

Form **990-PF**  
 Department of the Treasury  
 Internal Revenue Service

**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.**  
 ▶ **Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.**

OMB No. 1545-0052  
**2020**  
**Open to Public Inspection**

**For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020**

Name of foundation The New England Patriots Charitable Foundation Inc % MICHAEL JOYCE		<b>A Employer identification number</b> 04-3244069	
Number and street (or P.O. box number if mail is not delivered to street address) One Patriot Place	Room/suite	<b>B Telephone number (see instructions)</b> (508) 698-4618	
City or town, state or province, country, and ZIP or foreign postal code Foxboro, MA 02035		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>	
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D 1.</b> Foreign organizations, check here..... <input type="checkbox"/> <b>2.</b> Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here ..... <input type="checkbox"/>	
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <u>2,281,648</u>		<b>J</b> Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis.)</i>	
		<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ..... <input type="checkbox"/>	

<b>Part I Analysis of Revenue and Expenses</b> <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	2,053,176			
	<b>2</b> Check <input type="checkbox"/> if the foundation is <b>not</b> required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments	328	328		
	<b>4</b> Dividends and interest from securities	43,336	43,336		
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10				
	<b>b</b> Gross sales price for all assets on line 6a				
	<b>7</b> Capital gain net income (from Part IV, line 2)				
	<b>8</b> Net short-term capital gain				
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less: Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule)	57,730	0	27,730		
<b>12 Total.</b> Add lines 1 through 11	2,154,570	43,664	27,730		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.	0			
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)	1,503	0	0	1,503
	<b>b</b> Accounting fees (attach schedule)				
	<b>c</b> Other professional fees (attach schedule)				
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)	1,500	0	0	500
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications	3,010	0	0	3,010
	<b>23</b> Other expenses (attach schedule)	171,191	0	26,409	144,782
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	177,204	0	26,409	149,795
	<b>25</b> Contributions, gifts, grants paid	5,251,465			5,251,465
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	5,428,669	0	26,409	5,401,260	
<b>27</b> Subtract line 26 from line 12:					
<b>a Excess of revenue over expenses and disbursements</b>	-3,274,099				
<b>b Net investment income</b> (if negative, enter -0-)		43,664			
<b>c Adjusted net income</b> (if negative, enter -0-)			1,321		

**Part II Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	3,226,236	-121,297	-121,297
	<b>2</b> Savings and temporary cash investments . . . . .			
	<b>3</b> Accounts receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>4</b> Pledges receivable ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>5</b> Grants receivable . . . . .			
	<b>6</b> Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .			
	<b>7</b> Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	<b>8</b> Inventories for sale or use . . . . .			
	<b>9</b> Prepaid expenses and deferred charges . . . . .			
	<b>10a</b> Investments—U.S. and state government obligations (attach schedule)			
	<b>b</b> Investments—corporate stock (attach schedule) . . . . .			
	<b>c</b> Investments—corporate bonds (attach schedule) . . . . .			
	<b>11</b> Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	<b>12</b> Investments—mortgage loans . . . . .			
	<b>13</b> Investments—other (attach schedule) . . . . .			
	<b>14</b> Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
<b>15</b> Other assets (describe ▶ _____)	2,243,569	2,305,496	2,402,945	
<b>16 Total assets</b> (to be completed by all filers—see the instructions. Also, see page 1, item I)	5,469,805	2,184,199	2,281,648	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .			
	<b>18</b> Grants payable . . . . .			
	<b>19</b> Deferred revenue . . . . .			
	<b>20</b> Loans from officers, directors, trustees, and other disqualified persons			
	<b>21</b> Mortgages and other notes payable (attach schedule) . . . . .			
	<b>22</b> Other liabilities (describe ▶ _____)			
	<b>23 Total liabilities</b> (add lines 17 through 22) . . . . .	0	0	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29 and 30.</b>			
	<b>24</b> Net assets without donor restrictions . . . . .	5,469,805	2,184,199	
	<b>25</b> Net assets with donor restrictions . . . . .			
	<b>Foundations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	<b>26</b> Capital stock, trust principal, or current funds . . . . .			
	<b>27</b> Paid-in or capital surplus, or land, bldg., and equipment fund			
	<b>28</b> Retained earnings, accumulated income, endowment, or other funds			
<b>29 Total net assets or fund balances</b> (see instructions) . . . . .	5,469,805	2,184,199		
<b>30 Total liabilities and net assets/fund balances</b> (see instructions) .	5,469,805	2,184,199		

**Part III Analysis of Changes in Net Assets or Fund Balances**

<b>1</b> Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>1</b>	5,469,805
<b>2</b> Enter amount from Part I, line 27a . . . . .	<b>2</b>	-3,274,099
<b>3</b> Other increases not included in line 2 (itemize) ▶ _____	<b>3</b>	
<b>4</b> Add lines 1, 2, and 3 . . . . .	<b>4</b>	2,195,706
<b>5</b> Decreases not included in line 2 (itemize) ▶ _____	<b>5</b>	11,507
<b>6</b> Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	<b>6</b>	2,184,199

**Part IV Capital Gains and Losses for Tax on Investment Income**

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

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			

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

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

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

**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

1 Reserved	(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
<b>2</b> Reserved . . . . .				<b>2</b>
<b>3</b> Reserved . . . . .				<b>3</b>
<b>4</b> Reserved . . . . .				<b>4</b>
<b>5</b> Reserved . . . . .				<b>5</b>
<b>6</b> Reserved . . . . .				<b>6</b>
<b>7</b> Reserved . . . . .				<b>7</b>
<b>8</b> Reserved . . . . .				<b>8</b>

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

Table with 11 rows for excise tax calculation. Includes fields for exempt foundations, tax under section 511, tax based on investment income, and credits/payments. Total tax due is 877, with 877 overpaid.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Columns include question number, Yes, and No. Questions cover political activities, tax on political expenditures, and asset requirements.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, donor advised funds, public inspection requirements, and books in care.

