See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317003030

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
THE RED SOX FOUNDATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
4 Yawkey Way

City or town, state or country, and ZIP + 4
Boston, MA 02215

D Employer identification number
33-1007984

E Telephone number
(617) 226-6614

G Gross receipts $ 5,821,439

F Name and address of principal officer
Meg Vaillancourt
4 Yawkey Way
Boston, MA 02215

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www redsoxfoundation org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 2002 | **M** State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE FOUNDATION SUPPORTS & RUNS CHARITABLE PROGRAMS THAT PROVIDE HEALTH, EDUCATIONAL, RECREATIONAL, & SOCIAL SERVICE PROGRAMS FOR AT-RISK CHILDREN, WOUNDED VETERANS & THEIR FAMILIES IN NEW ENGLAND

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	1
5	Total number of employees (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	1,000
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	4,704,253	4,340,042
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-190,123	-123,844
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	780,499	-127,004
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,294,629	4,089,194
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,461,634	2,914,983
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	358,835	368,090
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 131,313		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	314,624	521,558
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,135,093	3,804,631
19	Revenue less expenses Subtract line 18 from line 12	1,159,536	284,563
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	7,171,066	7,967,051
21	Total liabilities (Part X, line 26)	1,198,896	1,370,147
22	Net assets or fund balances Subtract line 21 from line 20	5,972,170	6,596,904

Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Signature of officer — Date: 2010-11-11

▶ Jeff White Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP 200 CLARENDON STREET BOSTON, MA 021165072			EIN ▶ Phone no ▶ (617) 266-2000

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

The Red Sox Foundation seeks to improve health, educational, social service and recreational opportunities for at-risk children and wounded veterans primarily in New England We have 5 cornerstone programs that are our major focus Red Sox Scholars (education), RBI/Rookie League Baseball (recreation), The Dimock Center in Roxbury (social services), The Red Sox Foundation and MGH Home Base Program(for veterans from Iraq and Afghanistan with traumatic brain injury or PTSD and their families)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 350,495 including grants of $ 333,911) (Revenue $ 0)

RED SOX SCHOLARS The Red Sox Foundation's educational cornerstone is the Red Sox Scholars program Funded and run by the Red Sox Foundation, the program provides college scholarships (ranging from $6,000 to 10,000 per scholar), tutoring and enrichment activities to 200 academically talented but economically disadvantaged Boston Public School students Each year, The Red Sox Foundation selects 25 Red Sox Scholars from more than 600 academically talented but economically disadvantaged Boston Public Schools students who apply in the spring term of their 5th grade year The Red Sox Foundation sets aside scholarship funds and they are redeemable upon graduation from high school, enrollment in an accredited college and on the condition of continued good behavior/ citizenship No funds are given directly to the scholar All scholarship funds are distributed directly to college Given that health care is an economic engine in Boston, each Red Sox Scholar is also paired with a "Medical Champion" from Beth Israel Deaconess Medical Center who guides them on a Shadow Day at the hospital to learn about various health professions in their 6th grade year But the Red Sox Scholars is not just a scholarship program - far from it! The Red Sox Foundation also connects Scholars with vital after school programs, summer camps, summer jobs and college prep programs For those Red Sox Scholar High School Alums, the Red Sox Foundation also helps connect them with opportunities to secure summer jobs through the Private Industry Council and Hopeline, as well as college prep programs Since many Scholars will be the first in their family to attend college, Red Sox Foundation staff members also help students as they consider what colleges they might apply to and review their applications and help them seek additional financial aid that may be needed to attend college In 2010, the Red Sox Foundation is working with up to 200 Red Sox Scholars and Alums in grades 6 through 12 plus, including the first class of Red Sox Scholars who are now entering/attending college While government statistics show that nearly half the Boston Public School students drop out before graduation, more the 75 percent of the first class of Red Sox Scholars graduated from high school and more than 17 members of the first class of scholars enrolled in college, or a gap year program designed to increase their chances of success in college With help from generous supporters, the Red Sox Foundation in 2010-11 will seek to strengthen the program by increasing academic support and helping more Scholars secure appropriate health screenings and counseling

4b (Code) (Expenses $ 276,589 including grants of $ 263,559) (Revenue $ 0)

