMECAST Person Payroll 480 PLEASANT STREET 15,000. Noncash (Complete Part II for WATERTOWN, MA 02472 noncash contributions) (a) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. 45 MINTZ, LEVIN, COHN, FERRIS, GLOVSKY AND Person **Payroll** 30,000. ONE FINANCIAL CENTER Noncash (Complete Part II for BOSTON, MA 02111 noncash contributions) (a) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 46 MORGAN, LEWIS & BLOCKIUS LLP Person Payroli 15,000. 1701 MARKET STREET Noncash (Complete Part II for PHILADELPHIA, PA 19103 noncash contributions) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 47 NANOLUMENS Person Payroll 4900 AVALON RIDGE PKWY 15,000. Noncash (Complete Part II for NORCROSS, GA 30071 noncash contributions) (c) (d) (a) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 48 NEW ENGLAND PATRIOTS L.P. Person Payroll ONE PATRIOT PLACE 75,557. Noncash (Complete Part II for FOXBOROUGH, MA 02035 noncash contributions)

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| 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 |
| 49 | NFL FOUNDATION 345 PARK AVENUE NEW YORK, NY 10154 | \$\$. | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZiP + 4 | (c) Total contributions | (d) Type of contribution |
| 50 | NIGEL TRAVIS 98 LIVINSTON ROAD WELLESLEY, MA 02482 | \$ 3 0,214. | Person X Payroll X Noncash X (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 51 | NRG ENERGY 1201 FANNIN STREET HOUSTON, TX 77002 | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 52 | OCEAN SPRAY CRANBERRIES, INC. ONE OCEAN SPRAY DRIVE LAKEVILLE-MIDDLEBORO, MA 02349 | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 53 | PARTNERS HEALTHCARE SYSTEM P.O. BOX 9127 BOSTON, MA 02129 | \$\$. | 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 | PATRICK MELAMPY 1024 MAIN STREET DUNSTABLE, MA 01827 | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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

| 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 |
| 55 | PEAK EVENT SERVICES 36 CABOT ROAD WOBURN, MA 01801 | \$ 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 |
| 56 | PEPSI-COLA COMPANY 100 JOHN ROAD CANTON, MA 02021 | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 57_ | PERFORMANCE FOOD GROUP COMPANY P.O. BOX 17849 DENVER, CO 80217 | \$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 |
| 58 | POPULOUS GROUP 4800 MAIN STREET, SUITE 300 KANSAS CITY, MO 64112 | \$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 |
| 59 | PREMIER TRANSPORTATION PO BOX 665 FOREST PARK, GA 30298 | \$\$ | 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 |
| 60 | PRO CON INC 1359 HOOKSETT ROAD HOOKSETT, NH 03106 | \$15,000. | Person Payroll Noncash (Complete Part II for noncash contributions) |

| Part I | Contributors (see instructions). Use duplicate copi | 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 |
| 61 | PUTNAM INVESTMENTS ONE POST OFFICE SQUARE BOSTON, MA 02109 | \$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 |
| 62 | RAYMOND SULLIVAN 36 WICHITA ROAD MEDFIELD, MA 02052 | \$\$ | 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 |
| 63 | RAYTHEON 870 WINTER STREET WALTHAM, MA 02451 | \$\$ | 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 |
| 64 | ROBERT PENFIELD 72 ADIN DRIVE CONCORD, MA 01742 | \$\$. | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 65 | ROBERT REYNOLDS 153 GARFIELD ROAD CONCORD, MA 01742 | \$\$ | 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 | RUGGIERI FLOORING 1191 PONTIAC AVENUE CRANSTON, MA 02920 | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

| Part I | Contributors (see instructions). Use duplicate copies of | f Part I if additional space is ne | eeded |
|------------|--|------------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 67 | SHIELDS HEALTH CARE GROUP LP 55 CHRISTY'S DRIVE | - s 30,000. | Person X Payroll |
| | BROCKTON, MA 02301 | _ | Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 68_ | STATE STREET BANK | _ | Person |
| | ONE LINCOLN STREET | \$10,000. | Payroll Noncash |
| | BOSTON, MA 02111 | _ | (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 69 | STEPHEN ADELSON 20 PARK PLAZA, SUITE 820 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 |
| 70 | SUSAN RAGON C/O LACK & COGAN 45 SCHOOL STREET BOSTON, MA 02108 | \$ 230,000. | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 71 | THE CATERED AFFAIR PO BOX 432 HINGHAM, MA 02043 | \$\$ | 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 |
| 72 | THE EDGERLEY FAMILY FOUNDATION | _ | Person X |
| i | PO BOX 590098 | \$\$ | Payroll Noncash |
| | NEWTON CENTER, MA 02459 | - | (Complete Part II for noncash contributions) |