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15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here and enter the amount of tax-exempt interest received or accrued during the year.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

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

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

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

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

5a During the year did the foundation pay or incur any amount to:
(1) Carry on propaganda, or otherwise attempt to influence legislation...
(2) Influence the outcome of any specific public election...
(3) Provide a grant to an individual for travel, study, or other similar purposes?
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)?
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes...
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance?
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?
b If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?

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

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

Table with 5 columns: (a) Name and address, (b) Title, and average hours per week devoted to position, (c) Compensation (If not paid, enter -0-), (d) Contributions to employee benefit plans and deferred compensation, (e) Expense account, other allowances. Rows include Robert K Kraft (Chairman), Joshua M Kraft (Treasurer), Jonathan A Kraft (Director), and Daniel A Kraft (Director).

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

Table with 5 columns: (a) Name and address of each employee paid more than \$50,000, (b) Title, and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans and deferred compensation, (e) Expense account, other allowances. Includes a Total number of other employees paid over \$50,000.

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation

**Total** number of others receiving over \$50,000 for professional services. . . . . ▶

**Part IX-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
<b>1</b> 	
<b>2</b> 	
<b>3</b> 	
<b>4</b> 	

**Part IX-B Summary of Program-Related Investments (see instructions)**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
<b>1</b> NONE	
<b>2</b> 	
All other program-related investments. See instructions.	
<b>3</b> 	

**Total.** Add lines 1 through 3 . . . . . ▶

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities. . . . .	<b>1a</b>	2,346,260
<b>b</b>	Average of monthly cash balances. . . . .	<b>1b</b>	1,244,405
<b>c</b>	Fair market value of all other assets (see instructions). . . . .	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c). . . . .	<b>1d</b>	3,590,665
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation). . . . .	<b>1e</b>	
<b>2</b>	Acquisition indebtedness applicable to line 1 assets. . . . .	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d. . . . .	<b>3</b>	3,590,665
<b>4</b>	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions). . . . .	<b>4</b>	53,860
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	<b>5</b>	3,536,805
<b>6</b>	<b>Minimum investment return.</b> Enter 5% of line 5. . . . .	<b>6</b>	176,840

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

<b>1</b>	Minimum investment return from Part X, line 6. . . . .	<b>1</b>	176,840
<b>2a</b>	Tax on investment income for 2020 from Part VI, line 5. . . . .	<b>2a</b>	607
<b>b</b>	Income tax for 2020. (This does not include the tax from Part VI.). . . . .	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b. . . . .	<b>2c</b>	607
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1. . . . .	<b>3</b>	176,233
<b>4</b>	Recoveries of amounts treated as qualifying distributions. . . . .	<b>4</b>	
<b>5</b>	Add lines 3 and 4. . . . .	<b>5</b>	176,233
<b>6</b>	Deduction from distributable amount (see instructions). . . . .	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . . . .	<b>7</b>	176,233

**Part XII Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . .	<b>1a</b>	5,401,260
<b>b</b>	Program-related investments—total from Part IX-B. . . . .	<b>1b</b>	0
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes. . . . .	<b>2</b>	0
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required). . . . .	<b>3a</b>	0
<b>b</b>	Cash distribution test (attach the required schedule). . . . .	<b>3b</b>	0
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	<b>4</b>	5,401,260
<b>5</b>	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions. . . . .	<b>5</b>	0
<b>6</b>	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4. . . . .	<b>6</b>	5,401,260

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



**Part XIII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7				176,233
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only. . . . .			0	
<b>b</b> Total for prior years: 2018, 2017, 2016		0		
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015. . . . .	3,436,372			
<b>b</b> From 2016. . . . .	3,507,482			
<b>c</b> From 2017. . . . .	5,588,055			
<b>d</b> From 2018. . . . .	4,249,112			
<b>e</b> From 2019. . . . .	6,087,707			
<b>f</b> Total of lines 3a through e. . . . .	22,868,728			
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ <u>5,401,260</u>				
<b>a</b> Applied to 2019, but not more than line 2a			0	
<b>b</b> Applied to undistributed income of prior years (Election required—see instructions). . . . .				
<b>c</b> Treated as distributions out of corpus (Election required—see instructions). . . . .				
<b>d</b> Applied to 2020 distributable amount. . . . .				176,233
<b>e</b> Remaining amount distributed out of corpus	5,225,027			
<b>5</b> Excess distributions carryover applied to 2020. (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> Enter the net total of each column as indicated below:	28,093,755			
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b. . . . .		0		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . .				
<b>d</b> Subtract line 6c from line 6b. Taxable amount—see instructions. . . . .		0		
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions. . . . .			0	
<b>f</b> Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020. . . . .				0
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions). . . . .				
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions). . . . .	3,436,372			
<b>9</b> Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a. . . . .	24,657,383			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016. . . . .	3,507,482			
<b>b</b> Excess from 2017. . . . .	5,588,055			
<b>c</b> Excess from 2018. . . . .	4,249,112			
<b>d</b> Excess from 2019. . . . .	6,087,707			
<b>e</b> Excess from 2020. . . . .	5,225,027			