RSF HOME BASE PROGRAM In 2009, the Red Sox Foundation launched a new program called "The Red Sox Foundation and Mass General Hospital Home Base Program " It is designed to help veterans returning from Iraq and Afghanistan with Traumatic Brain Injuries (TBI) and Post Traumatic Stress Disorder (PTSD) -- two of the more common and often invisible wounds of this war Government officials estimate that as many as 30 percent of veterans returning from Iraq and Afghanistan may struggle with one or both of these conditions Due to a combination of factors including poor or no evaluations or misdiagnosed and lack of adequate information about the causes and symptoms, We regret that because of the stigmas that surround mental health wounds and brain injuries, many veterans are reluctant to get the help they need -- and have earned The Red Sox Foundation respects the enormous sacrifices our servicemen and women make on behalf of our nation And we know that when 1 family member serves, the whole family serves And when 1 family member returns from combat wounded, the entire family is wounded So a key aspect of the new Red Sox Foundation and MGH Home Base Program also involves a Family Outreach and Support program The Red Sox and Red Sox Foundation Chairman Tom Werner came up with the idea of the Home Base Program after the team visited servicemen and women recovering from wounds at Walter Reed Seeing the medical miracles made possible by the expert medical staff of the military, Mr Werner learned the US military and VA were deeply concerned about the sharp rise in PTSD, TBI and often attendant depression which leads to an increase in the number suicides Sensing that the Red Sox could use their brand as a nationally recognized sports team associated with health and beating the odds, the Red Sox Foundation Board approved program RSF and team staff explored and formed a new program in conjunction with the world recognized medical experts and researchers at nearby Mass General Hospital (called MGH) The new Red Sox Foundation and MGH Home Base program was formed After nearly two years of intensive planning, the Home Base program was officially launched in Sept 2009 with an extraordinary ceremony at Fenway Park along with Public Service Announcements featuring Red Sox players and veterans and created by the Red Sox Foundation and the teams sports network NESN The Home Base Program currently has 4 components 1 Veterans Clinic for evaluations and treatment of servicemen and women and veterans with PTSD, TBI or both The clinical services are confidential and if a client's insurance will not cover the evaluation and therapy, RSF will work to underscore that the philanthropic funds raised and donated by the Red Sox Foundation and MGH will help cover those costs 2 A Family Support Program designed to provide tools to parents, spouses, significant others, siblings and others who are often find they must help care for veterans with PTSD and TBI The program seeks to provide counseling and education about the conditions, available therapies and treatments and methods to better help their loved veteran and provide the guidance to family members as they seek to help their veteran find treatments that may help and adjust to a "new normal" In addition, the Home Base Family Program also offers support services needed to help veterans challenged by PTSD and TBI successfully reintegrate into civilian life and help their families understand the conditions the caused PTSD and TBI and effects of these two common injuries 3 Educational Component in which the renowned medical professionals of MGH share specific diagnostic and treatment modalities, therapies, and ways to cope better with the challenges brought on by PTSD and TBI In choosing to partner with MGH (Mass General Hospital), the Red Sox Foundation sought out a world recognized leader in psychiatry and brain injuries Since MGH is a Harvard teaching hospital, sharing knowledge and best practices with other medical and health professionals, social workers, clergy and educators is a vital part of the Home Base Program 4 Cutting edge Research into the causes of these two common injuries, treatments and therapies that can help those with TBI and PTSD and ways that in the future these injuries might be lessened or prevented The Red Sox Foundation pledged in 2010 to raise at least $3 million to help fund the Home Base Program by the summer of 2012 The program is slated to expand significantly in 2010 as the Red Sox Foundation and MGH Home Base Program moves into its own clinical space in Boston and veterans who served in Iraq and Afghanistan are hired as Vets Outreach Coordinators to help talk with returning servicemen and women to help them overcome the stigma preventing them from seeking evaluations and clinical treatments and therapies, as well as engage in family support programs that can help More information on the Home Base Program can be found on www redsoxfoundation org or on www homebaseprogram org

4c (Code) (Expenses $ 101,811 including grants of $ 97,073) (Revenue $ 0)

RSF and THE JIMMY FUND The Red Sox Foundation's cornerstone in the area of health continues the baseball club's long standing support of the Jimmy Fund, a nonprofit that supports breakthrough research and cutting edge cancer treatments at the Dana Farber Cancer Institute in Brookline, Massachusetts Since 1953, the Red Sox and the Jimmy Fund have been a team, providing a symbol of hope for patients, their families and players alike In 2009, the Red Sox Foundation was once again a lead sponsor of the Pan-Mass Challenge, helping to raise more than $35 million for the Jimmy Fund through the annual 2 day bike marathon In addition, working with the Red Sox owned regional sports network NESN and radio sponsor WEEI on the teams annual Radio-Telethon, which RSF helped raise an additional $4 million for the Jimmy Fund The Red Sox and The Foundation also led and participated in other fundraising activities to support the Jimmy Fund, including sponsoring/ hosting a fundraising Fantasy Day at Fenway Park and the Opening Week Rally against Cancer with Red Sox player visits as prizes The team and team charity also helped organize player visits to the local hospitals, outings to Red Sox games for children being treated for cancer and their families, and other special opportunities Through the support of generous donors and working with the teams players and their wives, the Red Sox Foundation also partnered with other philanthropic entities to host a "family fun" day for those struggling with cancer, as well as collected funds at the ballpark to support the Jimmy Fund

4d Other program services (Describe in Schedule O)
(Expenses $ 2,832,080 including grants of $ 2,697,204) (Revenue $ 0)