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Page 2 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) THE NEW ENGLAND PATRIOTS CHARITABLE Employer identification number Name of organization 04-3244069 FOUNDATION, INC. Contributors (see instructions) Use duplicate copies of Part I if additional space is needed. Part I (d) (c) (a) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 73 THE FALLON COMPANY LLC Χ Person **Payroll** ONE MARINA PARK DRIVE, SUITE 1500 10,000. Noncash (Complete Part II for BOSTON, MA 02210 noncash contributions) (d) (a) (b) (c) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 THISTLE COMMUNICATIONS 74 Person Payroll 30,000. 14 TENNEY ROAD Noncash (Complete Part II for PELHAM, NH 03076 noncash contributions) (a) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. 75 TOBY O'BRIEN Person Payroll 30,000. 40 GRANDVIEW ROAD Noncash (Complete Part II for CHELMSFORD, MA 01824 noncash contributions) (d) (a) (b) (c) Type of contribution Total contributions Name, address, and ZIP + 4 No. X 76 TURF PRODUCTS Person

| | 157 MOODY ROAD, PO BOX 1200 ENFIELD, CT 06083 | \$\$ | Payroll Noncash (Complete Part II for noncash contributions) |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 77 | VANASSE HANGEN BRUSTLIN, INC. | | Person X Payroll |
| | 101 WALNUT STREET, PO BOX 9151 | \$\$ | Noncash |
| | WATERTOWN, MA 02471 | | (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |

noncash contributions)

Person Payroll

Noncash (Complete Part II for

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78

VERIZONWIRELESS

27-01 QUEENS PLAZA NORTH

LONG ISLAND CITY, NY 11101

5,000.

| 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 |
| <u>79</u> | VINYL DEVELOPMENT LLC P.O. BOX 2727 ORLEANS, MA 02653 | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 80 | WALSH CONTRACTING 82 NORTH AVENUE ATTLEBORO, MA 02703 | \$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 |
| 81 | WATERS CORPORATION 34 MAPLE STREET MILFORD, MA 01757 | \$ 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 |
| 82_ | WILLIAM BOOTH 64 BARLOW PLACE FAIRFIELD, CT 06824 | \$\$ | 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_ | WILLIAM BURCK 104 E. MELROSE STREET CHEVY CHASE, MD 20815 | \$\$ | 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 |
| 84_ | 3PHASE ELEVATOR CORP 100 LAUREL STREET EAST BRIDGEWATER, MA 02333 | \$\$ | 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 |
| 85_ | ACTIVITAS INC 93 RICHARDS STREET DEDHAM, MA 02026 | \$6,900. | 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 | ADAM MOSKOVITZ 105 NORWAY ROAD CORAL GABLES, ME 04401 | \$ | 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 |
| 87 | AMBIENT SOUND INC. 75 NEW ENGLAND WAY WARWICK, RI 02886 | \$ 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 |
| 88 | ANNE REARDON 22 CEDAR STREET APT #1 WEYMOUTH, MA 02043 | \$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 |
| 89_ | BEASLEY MEDIA GROUP 3033 RIVIERA DRIVE, SUITE 200 NAPLES, FL 34103 | \$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 |
| 90 | BOB MARESCA 44 BUEBERRY LANE HOPKINTON, MA 01748 | \$ \$ | Person X Payroll Noncash (Complete Part II for noncash contributions) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization THE NEW ENGLAND PATRIOTS CHARITABLE