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

<p><b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. . . . . ▶</p>					
<p><b>b</b> Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)</p>					
<p><b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed . . . . .</p>	Tax year	Prior 3 years			<b>(e) Total</b>
	<b>(a) 2020</b>	<b>(b) 2019</b>	<b>(c) 2018</b>	<b>(d) 2017</b>	
<b>b</b> 85% of line 2a . . . . .					
<b>c</b> Qualifying distributions from Part XII, line 4 for each year listed . . . . .					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities . . . . .					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c . . . . .					
<p><b>3</b> Complete 3a, b, or c for the alternative test relied upon:</p>					
<p><b>a</b> "Assets" alternative test—enter:</p>					
<p><b>(1)</b> Value of all assets . . . . .</p>					
<p><b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)</p>					
<p><b>b</b> "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed. . .</p>					
<p><b>c</b> "Support" alternative test—enter:</p>					
<p><b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) . . . . .</p>					
<p><b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii). . . . .</p>					
<p><b>(3)</b> Largest amount of support from an exempt organization</p>					
<p><b>(4)</b> Gross investment income</p>					

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

**Part XV**

**1 Information Regarding Foundation Managers:**

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

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

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

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

---

**a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:  
DONNA SPIGAROLO  
One Patriot Place  
Foxboro, MA 02035  
(508) 384-9492

---

**b** The form in which applications should be submitted and information and materials they should include:  
The donation requests must be submitted online at <https://www.donationx.org/eRequestFormExtII.aspx?f=d11d38e8-1d1e-4514-bad0-62498e4339c0>

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**c** Any submission deadlines:  
Requests must be submitted at least six (6) weeks in advance of the event.

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**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  
The Foundation cannot accept requests for the following: - Game tickets - Donations to benefit specific individuals or families - Unsigned merchandise sent in for autographing - Institutions' religious activities

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i> See Additional Data Table				
<b>Total . . . . .</b> ▶ <b>3a</b>				5,251,465
<b>b</b> <i>Approved for future payment</i>				
<b>Total . . . . .</b> ▶ <b>3b</b>				



**Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

**Part XVII**

- 1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
  - a** Transfers from the reporting foundation to a noncharitable exempt organization of:
    - (1)** Cash.
    - (2)** Other assets.
  - b** Other transactions:
    - (1)** Sales of assets to a noncharitable exempt organization.
    - (2)** Purchases of assets from a noncharitable exempt organization.
    - (3)** Rental of facilities, equipment, or other assets.
    - (4)** Reimbursement arrangements.
    - (5)** Loans or loan guarantees.
    - (6)** Performance of services or membership or fundraising solicitations.
  - c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees.
  - d** If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

	Yes	No
<b>1a(1)</b>		No
<b>1a(2)</b>		No
<b>1b(1)</b>		No
<b>1b(2)</b>		No
<b>1b(3)</b>		No
<b>1b(4)</b>		No
<b>1b(5)</b>		No
<b>1b(6)</b>		No
<b>1c</b>		No

(a) Line No.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  Yes  No

**b** If "Yes," complete the following schedule.

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here** 2021-09-29 \_\_\_\_\_  
 Signature of officer or trustee    Date    Title

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JENNIFER D RHODERICK				P00395735
	Firm's name ▶	ERNST & YOUNG US LLP			Firm's EIN ▶
Firm's address ▶	111 MONUMENT CIRCLE STE 4000 INDIANAPOLIS, IN 46204			Phone no. (317) 681-7000	

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Massachusetts Department of Public Health 250 Washington St Boston, MA 02108	n/a	GOV	Medical Supplied - COVID-19	2,000,000
Criminal Justice Reform Foundation 1675 Broadway New York, NY 10019	n/a	PC	Criminal Justice Reform	250,000
Boys & Girls Club of Boston 200 High Street 3rd Floor Boston, MA 02110	n/a	PC	Fund operations	250,000
<b>Total . . . . .</b> ▶ <b>3a</b>				5,251,465

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Massachusetts Department of Public Health 250 Washington St Boston, MA 02108	n/a	GOV	Medical Supplied - COVID-19	179,370
Institute for Nonprofit Practice 144 Gould Street Suite 205 Needham, MA 02494	n/a	PC	Human Services	100,000
Sojourner House 386 Smith Street Providence, RI 02908	n/a	PC	Domestic Violence Services	100,000
<b>Total . . . . .</b> ▶ <b>3a</b>				5,251,465

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
NH Coalition Against Domestic Violence PO Box 353 Concord, NH 033020353	n/a	PC	Domestic Violence Services	100,000
Through These Doors PO Box 704 Portland, ME 04104	n/a	PC	Domestic Violence Services	100,000
College Bound Dorchester 275 East Cottage Street Dorchester, MA 02125	n/a	PC	Education	100,000
<b>Total . . . . .</b>				5,251,465