4e **Total program service expenses** ▶ $ 3,560,975

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** / **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional — **12A** Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	37		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 10		
b	Enter the number of voting members that are independent . .	1b 1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Yes	

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ MA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Amy C Sowinski
4 Yawkey Way
Boston, MA 02215
(617) 226-6614

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☑ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Lawrence Lucchino Treasurer	1 0	X		X				0	0	0
Tom Werner Chairman	1 0	X		X				0	0	0
Bill Alfond Director/Board Member	1 0	X						0	0	0
Mike Gordon Director/Board Member	1 0	X						0	0	0
Frank Resnek Director/Board Member	1 0	X						0	0	0
Phil Morse Director/Board Member	1 0	X						0	0	0
David Ginsberg Director/Board Member	1 0	X						0	0	0
Mike Egan Director/Board Member	1 0	X						0	0	0
Sean McGrail Director/Board Member	1 0	X						0	0	0
Chad Gifford Director/Board Member	1 0	X						0	0	0
Meg Vaillancourt Executive Director	45 0				X			0	172,700	4,637

1b Total . . . . . ▶	0	172,700	4,637

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c 2,037,611				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 2,302,431				
	g	Noncash contributions included in lines 1a-1f $ 0				
	h	**Total.** Add lines 1a-1f . . . . . ▶	4,340,042			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	0			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	61,062			61,062
	4	Income from investment of tax-exempt bond proceeds . . ▶	0			
	5	Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 641,875				
	b	Less cost or other basis and sales expenses: 826,781				
	c	Gain or (loss): -184,906				
	d	Net gain or (loss) . . . . . ▶	-184,906			-184,906
	8a	Gross income from fundraising events (not including $ 2,037,611 of contributions reported on line 1c) See Part IV, line 18 . . . a 201,910				
	b	Less direct expenses . . . b 504,159				
	c	Net income or (loss) from fundraising events . . ▶	-302,249			-302,249
	9a	Gross income from gaming activities See Part IV, line 19 . . . a 576,550				
	b	Less direct expenses . . . b 401,305				
	c	Net income or (loss) from gaming activities . . ▶	175,245			175,245
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶	0			
		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	0			
	12	**Total revenue.** See Instructions . . . ▶	4,089,194			-250,848

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	2,691,476	2,691,476		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	223,507	223,507		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	325,422	227,164	40,105	58,153
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 Other employee benefits	42,668	21,761	8,534	12,374
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	405		405	
c Accounting	19,230	6,346	6,346	6,538
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	90,112	75,134	6,113	8,865
12 Advertising and promotion	0			
13 Office expenses	33,807	11,269	11,269	11,269
14 Information technology	1,575			1,575
15 Royalties	0			
16 Occupancy	0			
17 Travel	107,490	104,249	1,620	1,620
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	8,330	2,249	2,249	3,832
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	6,875		6,875	
23 Insurance	0			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a CREDIT CARD/BANK SVC FEES	27,183		6,796	20,387
b EXP REL TO BD/RESEARCH MTG	9,572		9,572	
c PRINTING AND PUBLICATIONS	19,708	6,504	6,503	6,700
d PROGRAM OUTING EXPENSES	191,316	191,316		
e Merchandise and Misc	5,956		5,956	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	3,804,631	3,560,975	112,343	131,313
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		6,008,222	2	6,793,235
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		50,099	4	53,500
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 27,500			
	b	Less accumulated depreciation	10b 6,875	0	10c	20,625
	11	Investments—publicly traded securities		1,083,209	11	1,092,883
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		29,536	15	6,808
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		7,171,066	16	7,967,051
Liabilities	17	Accounts payable and accrued expenses		186,546	17	138,622
	18	Grants payable		1,012,350	18	1,231,525
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		1,198,896	26	1,370,147
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		4,713,949	27	4,951,234
	28	Temporarily restricted net assets		1,258,221	28	1,645,670
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		5,972,170	33	6,596,904
	34	Total liabilities and net assets/fund balances		7,171,066	34	7,967,051

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317003030

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE RED SOX FOUNDATION INC

Employer identification number
33-1007984

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,360,082	1,834,425	7,375,120	4,704,253	3,338,682	21,612,562
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	4,360,082	1,834,425	7,375,120	4,704,253	3,338,682	21,612,562
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						5,864,312
6 **Public Support.** Subtract line 5 from line 4						15,748,250

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	4,360,082	127,822	7,375,120	4,704,253	3,338,682	21,612,562
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	92,451	127,822	179,322	106,675	61,062	567,332
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						22,179,894

12	Gross receipts from related activities, etc (See instructions)	12	2,795,025

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	71 002 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	77 478 %

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 33-1007984
Name: THE RED SOX FOUNDATION INC

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
CREDIT CARD/BANK SVC FEES	27,183		6,796	20,387
EXP REL TO BD/RESEARCH MTG	9,572		9,572	
PRINTING AND PUBLICATIONS	19,708	6,504	6,503	6,700
PROGRAM OUTING EXPENSES	191,316	191,316		
Merchandise and Misc	5,956		5,956	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317003030