| | FOUNDATION, INC. | | 04-3244069 |
|------------|--|-------------------------------------|--|
| Part I | Contributors (see instructions). Use duplicate copies | of Part I if additional space is ne | eeded. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 91 | BOSTON BRUINS FOUNDATION 100 LEGENDS WAY BOSTON, MA 02114 | \$15,000. | Person Payroli Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 92 | CLEAN HARBORS ENVIRONMENTAL SERVICES 1 HILL AVENUE BRAINTREE, MA 02184 | \$ \$ | 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 |
| 93 | COLWEN HOTELS 230 COMMERCE WAY #200 PORTSMOUTH NH, NH 03801 | \$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 |
| 94_ | CORE CONCEPTS 305 UNION STREET #10 FRANKLIN, MA 02038 | \$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 |
| 95 | CVS CORPORATION 1 CVS DRIVE WOONSOCKET, RI 02895 | \$13,000. | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 96 | DAKTRONICS 201 DAKTRONICS DR BROOKINGS, SD 57006 | \$15,000. | Person X Payroll Noncash (Complete Part II for |

| | FOUNDATION, INC. | | 04-3244069 |
|------------|--|-------------------------------------|--|
| Part I | Contributors (see instructions). Use duplicate copies | of Part I if additional space is ne | eeded |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 97_ | DAVID TRYDER 770 OAK STREET BROCKTON, MA 02301 | \$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 |
| 98_ | DUANE CARELEO 1107 CENTENNIAL DRIVE CHATTANOOGA, TN 37405 | \$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 |
| 99_ | EDWARD MEDEIROS 22 MORIS LANE EAST PROVIDENCE, RI 02914 | \$19,000. | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 100_ | FALLON AMBULANCE SERVICE 111 BROOK ROAD QUINCY, MA 02169 | \$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 |
| 101 | FANTINI BAKING COMPANY 375 WASHINGTON STREET HAVERHILL, MA 01832 | \$ \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 102 | FOXWOODS RESORT CASINO ROUTE 2 MASHANTUCKET, CT 06339 | \$45,000. | Person X 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 |
| 103 | FRED CHICOS 80 HAYDEN AVE LEXINGTON, MA 02421 | \$25,000. | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 104 | FRONTSTREAM 75 REMITTANCE DRIVE CHICAGO, IL 60675-1065 | \$64,927. | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 105 | GOULSTON & STOORS 400 ATLANTIC AVENUE BOSTON, MA 02110 | \$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 |
| 106 | GREG FUSSELL 722 KILMORY DRIVE MACON, GA 31210 | \$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 |
| 107 | HAROLD BROTHERS CONSULTANTS, INC. 76 CLUBHOUSE DRIVE HINGHAM, MA 02043 | \$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 |
| 108 | HENRY M. LUKE COMPANY 165 VILLAGE STREET MEDWAY, MA 02053 | \$5,000. | Person Payroll Noncash (Complete Part II for noncash contributions) |

04-3244069 FOUNDATION, INC. Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (c) (d) (b) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 109 HILTON Person **Payroll** 755 CROSSOVER LANE 10,000. Noncash (Complete Part II for MEMPHIS, TN 38117 noncash contributions) (b) (c) (d) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. 110 J.S. FLEMING ASSOCIATES Person Payroli 15,000. 28 LORD ROAD Noncash (Complete Part II for MARLBOROUGH, MA 01752 noncash contributions) (a) (b) (c) (d) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. 111 JOE ALMEIDA Person **Payroll** 30,000. PO BOX 43247 Noncash (Complete Part II for JACKSONVILLE, FL 32231 noncash contributions) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. JOHN K. GREENE 112 Person Payroll 86A BEACON STREET 7,500. Noncash (Complete Part II for BOSTON, MA 02108 noncash contributions) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 113 JOSH KRAFT Person Payroll 5,300. ONE PATRIOT PLACE Noncash (Complete Part II for FOXBORO, MA 02035 noncash contributions) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 114 JUDY DURKIN Person **Payroll** 6,100. 4 MARY ELLEN LANE Noncash (Complete Part II for 02038 FOXBORO, MA 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 |
| 115 | JAMES NUZZO 361 COMMONWEALTH AVE BROOKLINE, MA 02467 | \$\$ | 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 |
| 116_ | KATHERINE GREANEY 15 HAYSTACK LANE COHASSET, MA 02025 | \$\$. | 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 |
| _117_ | KATHRYN BARTON 124 HUNNEWELL AVE NEWTON, MA 02458 | \$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 |
| _118_ | LEONARD LAUDER 767 FIFTH AVENUE, 40TH FLOOR NEW YORK, NY 10153 | \$\$ | 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 | LIBERTY MUTUAL 767 FIFTH AVENUE, 40TH FLOOR NEW YORK, NY 10153 | \$\$ | 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 |
| 120 | LIFESPAN 167 POINT STREET PROVIDENCE, RI 02903 | \$\$ | Person Payroll Noncash (Complete Part II for noncash contributions) |