**▶ 3a**



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Greater Boston Legal Service Inc 197 Friend Street Boston, MA 02114	n/a	PC	Legal Services for Low-Income Families	100,000
Tech Goes Home867 Boylston Street Boston, MA 02116	n/a	PC	Provide Technology to those who can't afford it	100,000
Louis D Brown Peace Institute 15 Christopher Street Dorchester, MA 02122	n/a	PC	Education	100,000
<b>Total . . . . . ▶ 3a</b>				5,251,465

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Rian Immigrant Center One State Street 8th Floor Boston, MA 02109	n/a	PC	Immigration Support	100,000
Semper Fi & America's Fund 825 College Blvd Suite 102 Oceanside, CA 92057	n/a	PC	Military Assitance	100,000
Amos House 460 Pine Street Providence, RI 02907	n/a	PC	Homelessness Services	100,000
<b>Total . . . . . ▶ 3a</b>				5,251,465

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Cape Cod Community College Educat Fnd 2240 Iyannough Road West Barnstable, MA 02668	n/a	PC	Education	100,000
Special Olympics of Massachusetts 512 Forest St Marlborough, MA 01752	n/a	PC	Special Needs or Disability Services	75,000
The Empowerment Plan 7640 Kercheval Avenue Detroit, MI 48207	n/a	PC	Youth and family services	69,225
<b>Total . . . . .</b> ▶ <b>3a</b>				5,251,465

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Inner-City Scholarship Fund 67 Batterymarch Street 6th Floor Boston, MA 02110	n/a	PC	Education	50,000
Friends of Children 184 Dudley Street Suite 100 Roxbury, MA 02119	n/a	PC	Children's Services	50,000
American Red Cross of Massachusetts 101 Station Landing Suite 510 Medford, MA 02155	n/a	PC	Human Services	50,000
<b>Total . . . . . ▶ 3a</b>				5,251,465

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Pan Mass Challenge 77th 4th Avenue Needham, MA 02494	n/a	PC	Cancer Research	50,000
Boston Children's Hospital 401 Park Drive Suite 602 Boston, MA 022153354	n/a	PC	Medical Research	50,000
Lincoln Center for the Performing Arts 70 Lincoln Center Plaza New York, NY 10023	n/a	PC	Arts	35,000
<b>Total . . . . . ▶ 3a</b>				5,251,465

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Boys & Girls Club of Cape Cod PO Box 895 Mashpee, MA 02649	n/a	PC	Youth Services	25,000
The Jed Foundation 6 East 39th Street Suite 700 New York, NY 10016	n/a	PC	Mental health	25,000
Greater Boston PFLAGPO Box 541619 Waltham, MA 02454	n/a	PC	Cultural awareness	25,000
<b>Total . . . . . ▶ 3a</b>				5,251,465

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Team IMPACT500 Victory 3rd Floor Quincy, MA 02171	n/a	PC	Athletics/ Education/ Youth Services	25,000
The Boston Foundation Inc 75 Arlington Street 3rd Floor Boston, MA 02116	n/a	PC	Human Services	25,000
Scholar Athletes57 Magazine Street Boston, MA 02119	n/a	PC	Athletics/ Education/ Youth Services	25,000
<b>Total . . . . . ▶ 3a</b>				5,251,465

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Women's Lunch Place PO Box 170900 Boston, MA 02117	n/a	PC	Human Services	25,000
Ron Burton Training Village 59 Moreland Road North Weymouth, MA 02191	n/a	PC	Children's Services	25,000
The Casa Project Inc 100 Grove Street Suite 403 Worcester, MA 01605	n/a	PC	Children's Services	25,000
<b>Total . . . . . ▶ 3a</b>				5,251,465



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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
The Black Ministerial Alliance 2110 Columbus Ave Roxbury, MA 02119	n/a	PC	Human Services	25,000
National Football Foundation 433 Las Colinas Blvd East Suite 1 Irving, TX 75039	n/a	PC	Athletics	25,000
Midcoast Community Allaince 10 State Road PMB 293 Bath, ME 04530	n/a	PC	Youth Services	20,000
<b>Total . . . . . ▶ 3a</b>				5,251,465

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Make A Wish MA and RI 133 Federal Street 2nd Floor Boston, MA 02110	n/a	PC	Youth Services	15,000
Joy in Childhood Foundation Inc 130 Royall Street Canton, MA 02021	n/a	PC	Children's Services	15,000
Operation Shower 7382 Pershing Ave Ste 1E St Louis, MO 63130	n/a	PC	Military Assitance	10,500
<b>Total . . . . . ▶ 3a</b>				5,251,465

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Kids Triathlon Inc 2317 Blanding Blvd Suite 101 Jacksonville, FL 32210	n/a	PC	Youth Services	10,000
JCRC of Greater Boston 126 High Street Boston, MA 02110	n/a	PC	Human Services	10,000
EMPath 308 Congress Street 5th Floor Boston, MA 02210	n/a	PC	Economic Mobility Services	10,000
<b>Total . . . . . ▶ 3a</b>				5,251,465

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Boston Bruins Foundation 100 Legends Way Boston, MA 02114	n/a	PC	Athletics/ Education/ Youth Services	10,000
One Love Foundation PO Box 368 Bronxville, NY 10708	n/a	PC	Domestic Violence Education	10,000
Red Sox Foundation 4 Jersey Street Boston, MA 02215	n/a	PC	Athletics	10,000
<b>Total . . . . . ▶ 3a</b>				5,251,465