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE RED SOX FOUNDATION INC

Employer identification number
33-1007984

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance					
b	Contributions					
c	Investment earnings or losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		27,500	6,875	20,625
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				20,625

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,089,194
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,804,631
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	284,563
4	Net unrealized gains (losses) on investments	4	340,171
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	340,171
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	624,734

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	5,334,829
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	340,171		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	340,171
3	Subtract line **2e** from line **1**			3	4,994,658
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-905,464		
c	Add lines **4a** and **4b**			4c	-905,464
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	4,089,194

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	4,710,095
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	905,464		
e	Add lines **2a** through **2d**			2e	905,464
3	Subtract line **2e** from line **1**			3	3,804,631
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	3,804,631

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
SCHEDULE D SUPPLEMENTAL INFORMATION		PART X - ASC 740-10 FOOTNOTE On January 1, 2009, the Foundation adopted ASC 740-10, Accounting for Uncertainty in Income Taxes - an Interpretation of FASB Statement No 109 ASC 740-10 prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken, or expected to be taken, in a tax return This interpretation also provides guidance on derecognition, classification, interest and penalties, accounting in interim periods, and disclosure requirements for uncertain tax positions The adoption of ASC 740-10 did not have a material impact on the Foundation's financial statements PART XII, LINE 4B RECLASS SPECIAL EVENT EXPENSE $905,464 PART XIII, LINE 2D RECLASS SPECIAL EVENT EXPENSE $905,464 THE RED SOX FOUNDATION HAS TEMPORARILY RESTRICTED NET ASSETS IN 2009 OF $1,645,670 IN ADDITION, THERE ARE SCHOLARSHIPS PAYABLE TO "RED SOX SCHOLARS" OF $1,221,525 THE RED SOX FOUNDATION TREATS THOSE SCHOLARSHIP OBLIGATIONS AS A RESTRICTED ASSET AS WELL CONSISTENT WITH THIS VIEW, THE RED SOX FOUNDATION'S AUDITED FINANCIAL STATEMENTS FOR 2009 REPORT TOTAL RESTRICTED ASSETS OF $2,877,195 SINCE THESE FUNDS ARE NOT AVAILABLE FOR OTHER PROGRAMMING OR GRANTS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317003030

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
THE RED SOX FOUNDATION INC

Employer identification number
33-1007984

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	(iii) No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Welc Hm Dinner (event type)	(b) Event #2 Picnic in Park (event type)	(c) Other Events 10 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	712,271	382,902	1,144,348	2,239,521
	2 Less Charitable contributions	628,651	336,106	1,072,854	2,037,611
	3 Gross income (line 1 minus line 2)	83,620	46,796	71,494	201,910
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages	26,749		4,800	31,549
	8 Entertainment				
	9 Other direct expenses	62,120	40,225	370,265	472,610
	10 Direct expense summary Add lines 4 through 9 in column (d)				504,159
	11 Net income summary Combine lines 3, column d, and line 10				-302,249

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue			576,550	576,550
Direct Expenses	2 Cash prizes			248,070	248,070
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			153,235	153,235
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☑ Yes 100 000 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				401,305
	8 Net gaming income summary Combine lines 1, column d, and line 7				175,245

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities MA			
a	Is the organization licensed to operate gaming activities in each of these states?	9a	Yes	
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		No
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		No

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a** 100 000 %		
b	An outside facility	**13b** 0 %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			

Name ▶ Amy Czech Sowinski

Address ▶ 4 Yawkey Way
Boston, MA 02215

15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**	Yes	
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ 24,300 and the amount of gaming revenue retained by the third party ▶ $ 0			
c	If "Yes," enter name and address			

Name ▶ 5050 CENTRAL

Address ▶ 285 WATER STREET
SUMMERSIDE, PRINCE EDWARD ISLAND C1N 1C1
CA

16 Gaming manager information

Name ▶ 5050 CENTRAL

Gaming manager compensation ▶ $ 24,300

Description of services provided ▶ software dvlpmnt, mgmt consult

☐ Director/officer ☐ Employee ☑ Independent contractor

17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		No
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317003030

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE RED SOX FOUNDATION INC

Employer identification number
33-1007984

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 68

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Red Sox Scholars Scholarships		223,507			
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Form 990, Schedule I, Supplemental Information		Purpose of Grants The Boston Red Sox Foundation funds grants to our cornerstone programs which are run by the Foundation (Red Sox Scholars, RBI/Rookie League) and cornerstone programs run by other charities (The Dimock Center and The Jimmy Fund and other select nonprofit programs that support recreational, educational and social service needs of at risk children and families, and wounded veterans with Traumatic Brain injuries and PTSD and their families through the Home Base Program) primarily in Boston, Massachusetts, and New England Description of Organization's Procedures for Monitoring the Use of Grants Grant requests are presented to the board for review (board meets 2-3 times per year) The board also reviews the organization's 990, budgets for programs they are soliciting funding for, copy of their 501c3 status, and other pertinent information and the board makes a decision on whether or not to make grants The Executive Director evaluates programs seeking grants, and can substantiate the need for such grants and make recommendations Smaller grants (usually under $2,500) are reviewed by a committee but are approved by the Foundation Board in the budgeting process