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| | FOUNDATION, INC. | | 04-3244069 |
|------------|--|-------------------------------------|--|
| Part I | Contributors (see instructions). Use duplicate copies of | of Part I if additional space is ne | eeded. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 121 | LIZETT FRIAS 166 CENTRAL STREET PO BOX 427 HUDSON, MA 01749 | \$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 |
| 122 | MCNAMARA SALVIA 10 BRACE COVE GLOUCESTER, MA 01930 | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 123 | MUSCO SPORTS LIGHTING PO BOX 808 OSKALOOSA, IA 52577 | \$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 |
| 124_ | NELSON FAMILY FOUNDATION 50 KENNEDY PLAZA, 18TH FLOOR PROVIDENCE, RI 02903 | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 125 | NICK GELSOMINI 55 ANNAWON AVE WRENTHAM, MA 02093 | \$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 |
| 126 | NOLL ELECTRIC, INC. 1068 WASHINGTON STREET WEYMOUTH, MA 02189 | \$15,000. | Person X Payroll Noncash (Complete Part II for noncash contributions) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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

| Part I | Contributors (see instructions). Use duplicate copie | es of Part I if additional space is ne | eeded |
|------------|---|--|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 127 | NPS LLC ONE PATRIOT PLACE FOXBORO, MA 02035 | \$\$ | 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 |
| 128 | NV5 200 S. PARK ROAD SUITE 350 HOLLYWOOD, FL 33021 | \$ | 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_ | OPTUM SERVICES, INC. PO BOX 1459 MINNEAPOLIS, MN 55440 | \$\$ | 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 | PAM GELSOMINI 55 ANNAWON AVE WRENTHAM, MA 02093 | \$\$ | 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 | PATRICK HAROLD 44 WOODROCK ROAD WEYMOUTH, MA 02189 | \$ | 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 | PIERRE LEBLANC PO BOX 433 CHETICAMP NOVA SCOTIA CANADA BOE 1H0 | \$\$. | Person Payroll Noncash (Complete Part II for noncash contributions) |

Employer identification number 04-3244069

| 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 |
| 133 | POLARIS 2100 HIGHWAY 55 MEDINA, MN 55340 | \$ 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 |
| 134 | R.J. FORBES PAINTING CONTRACTOR 228 O'NEIL BOULEVARD ATTLEBORO, MA 02703 | \$\$, 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 |
| 135_ | PO BOX 433 CHETICAMP NOVA SCOTIA CANADA BOE 1H0 | \$7,500. | 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 |
| 136 | RUBIN FAMILY FOUNDATION 1441 59TH STREET BROOKLYN, NY 11219 | \$\$ | Person Payroil Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _137 | SCHWARTZ PARTNERS L.P. 3600 WOODVIEW TRACE SUITE 300 INDIANAPOLIS, IN 46268 | \$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 |
| 138 | SIEMENS DEPT. 3499 CAROL STREAM, IL 60132 | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions) |

Employer identification number 04-3244069

| 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 | | | | | | | |
| 139 | SILICON VALLEY COMMUNITY FOUNDATION | - 5 000 | Person X Payroli | | | | | | | |
| | 2440 WEST EL CAMINO REAL, SUITE 300 . MOUNT VIEW, CA 94040 | _ \$5,000. _ | Noncash (Complete Part II for noncash contributions) | | | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | | | |
| 140 | STARLAND | _ | Person X | | | | | | | |
| | 637 WASHINGTON STREET | \$5,000. | Payroll Noncash | | | | | | | |
| | HANOVER, MA 02339 | - | (Complete Part II for noncash contributions) | | | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | | | |
| 141 | STEPHEN DUBOIS 64 ALBION ROAD WELLESLEY, MA 02481 | \$\$6,300. | 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 | | | | | | | |
| 142 | SYSCO CORPORATION 24500 HIGHWAY 290 CYPRESS, TX 77429 | \$\$ | 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 | | | | | | | |
| 143 | TB12 LLC | _ | Person X | | | | | | | |
| | 240 PATRIOT PLACE | \$5,000. | Payroll Noncash | | | | | | | |
| | FOXBORO, MA 02035 | - | (Complete Part II for noncash contributions) | | | | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | | | | |
| 144 | THE PERELMAN FAMILY FOUNDATION | _ | Person X | | | | | | | |
| | 35 EAST 62ND STREET | \$50,000. | Payroll Noncash | | | | | | | |
| | NEW YORK, NY 10065 | - | (Complete Part II for noncash contributions) | | | | | | | |