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Strong Women Strong Girls 555 Armory Street 3R-3 Jamaica Plain, MA 02130	n/a	PC	Youth Services	10,000
Camp Harbor View Foundation Inc 200 Clarendon Street Boston, MA 02116	n/a	PC	Education/ Youth Services	10,000
Black College Football Hall of Fame 931 Monroe Drive Suite A-102 471 Atlanta, GA 303081795	n/a	PC	Athletics/ Education/ Youth Services	10,000
<b>Total . . . . . ▶ 3a</b>				5,251,465

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Storybook Ball 125 Nashua Street Suite 540 Boston, MA 02114	n/a	PC	Youth Services	10,000
Boys & Girls Club of Cape Cod PO Box 895 Mashpee, MA 02649	n/a	PC	Youth Services	10,000
The Dimock Center 55 Dimock Street Roxbury, MA 02119	n/a	PC	Youth and family services	10,000
<b>Total . . . . . ▶ 3a</b>				5,251,465

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Big Sister Association of Greater Boston 20 Park Plaza Suite 1420 Boston, MA 02116	n/a	PC	Children's Services	10,000
A House for Me9 Highpointe Circle Kittery, ME 03904	n/a	PC	Special Needs or Disability Services	10,000
ALS ONE8 Industrial Way Whitman, MA 02382	n/a	PC	Medical Research	10,000
<b>Total . . . . . ▶ 3a</b>				5,251,465

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Belknap House 55 Main Street Laconia, NH 03246	n/a	PC	Homelessness Services	10,000
Boston Debate League 1542 Tremont Street Boston, MA 02120	n/a	PC	Education	10,000
Boys & Girls Club of New Bedford 166 Jenney Street New Bedford, MA 02740	n/a	PC	Youth Services	10,000
<b>Total . . . . .</b> ▶ <b>3a</b>				5,251,465



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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Bridge Over Troubled Waters 47 West Street Boston, MA 02111	n/a	PC	Homeless Youth	10,000
Candorful Inc10 New Street Boston, MA 02128	n/a	PC	Military Assitance	10,000
Crossroads Youth Center 199 New County Road Saco, ME 04072	n/a	PC	Youth Services	10,000
<b>Total . . . . . ▶ 3a</b>				5,251,465

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Fidelco Guide Dog Foundation 103 Vision Way Bloomfield, CT 06002	n/a	PC	Human Services	10,000
Friends Never Forget PO Box 6 Bolton, MA 01740	n/a	PC	Military Assitance	10,000
Greater Boston United Spinal Assoc 2 Rehabilitation Way Woburn, MA 01801	n/a	PC	Medical Research	10,000
<b>Total . . . . . ▶ 3a</b>				5,251,465

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Habitat for Humanity 201 Great Road Suite 301 Acton, MA 01720	n/a	PC	Human Services	10,000
HopeWell3 Allied Drive Suite 308 Dedham, MA 02026	n/a	PC	Youth Services	10,000
NH Jumpstart Coalition 51 Jefferson Drive Hillsboro, NH 03244	n/a	PC	Youth Services	10,000
<b>Total . . . . . ▶ 3a</b>				5,251,465

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Norma Pfriem Breast Center PO Box 5000 Bridgeport, CT 06610	n/a	PC	Cancer Research	10,000
Project Sweet Peas 45 Boylston Road Warwick, RI 02889	n/a	PC	Family Services	10,000
Sara M Holbrook Community Center Inc PO Box 3039 Burlington, VT 05408	n/a	PC	Children's Services	10,000
<b>Total . . . . . ▶ 3a</b>				5,251,465

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Shri Service Corps 21 Broad Street Pawtucket, RI 02862	n/a	PC	Military Assitance	10,000
Smile Mass Inc 66 Dudley Road Sudbury, MA 01776	n/a	PC	Special Needs or Diability Services	10,000
The Elisha Project 65 Newport Avenue East Providence, RI 02916	n/a	PC	Human Services	10,000
<b>Total . . . . . ▶ 3a</b>				5,251,465

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
The Quell Foundation Inc PO Box 1924 North Falmouth, MA 02556	n/a	PC	Mental Health	10,000
The Yellow Tulip Project 533 Congress Street Portland, ME 04101	n/a	PC	Mental Health	10,000
We Do Care Grief and Loss Inc 10 Gawaine Road North Easton, MA 02356	n/a	PC	Family Services	10,000
<b>Total . . . . . ▶ 3a</b>				5,251,465

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Joe Andruzzi Foundation 49 Plain Street North Attleboro, MA 02760	n/a	PC	Cancer Patient and Family Support	10,000
Saint Thomas More Soup Kitchen 268 Park Street New Haven, CT 06511	n/a	PC	Feeding the Hungry	10,000
No Limits Foundation 265 Centre Road Wales, ME 04280	n/a	PC	Special Needs or Disability Services	10,000
<b>Total . . . . . ▶ 3a</b>				5,251,465

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Morgan Memorial Goodwill Inc 1010 Harrison Avenue Boston, MA 02119	n/a	PC	Human services	10,000
Bridge Over Troubled Waters 47 West Street Boston, MA 02111	n/a	PC	Homeless Youth	10,000
American Cancer Society 125 S Huntington Ave Boston, MA 02130	n/a	PC	Cancer research	10,000
<b>Total . . . . . ▶ 3a</b>				5,251,465