Additional Data Return to Form

Software ID:
Software Version:
EIN: 33-1007984
Name: THE RED SOX FOUNDATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Heart Association 28441 BONITA CROSSINGS BLVD BONITA SPRINGS,FL 34135	13-5613797	501(c)(3)	10,600				SCHED I SUPP INFO
Big Brothers Big Sisters of MA Bay75 FEDERAL ST 5TH FL BOSTON,MA 02121	04-2074462	501(c)(3)	25,000				SCHED I SUPP INFO
Big Sister Assoc of Greater Boston161 Massachusetts Ave BOSTON,MA 02115	22-3283364	501(c)(3)	13,000				SCHED I SUPP INFO
Boston Ballet19 CLARENDON STREET BOSTON,MA 02116	04-2312734	501(c)(3)	6,000				SCHED I SUPP INFO
Boston Center for Youth and Families1483 TREMONT STREET BOSTON,MA 02120	04-2602576	501(c)(3)	20,000				SCHED I SUPP INFO
Boston Healthcare for the Homeless Program729 MASSACHUSETTS AVE BOSTON,MA 02118	04-3160480	501(c)(3)	10,000				SCHED I SUPP INFO
Boys & Girls Club of Boston 50 CONGRESS STREET SUITE 730 BOSTON,MA 02109	04-2103922	501(c)(3)	25,000				SCHED I SUPP INFO
Boys & Girls Club of Lee County2980 EDISON AVE FORT MYERS,FL 33916	58-1875904	501(c)(3)	15,000				SCHED I SUPP INFO
Brookline Community Fdn (Brookline Teen Center)40 WEBSTER PLACE BROOKLINE,MA 02445	04-2103944	501(c)(3)	35,000				SCHED I SUPP INFO
Building Educated Leaders for Life60 CLAYTON STREET DORCHESTER,MA 02122	04-3182053	501(c)(3)	35,000				SCHED I SUPP INFO

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Cambridge School Volunteers 459 Broadway Cambridge, MA 02138	04-2554626	501(c)(3)	25,000				SCHED I SUPP INFO
Camp Harborviewc/o The Connors Family Office 200 Clarendon St 60th Floor BOSTON, MA 02116	75-3235491	501(c)(3)	50,000				SCHED I SUPP INFO
Camp KabeyunP O Box 325 Alton Bay, NH 03810	02-6034452	501(c)(3)	7,600				SCHED I SUPP INFO
Champions for Children (Children's Hosp)ONE AUTUMN STREET 731 BOSTON, MA 02215	04-1174680	501(c)(3)	10,000				SCHED I SUPP INFO
Citizen Schools308 CONGRESS STREET BOSTON, MA 02210	04-3259160	501(c)(3)	45,000				SCHED I SUPP INFO
City Year285 COLUMBUS AVENUE BOSTON, MA 02116	22-2882549	501(c)(3)	37,500				SCHED I SUPP INFO
Dimock Community Health Center55 DIMOCK STREET ROXBURY, MA 02119	04-3487835	501(c)(3)	58,976				SCHED I SUPP INFO
Dr Franklin Perkins School 971 Main St Lancaster, MA 01523	04-2103834	501(c)(3)	10,000				SCHED I SUPP INFO
DSS Kids Fund24 FARNSWORTH STREET BOSTON, MA 02210	04-3443890	501(c)(3)	10,000				SCHED I SUPP INFO
Emerald Necklace Conservancy2 BROOKLINE PLACE BROOKLINE, MA 02445	04-3414988	501(c)(3)	25,000				SCHED I SUPP INFO

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Employ Ability100 L Messina Dr BRAINTREE, MA 02184	04-2738769	501(c)(3)	50,000				SCHED I SUPP INFO
Foundation for Lee County SchoolPO Box 1608 FORT MYERS, FL 33902	59-2637849	501(c)(3)	10,000				SCHED I SUPP INFO
Foundation to be Named Later 4 YAWKEY WAY BOSTON, MA 02215	33-1007984	501(c)(3)	135,439				SCHED I SUPP INFO
Fund for Boston NeighborhoodsTOYS FOR TOTS PROGRAM PO BOX 961555 BOSTON, MA 02196	04-6185609	501(c)(3)	15,000				SCHED I SUPP INFO
Greater Boston Food Bank99 ATKINSON STREET BOSTON, MA 021180271	04-2717782	501(c)(3)	50,553				SCHED I SUPP INFO
Habitat for Humanity455 ARBORWAY BOSTON, MA 02130	04-2994233	501(c)(3)	10,000				SCHED I SUPP INFO
Harlem RBI333 East 100th St New York, NY 10029	13-4025290	501(c)(3)	10,000				SCHED I SUPP INFO
Heritage Valley Beaver Foundation720 8LACKBURN Road Sewickley, PA 15143	25-1441518	501(c)(3)	10,000				SCHED I SUPP INFO
Home Base Program4 YAWKEY WAY BOSTON, MA 02215	33-1007984	501(c)(3)	97,073				SCHED I SUPP INFO
Home For Little Wanderers 271 HUNTINGTON AVENUE 2ND FLR BOSTON, MA 02115	04-2104764	501(c)(3)	52,000				SCHED I SUPP INFO