Employer identification number 04-3244069

| 145 THE PRODUCE CONNECTION | (c) (d) Contributions Type of contribution |
|---|---|
| | |
| 96 AUDOBON ROAD WAKEFIELD, MA 01880 | Person X Payroll Noncash (Complete Part II for noncash contributions) |
| (a) (b) No. Name, address, and ZIP + 4 Total | (c) (d) contributions Type of contribution |
| THE RONALD & JO CAROLE LAUDER FOUNDATION 767 5TH AVENUE FLOOR 42 NEW YORK, NY 10153 | Person X Payroll Noncash (Complete Part II for noncash contributions) |
| (a) (b) No. Name, address, and ZIP + 4 Total | (c) (d) contributions Type of contribution |
| 147 THOMAS KENNEDY PO BOX 2727 \$ | Person X Payroll Noncash (Complete Part II for noncash contributions) |
| (a) (b) No. Name, address, and ZIP + 4 Total | (c) (d) contributions Type of contribution |
| 148 TIAA CHARITABLE INC 8910 PURDUE ROAD SUITE 500 INDIANAPOLIS, IN 46268 | Person X Payroll Noncash (Complete Part II for noncash contributions) |
| (a) (b) No. Name, address, and ZIP + 4 Total | (c) (d) contributions Type of contribution |
| TRISH KENNEDY 303 E DILIDO DRIVE MIAMI BEACH, FL 33139 | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) (b) No. Name, address, and ZIP + 4 Total | (c) (d) contributions Type of contribution |
| 150 UNITED HEALTHCARE SERVICES | Person X Payroll |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Employer identification number 04-3244069

| Part I | Contributors (see instructions). Use duplicate cop | pies of Part I if additional space is n | eeded |
|------------|--|---|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 151 | PAUL ELLIOTT SINGER 40 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 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 Payroli 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) |

Employer identification number 04-3244069

| Part II | Noncash Property | (see instructions |). Use duplicate co | pies of Part II if additional | l space is needed |
|---------|------------------|-------------------|---------------------|-------------------------------|-------------------|

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| 50 | 181 SHARES RUSSELL 3000 ETF | _ | · |
| | | \$\$ | 07/20/2018 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | <u> </u> | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| | | \$ | |

| Name of or | rganization THE NEW ENGLAND PATRIOT | S CHARITABLE | | Employer identification number | | | | | | | |
|---------------------------|--|---|--|---|--|--|--|--|--|--|--|
| | FOUNDATION, INC. | | | 04-3244069 | | | | | | | |
| Part III | Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional and the second sec | he year from any one co ons completing Part III, ent year (Enter this informati | ntributor. Co er the total of | mplete columns (a) through (e) and exclusively religious, charitable, etc | | | | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | | | | | | |
| raiti | | | | | | | | | | | |
| | | | | <u></u> | | | | | | | |
| | | (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 | (b) Purpose of gift (c) Use of gift | | | | | | | | | |
| | | | | | | | | | | | |
| | (e) Transfer of gift | | | | | | | | | | |
| | | | | | | | | | | | |
| | Transferee's name, address, and | 3 ZIP + 4 | Relationship of transferor to transferee | | | | | | | | |
| | | | | | | | | | | | |
| (a) No. | | | | | | | | | | | |
| from Part I | (b) Purpose of gift | (b) Purpose of gift (c) Use of gift | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | (e) Transfer of gift | | | | | | | | | | |
| | Transferee's name, address, and | Transferee's name, address, and ZIP + 4 Relation | | | | | | | | | |
| | | | | | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | *· · | | | | | | | |
| (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 | i ZIP + 4 | Relations | onship of transferor to transferee | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