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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Roxbury Community College 1234 Columbus Ave Roxbury Crossing, MA 02120	n/a	PC	Education	10,000
Cardinal Cushing Centers 405 Washington Street Hanover, MA 02339	n/a	PC	Assist the cognitively challenged	7,500
March of Dimes 515 Madison Avenue 30th Floor New York, NY 10022	n/a	PC	Human services	7,500
<b>Total . . . . . ▶ 3a</b>				5,251,465

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Boston Children's Hospital 401 Park Drive Suite 602 Boston, MA 022153354	n/a	PC	Medical Research	6,000
Hospitality Homes Inc 1018 Beacon Street 201 Brookline, MA 02446	n/a	PC	Housing Services	5,000
Boston Youth Wrestling 100 Warren Street Boston, MA 02119	n/a	PC	Athletics	5,000
<b>Total . . . . . ▶ 3a</b>				5,251,465

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Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Camp Rising Sun PO Box 472 Branford, CT 06405	n/a	PC	Children's Services	5,000
SPURPO Box 1274 Marblehead, MA 01945	n/a	PC	Youth Services	5,000
New England Center & Home for Veterans 17 Court Street Boston, MA 02108	n/a	PC	Military Assitance	5,000
<b>Total . . . . . ▶ 3a</b>				5,251,465

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Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Dennis Messing Memorial Foundation 23 Neponset Ave Hyde Park, MA 02136	n/a	PC	Substance Abuse Services	5,000
VA Charters Inc PO Box 504 West Haven, CT 06516	n/a	PC	Military Assitance	5,000
Camp Sunshine 35 Acadia Road Casco, ME 04105	n/a	PC	Special Needs or Diability Services	5,000
<b>Total . . . . . ▶ 3a</b>				5,251,465

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Military Friends Foundation 6 Beacon Street Suite 200 Boston, MA 02108	n/a	PC	Military Assitance	5,000
Food Link Inc17 Brattle Street 17 Arlington, MA 02476	n/a	PC	Enviromental Sustainability	5,000
Friend Youth Mentoring Program 202 N State Street Concord, MA 03301	n/a	PC	Youth Services	5,000
<b>Total . . . . . ▶ 3a</b>				5,251,465

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Friends Way765 West Shore Raod Warwick, NH 02889	n/a	PC	Mental health	5,000
ABLED AdvocacyPO Box 2219 Methuen, RI 01844	n/a	PC	Special Needs or Disability Services	5,000
Partners for Youth with Disabilities 5 Middlesex Ave Suite 307 Somerville, MA 02145	n/a	PC	Special Needs Services	5,000
<b>Total . . . . . ▶ 3a</b>				5,251,465

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Massachusetts Military Support Foundation PO Box 715 West Barnstable, MA 02668	n/a	PC	Military Assitance	5,000
FLAG Flag FootballPO Box 180559 Boston, MA 02118	n/a	PC	Athletics	5,000
Jeanne Geiger Crisis Center 2 Harris Street Newburyport, MA 01950	n/a	PC	Human services	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				5,251,465

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Families Friends Future Gala The Yawkey Center Dorchester, MA 02121	n/a	PC	Family Services	5,000
Political Asylum Immigration Representation PROJ 98 North Washington Street Suite 1 Boston, MA 02114	n/a	PC	Human services	5,000
AccessSport America 119 High Street Acton, MA 01720	n/a	PC	Special Needs Services	5,000
<b>Total . . . . . ▶ 3a</b>				5,251,465



**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Epiphany School 154 Centre Street Boston, MA 02124	n/a	PC	Education	5,000
Louis D Brown Peace Institute 15 Christopher Street Dorchester, MA 02122	n/a	PC	Education	5,000
Crossroads 119 Myrtle Street Duxbury, MA 02332	n/a	PC	Human services	5,000
<b>Total . . . . . ▶ 3a</b>				5,251,465

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
The Light Foundation Inc 440 Greenville Nashville Road Greenville, MA 45331	n/a	PC	Youth services	5,000
Gordon W Mitchell School 435 Central Street East Bridgewater, OH 02333	n/a	GOV	Education	5,000
Codman Square Health Center Inc PO Box 990404 Boston, MA 021999998	n/a	PC	Health services	5,000
<b>Total . . . . .</b> ▶ <b>3a</b>				5,251,465

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Samaritans PO Box 610189 Newton Highlands, MA 024619998	n/a	PC	Human services	3,000
The Empowerment Plan 7640 Kercheval Avenue Detroit, MA 48207	n/a	PC	Youth and family services	2,620
Veterans & Athletes United Inc 2536 Falkirk Drive North Chesterfield, MI 23236	n/a	PC	Athletics/ Fund Operations	2,500
<b>Total . . . . . ▶ 3a</b>				5,251,465

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Boston College 140 Commonwealth Ave Chestnut Hill, VA 02467	n/a	PC	Fund operations	2,500
Waltham Boys & Girls Club 20 Exchange Street Waltham, MA 02451	n/a	PC	Youth and family services	2,500
New Horizons 199 Manchester Street Manchester, MA 03103	n/a	PC	Homelessness Services	2,500
<b>Total . . . . . ▶ 3a</b>				5,251,465