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Horizons for Homeless Children1705 COLUMBUS AVE ROXBURY,MA 02119	22-2915188	501(c)(3)	37,500				SCHED I SUPP INFO
Initiative for a Competitive Inner City727 ATLANTIC AVE SUITE 600 BOSTON,MA 02111	13-3772904	501(c)(3)	10,000				SCHED I SUPP INFO
International Hospital for ChildrenCHILDREN/DORTIZ CHILDREN FUND 1900 BYRD AVENUE STE 204 RICHMOND,VA 23230	54-1953305	501(c)(3)	25,000				SCHED I SUPP INFO
Jimmy Fund10 BROOKLINE PLACE WEST BROOKLINE,MA 02445	04-2263040	501(c)(3)	13,559				SCHED I SUPP INFO
Josh Beckett Foundation3 BOYLSTON PLACE 3RD FLOOR BOSTON,MA 02116	26-0493445	501(c)(3)	25,000				SCHED I SUPP INFO
Julie's Family Learning133 Dorchester St BOSTON,MA 02127	11-3692512	501(c)(3)	10,000				SCHED I SUPP INFO
Kevin Youkilis Hits for KidsPO BOX 600311 NEWTON,MA 02460	77-0689150	501(c)(3)	35,500				SCHED I SUPP INFO
Kids Clothes Club120 CYPRESS STREET BROOKLINE,MA 02445	04-3160279	501(c)(3)	10,000				SCHED I SUPP INFO
Lee Memorial Health Systems Foundation9800 S HEALTH PARK DR 210 FORT MYERS,FL 33908	65-0645343	501(c)(3)	10,000				SCHED I SUPP INFO
Make-a-Wish FoundationONE BULLFINCH PL 2ND FL BOSTON,MA 02114	22-2867371	501(c)(3)	10,000				SCHED I SUPP INFO

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Mass Mentoring105 CHAUNCY ST SUITE 300 BOSTON,MA 02111	22-3207958	501(c)(3)	10,000				SCHED I SUPP INFO
Mayor's Summer Job Program TWO OLIVER St BOSTON,MA 02109	04-2676661	501(c)(3)	50,000				SCHED I SUPP INFO
McLean Hospital-PEAR115 MILL STREET BELMONT,MA 02478	04-2697981	501(c)(3)	15,000				SCHED I SUPP INFO
MGH Cancer Care Center165 CAMBRIDGE STREET BOSTON,MA 02114	04-1564655	501(c)(3)	6,000				SCHED I SUPP INFO
Mike Lowell Foundation4 YAWKEY WAY BOSTON,MA 02215	65-1154182	501(c)(3)	140,350				SCHED I SUPP INFO
Pan Mass Challenge77 FOURTH AVENUE NEEDHAM,MA 02494	04-2263040	501(c)(3)	250,000				SCHED I SUPP INFO
Pitching in For KidsONE SOUTH MARKET BLDG 4TH FL BOSTON,MA 02109	51-0496811	501(c)(3)	10,000				SCHED I SUPP INFO
Robert F Kennedy Memorial 1367 CONNECTICUT AVE NW SUITE 20 WASHINGTON,DC 20036	13-2522784	501(c)(3)	7,000				SCHED I SUPP INFO
Rollins College1000 HOLT AVENUE WINTER PARK,FL 32789	59-0624440	501(c)(3)	9,000				SCHED I SUPP INFO
Ron Burton Training Village PO BOX 2 HUBBARDSTON,MA 01452	22-2570218	501(c)(3)	96,145				SCHED I SUPP INFO