2018 FORM 990-PF THE NEW ENGLAND PATRIOTS CHARITABLE 04-3244069
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

| Kınd of P | | | Desci | | | D 0 | 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 | | Gain or (loss) | | |
| 30,227. | | ST PUBLICLY PROPERTY TY | | RITIES | | D | VARIOUS | VARIOUS | |
| | | LT PUBLICLY TRADED SECURITIES PROPERTY TYPE: SECURITIES | | | | | -25,246. | | |
| OTAL GAIN(LC | oss) | | | | • | | -14,495. | | |
| | , | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

04-3244069

FORM 990PF,

- OTHER INCOME

PART I

DESCRIPTION SPECIAL EVENT GROSS INCOME

REVENUE AND EXPENSES PER BOOKS

323,235.

TOTALS

ADJUSTED NET INCOME 323, 235.

323,235.

10761625

V 18-7.1F

2EM36C F227

THE NEW ENGLAND PATRIOTS CHARITABLE FOUNDATION, INC. EIN 04-3244069 YEAR ENDED 12/31/2018

PART 1, LINE 11- OTHER INCOME

DETAIL OF SPECIAL EVENTS

| | | Fantasy | Bowl for | |
|-----------------------|-----------|---------|----------|-----------|
| | Premiere | Camp | a Goal | TOTAL |
| GROSS RECEIPTS | 2,681,489 | 513,000 | 88,527 | 3,283,016 |
| CONTRIBUTIONS | 2,448,104 | 443,250 | 68,427 | 2,959,781 |
| FMV OF EVENT | 233,385 | 69,750 | 20,100 | 323,235 |

ATTACHMENT 2

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ATTACHMENT 2 PAGE 46

| | CHARITABLE PURPOSES | 560. | 560. |
|---------------------------------|---|------------|--------|
| | ADJUSTED NET INCOME | | |
| | NET INVESTMENT INCOME | | |
| | REVENUE AND EXPENSES PER BOOKS | 560. | 560. |
| I - LEGAL FEES | | | TOTALS |
| FORM 990PF, PART I - LEGAL FEES | DESCRIPTION | LEGAL FEES | |

| 2018 FORM 990-PF | | REVENUE AND EXPENSES PER BOOKS | 500. | S 2,500. |
|-----------------------------|-------------|---|------------------------------|----------|
| ENGLAND PATRIOTS CHARITABLE | - TAXES | | | TOTALS |
| PATRIOTS | PART I | | SIZI | |
| THE NEW ENGLAND | FORM 990PF, | DESCRIPTION | STATE FILING FEES FEDERAL | |

500.

500.

CHARITABLE PURPOSES

04-3244069

ATTACHMENT

ATTACHMENT 3 PAGE 47

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10761625

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ATTACHMENT 4

- OTHER EXPENSES PART I FORM 990PF,

| [| CHARITABLE | PURPOSES | 40,061. | | 535. | 106,190. | 5,290. | 90,495. | | | 242,571. |
|----------------|------------|-------------|-----------|--------------------|------------------------|-------------------------------|------------------------------|--------------------|-----------------------|----------------|----------|
| ADJUSTED | NET | INCOME | | 28,506. | | | | | 6,215. | 95,768. | 130,489. |
| REVENUE AND | EXPENSES | PER BOOKS | 40,061. | 28,506. | 535. | 106,190. | 5,290. | 90,495. | 6,215. | 95,768. | 373,060. |
| A | | 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 |

V 18-7.1F

- OTHER ASSETS PART II FORM 990PF,

DESCRIPTION

VANGUARD ST BOND INDEX FUND

ENDING BOOK VALUE

ENDING FMV

2,193,535.

2,156,501.

TOTALS

2,193,535.

2,156,501.

V 18-7.1F

ATTACHMENT 6

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

| DESCRIPTION | AMOUNT |
|--------------------------------------|---------|
| DIFFERENCE BETWEEN FMV AND TAX BASIS | 10,738. |
| OF CONTRIBUTED STOCK OTHERS | -30. |
| TOTAL | 10,708. |

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| CHARITABLE | |
|------------|--|
| PATRIOTS | |
| ENGLAND | |
| NEW | |
| THE | |

2018 FORM 990-PF

04-3244069

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

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

ATTACHMENT 7 PAGE 51

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ATTACHMENT 8

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

DONNA SPIGAROLO 508-384-9492

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