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Friends of Children 184 Dudley Street Suite 100 Roxbury, NH 02119	n/a	PC	Children's services	2,500
Massachusetts General Hospital 125 Nashua Street Suite 540 Boston, MA 02114	n/a	PC	Medical Research	2,500
City of Boston 1 CITY HALL SQUARE SUITE 500 Boston, MA 02201	n/a	GOV	Immigration Support	2,500
<b>Total . . . . .</b> ▶ <b>3a</b>				5,251,465

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
The Casa Project Inc 100 Grove Street Suite 403 Worcester, MA 01605	n/a	PC	Children's Services	1,000
Black College Football Hall of Fame Suite A-102 471 Atlanta, MA 303081795	n/a	PC	Athletics/ Education/ Youth Services	1,000
Ed Block Courage Award Foundation Inc 9727 Greenside Drive Suite 201 Cockeysville, GA 21030	n/a	PC	Human services	750
<b>Total . . . . .</b> ▶ <b>3a</b>				5,251,465

**Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a</b> <i>Paid during the year</i>				
Vietnam Veterans Moving Wall Committee 2 Driver Lane Mashpee, MD 02649	n/a	PC	Military Assitance	500
<b>Total . . . . . ▶ 3a</b>				5,251,465

**TY 2020 All Other Program Related Investments Schedule**

**Name:** The New England Patriots Charitable  
Foundation Inc

**EIN:** 04-3244069

**All Other Program Related Investments Schedule**

Category	Amount
NONE	



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

## **TY 2020 Depreciation Schedule**

**Name:** The New England Patriots Charitable  
Foundation Inc

**EIN:** 04-3244069

**TY 2020 Legal Fees Schedule**

**Name:** The New England Patriots Charitable  
Foundation Inc

**EIN:** 04-3244069

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
LEGAL FEES	1,503	0	0	1,503

**TY 2020 Other Assets Schedule**

**Name:** The New England Patriots Charitable  
Foundation Inc

**EIN:** 04-3244069

**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
VANGUARD ST BOND INDEX FUND	2,243,569	2,305,496	2,402,945

**TY 2020 Other Decreases Schedule**

**Name:** The New England Patriots Charitable  
Foundation Inc

**EIN:** 04-3244069

<b>Description</b>	<b>Amount</b>
DIFFERENCE BETWEEN FMV AND TAX BASIS	11,372
OF CONTRIBUTED STOCK	0
OTHER ADJUSTMENTS	135

**TY 2020 Other Expenses Schedule**

**Name:** The New England Patriots Charitable  
Foundation Inc

**EIN:** 04-3244069

**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK FEES	11,776	0	0	11,776
PROMOTION AND FUNDRAISING EXP	133,006	0	0	133,006
PREMIERE EVENT	13,769	0	13,769	0
PAN MASS CHALLENGE	12,640	0	12,640	0

**TY 2020 Other Income Schedule**

**Name:** The New England Patriots Charitable  
Foundation Inc

**EIN:** 04-3244069

**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
SPECIAL EVENT GROSS INCOME	27,730	0	27,730
Federal tax refund	30,000	0	0

**TY 2020 Taxes Schedule**

**Name:** The New England Patriots Charitable  
Foundation Inc

**EIN:** 04-3244069

**Taxes Schedule**

<b>Category</b>	<b>Amount</b>	<b>Net Investment Income</b>	<b>Adjusted Net Income</b>	<b>Disbursements for Charitable Purposes</b>
FEDERAL	1,000	0	0	0
STATE FILING FEES	500	0	0	500

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

**Schedule of Contributors**  
▶ Attach to Form 990, 990-EZ, or 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2020**

Name of the organization  
The New England Patriots Charitable  
Foundation Inc

**Employer identification number**  
04-3244069

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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



Name of organization  
 The New England Patriots Charitable  
 Foundation Inc

**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
—	See Additional Data Table	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution.)
—	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II for noncash contribution.)

Name of organization The New England Patriots Charitable Foundation Inc	Employer identification number 04-3244069
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<b>Part II Noncash Property</b>			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
25	175 shares of Vanguard Total Stock Market Index Fund ETF Shares (VTI)	\$30,217	2020-09-05
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
.		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
.		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
.		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
.		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
.		\$	

Name of organization The New England Patriots Charitable Foundation Inc	<b>Employer identification number</b> 04-3244069
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**Part III** *Exclusively* religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 04-3244069

**Name:** The New England Patriots Charitable  
Foundation Inc

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Anheuser -Busch Inc 7801 Pocahontas Trail  Williamsburg, VA 23185	  \$ 25,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
2	Banner Industries of NE One Industrial Drive  Danvers, MA 01923	  \$ 100,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
3	Bob Maresca 44 Bueberry Lane  Hopkinton, MA 01748	  \$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
4	Bose Corporation Framingham Operations The Mountain  Framingham, MA 01701	  \$ 20,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
5	C W Facility Services 275 Grove Street Suite 3-200  Auburndale, MA 02466	  \$ 10,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
6	Carol Meyrowitz 8 Sylvan Lane  West Newton, MA 024653016	  \$ 7,500	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)