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Room to Grow142 BERKELEY STREET BOSTON,MA 02116	13-4012096	501(c)(3)	15,400				SCHED I SUPP INFO
Roxbury YouthWorks100A WARREN STREET ROXBURY,MA 02119	04-2733854	501(c)(3)	35,000				SCHED I SUPP INFO
Samaritans654 BEACON STREET 6TH FLOOR BOSTON,MA 02215	04-2643466	501(c)(3)	20,000				SCHED I SUPP INFO
South End BaseballPO BOX 1120 BOSTON,MA 02118	04-3053210	501(c)(3)	5,250				SCHED I SUPP INFO
Special Operations Warrior FundPO Box 13483 TAMPA,FL 336813483	52-1183585	501(c)(3)	15,000				SCHED I SUPP INFO
Teddy Ebersol Red Sox Fields 4 YAWKEY WAY BOSTON,MA 02215	04-3201844	501(c)(3)	98,800				SCHED I SUPP INFO
Travelers Aid Society727 Atlantic Avenue BOSTON,MA 02111	04-2637109	501(c)(3)	34,235				SCHED I SUPP INFO
University of Maine5747 MEMORIAL GYMNASIUM ORONO,ME 04469	04-2105756	501(c)(3)	300,000				SCHED I SUPP INFO
Urban Improv8 ST JOHN STREET JAMAICA PLAIN,MA 02130	01-6011501	501(c)(3)	10,000				SCHED I SUPP INFO
West End Community Center 150 Staniford Street BOSTON,MA 02114	02-0223334	501(c)(3)	36,000				SCHED I SUPP INFO

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Woodrow Wilson CenterC/O EXCEPTIONAL EVENTS 600 WVIRGINIA STREET MILWAUKEE,WI 53204	06-0867065	501(c)(3)	10,000				SCHED I SUPP INFO
YMCA of Greater Boston776 WASHINGTON STREET DORCHESTER,MA 02124	27-0591756	501(c)(3)	5,500				SCHED I SUPP INFO

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317003030

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE RED SOX FOUNDATION INC

Employer identification number
33-1007984

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Meg Vaillancourt	(i)	0	0	0	0	0	0	0
	(ii)	154,554	7,500	10,646	4,637	0	177,337	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
Supplemental Compensation Information		The Boston Red Sox Baseball Club (The Club) pays on a biweekly basis, the administrative salaries and benefits of staff working for the Red Sox Foundation on a full or part time basis The Red Sox Foundation then reimburses the Club for all Foundation staff and benefits The amount reported on Part IX, Line 7, reflects the Foundation's reimbursement to the Club for the cost of services provided by all Foundation administrative personnel All board members serve without any compensation or reimbursement for travel expenses

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317003030

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶**See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE RED SOX FOUNDATION INC

Employer identification number
33-1007984

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
Red Sox Baseball Club	See Schedule O	668,331	See Schedule O		No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317003030