Form 990 Schedule B, 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
7	Cross Financial Corp 74 Gilman Road - PO Box 1388 <hr/> Bangor, ME 04401	<hr/> \$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
8	Delaware North Companies Inc - Bo 100 Legends Way <hr/> Boston, MA 02114	<hr/> \$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
9	Dellbrook - JKS One Adams Place 859 Willard Street <hr/> Quincy, MA 02169	<hr/> \$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
10	Disney Worldwide Services Inc 1375 E Buena Vista Dr FL 4N <hr/> Lake Buena Vista, FL 32830	<hr/> \$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
11	Edmond English 150 Beacon Street <hr/> Boston, MA 02116	<hr/> \$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
12	George Schweitzer 115 N Van Ness Ave <hr/> Los Angeles, CA 90004	<hr/> \$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	Henry Sullivan 100 LedgeWood Drive Apt 516	\$ 6,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	Stoneham, MA 02180		
14	Jillian Villemaire 1309 Flagship CT	\$ 9,606	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	St Augustine, FL 320806179		
15	Joe Almeida 580 E Woodland Road	\$ 25,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	Lake Forest, IL 60045		
16	Katy J Barton 124 Hunnewell Ave	\$ 15,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	Newton, MA 02458		
17	Kraft Soccer One Patriot Place	\$ 9,100	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	Foxboro, MA 02035		
18	Lack Cogan 45 School St 2E	\$ 100,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
	Boston, MA 02108		

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	Marty Meehan Educational Foundation 11 Kearney Square <hr/> Lowell, MA 01852	<hr/> \$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
20	Megan Hovsepian 195 Underwood Street <hr/> Holliston, MA 01746	<hr/> \$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
21	MGM Resorts International PO Box 77123 <hr/> Las Vegas, NV 891777123	<hr/> \$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
22	Mintz Levin Cohn Ferris Glovsky One Financial Center <hr/> Boston, MA 02111	<hr/> \$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
23	New England Patriots Fan Club of AZ 2401 West Union Hills Drive <hr/> Phoenix, AZ 85027	<hr/> \$ 5,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)
24	NFL Foundation 345 Park Avenue <hr/> New York, NY 10154	<hr/> \$ 141,344	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution.)

Form 990 Schedule B, 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
25	Nigel Travis 98 Livingston Road <hr/> Wellesley, MA 024827309	<hr/> \$ 30,217	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input checked="" type="checkbox"/> (Complete Part II for noncash contribution.)
26	North Shore Data Service 34 Rogers Rd <hr/> Haverhill, MA 01835	<hr/> \$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
27	NPS LLC One Patriot Place <hr/> Foxboro, MA 02035	<hr/> \$ 11,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
28	Performance Food Group Company PO Box 17849 <hr/> Denver, CO 802170849	<hr/> \$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
29	Provident Healthcare Partners 260 Franklin St <hr/> Boston, MA 02110	<hr/> \$ 10,200	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
30	Robert Popeo 1 Financial CTR FL 46 <hr/> Boston, MA 021112662	<hr/> \$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)



Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	Russell Carey Jeffrey Family FDN PO Box 6928 <hr/> Providence, RI 029406928	<hr/> \$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
32	Shields Health Care Group LP 55 Christys Drive <hr/> Brockton, MA 02301	<hr/> \$ 30,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
33	Siemens 300 New Jersey Avenue Ste 1000 <hr/> Washington, DC 20001	<hr/> \$ 5,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
34	The Baupost Group LLC 10 Saint James Avenue Suite 1700 <hr/> Boston, MA 02116	<hr/> \$ 15,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
35	The Edgerley Family Foundation PO Box 590098 <hr/> Newton Center, MA 02459	<hr/> \$ 30,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)
36	The Paul E Singer Foundation 1 West 81st Street <hr/> New York, NY 10024	<hr/> \$ 50,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	Thistle Communications		<b>Person</b> <input checked="" type="checkbox"/>
	1 Industrial Park Drive Unit 6		<b>Payroll</b> <input type="checkbox"/>
	Pelham, NH 03076	\$ 10,000	<b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)
38	United HealthCare Services		<b>Person</b> <input checked="" type="checkbox"/>
	PO Box 1459		<b>Payroll</b> <input type="checkbox"/>
	Minneapolis, MN 55440	\$ 106,500	<b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)
39	Vinyl Development LLC		<b>Person</b> <input checked="" type="checkbox"/>
	PO Box 2727		<b>Payroll</b> <input type="checkbox"/>
	Orleans, MA 02653	\$ 75,000	<b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)
40	Waters Corporation		<b>Person</b> <input checked="" type="checkbox"/>
	34 Maple Street		<b>Payroll</b> <input type="checkbox"/>
	Milford, MA 01757	\$ 15,000	<b>Noncash</b> <input type="checkbox"/>  (Complete Part II for noncash contribution.)

**THE NEW ENGLAND PATRIOTS CHARITABLE FOUNDATION, INC.**  
**EIN 04-3244069**  
**YEAR ENDED 12/31/2020**

PART 1, LINE 11- OTHER INCOME

DETAIL OF SPECIAL EVENTS

	Premiere	Fantasy Camp	Bowl for a Goal	TOTAL
GROSS RECEIPTS	953,152	-	-	953,152
CONTRIBUTIONS	925,422	-	-	925,422
FMV OF EVENT	<u>27,730</u>	<u>-</u>	<u>-</u>	<u>27,730</u>