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE RED SOX FOUNDATION INC

Employer identification number
33-1007984

Identifier	Return Reference	Explanation
FORM 990, SUPPLEMENTAL INFORMATION		PART I, LINE 5 THE RED SOX FOUNDATION STAFF MEMBERS ARE INITIALLY PAID BY THE BOSTON RED SOX ON A WEEKLY BASIS AND THE TEAM HANDLES ALL PAYROLL ISSUES, BUT THE RED SOX FOUNDATION REPAYS THE RED SOX FOR ALL COSTS OF SALARIES AND FULL BENEFITS SO WHILE RED SOX FOUNDATION STAFF ARE TECHNICALLY EMPLOYED BY THE BOSTON RED SOX, FUNDING FOR THEIR SALARIES AND BENEFITS COMES FROM THE RED SOX FOUNDATION AND THEY WORK ON FOUNDATION PROGRAMS AND PROJECTS, NOT TASKS FOR THE TEAM ONLY THE EXECUTIVE DIRECTOR HAS SPECIFIC RESPONSIBILITIES TO THE TEAM, SO A SMALL PRORATED PORTION OF HER SALARY AND BENEFITS ARE PAID BY BOSTON RED SOX, ALL OTHER SALARIES AND BENEFIT EXPENSES ARE PAID FOR VIA REIMBURSEMENTS MADE BY THE RED SOX FOUNDATION PART VI, LINE 2 EIGHT OUT OF TEN RED SOX FOUNDATION BOARD MEMBERS ARE ALSO PARTNERS OF NEW ENGLAND SPORTS VENTURES NO CURRENT BOARD MEMBERS HOLD MORE THAN 35% OWNERSHIP OF THE BOSTON RED SOX PART VI, LINE 9 CHAD GIFFORD C/O BANK OF AMERICA 100 FEDERAL STREET, 28TH FLOOR BOSTON, MA 02110 SEAN MCGRAIL C/O NESN 480 ARSENAL ST , BLDG #1 WATERTOWN, MA 02472 PART VI, QUESTION 11 FOUNDATION MANAGEMENT REVIEWS THE FORM PRIOR TO SUBMITTING TO BOARD MEMBERS FOR FINAL REVIEW THE ORGANIZATION DISTRIBUTES THE FINAL RETURN TO THE RED SOX FOUNDATION BOARD MEMBERS VIA HARD COPY AND EMAIL THE FINAL VERSION OF FORM 990 IS MADE AVAILABLE TO THE BOARD BEFORE FILING PART VI, QUESTION 12C THE RED SOX FOUNDATION HAS A WRITTEN CONFLICT OF INTEREST POLICY IN EFFECT BOARD MEMBERS MUST RECUSE THEMSELVES, REFRAINING FROM DISCUSSION AND MUST LEAVE THE ROOM DURING A VOTE ON ANY GRANT THAT INVOLVES A NONPROFIT WHERE THEY SERVE ON THE BOARD OR WHERE A RELATIVE BY BLOOD OR MARRIAGE SERVES AS AN EMPLOYEE, BOARD MEMBER, FUNDRAISER OR OTHER INTERESTED PARTY AFFILIATED WITH THE NONPROFIT UNDER CONSIDERATION FOR A GRANT BOARD MEMBERS ARE BARRED FROM PARTICIPATING IN GRANT MAKING DECISIONS TO NONPROFITS WHERE THEY OR THEIR CLOSE RELATIVES THROUGH BLOOD OR MARRIAGE ARE AN INTERESTED PARTY BOARD MEMBERS ARE REMINDED OF THE CONFLICT OF INTEREST POLICY AT EACH BOARD MEETING THE FOUNDATION ALSO REQUIRES A WRITTEN ANNUAL SURVEY OF BOARD MEMBERS, IN WHICH EACH MEMBER MUST LIST ANY NONPROFIT WHERE THEY HAVE A ROLE OR SIT ON THE BOARD OR WHERE A RELATIVE THROUGH BLOOD OR MARRIAGE SITS ON THE BOARD, IS EMPLOYED BY OR IS AN INTERESTED OR INFLUENTIAL PARTY BOARD MEMBERS ALSO HAVE A RESPONSIBILITY TO UPDATE THEIR CONFLICT OF INTEREST POLICY FORMS ANNUALLY OR AS NEEDED (WHEN THEY OR A RELATIVE JOINS A NEW NONPROFIT BOARD OR A RELATIVE BECOMES EMPLOYED BY, SERVES AS A FUNDRAISER OR OTHERWISE BECOMES AN INTERESTED PARTY WITH ANY NONPROFIT) BOARD MEMBERS ARE ASKED TO ANNUALLY REAFFIRM IN WRITING THEY UNDERSTAND AND RESPECT THIS CONFLICT OF INTEREST POLICY THIS POLICY IS ALSO FOLLOWED BY THE EXECUTIVE DIRECTOR PART VI, QUESTION 15A AN OUTSIDE INDEPENDENT COMPANY IS HIRED TO CONDUCT A SURVEY AND EVALUATE AND RECOMMEND THE EXECUTIVE DIRECTOR SALARY EVERY TWO YEARS THE EXECUTIVE DIRECTOR'S COMPENSATION IS DECIDED BY THE BOSTON RED SOX BECAUSE SHE IS A BOSTON RED SOX EMPLOYEE THE BOSTON RED SOX PAYS A PORTION OF THE EXECUTIVE DIRECTOR'S SALARY TO COVER WORK DONE THAT IS UNRELATED TO THE TEAM CHARITY THE LAST SURVEY WAS COMPLETED IN 2008 PART VI, QUESTION 15B NONE OF THE FOUNDATION'S BOARD MEMBERS, OTHER THAN THE FOUNDATION'S EXECUTIVE DIRECTOR, RECEIVES ANY COMPENSATION FOR THEIR WORK AS A BOARD MEMBER OF THE FOUNDATION LIKEWISE, NO BOARD MEMBERS RECEIVE PAYMENT FOR ANY CONSULTING OR PROFESSIONAL SERVICES TO THE FOUNDATION PART VI, QUESTION 19 ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST STATEMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST REQUESTS CAN BE MADE TO THE FOUNDATION'S EXECUTIVE DIRECTOR PART VII, HOURS WORKED FOR RELATED ORG A PORTION OF THE EXECUTIVE DIRECTOR'S TIME IS ALLOCATED TO THE BOSTON RED SOX BASEBALL CLUB (RELATED ORGANIZATION) APPROXIMATELY 15 HOURS PER WEEK SCHEDULE G, PART III, QUESTION 17A MASSACHUSETTS LAW STATES THAT ONLY CHARITIES CAN CONDUCT GAMING ACTIVITIES NET PROCEEDS ARE USED FOR CHARITABLE PURPOSES SCHEDULE L INTERESTED PERSON THE RED SOX BASEBALL CLUB RELATIONSHIP SOME RED SOX FOUNDATION BOARD MEMBERS OWN THE RED SOX BASEBALL CLUB THE RED SOX BASEBALL CLUB PAYS THE SALARY OF THE RED SOX FOUNDATION'S EXECUTIVE DIRECTOR THE FOUNDATION REIMBURSES THE BASEBALL CLUB FOR A PORTION OF THE SALARY EXPENSE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493317003030

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE RED SOX FOUNDATION INC

Employer identification number
33-1007984

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
Red Sox Baseball 4 Yawkey Way Boston, MA02215 04-2642695	M L BASEBALL	MA	NA	N/A	0	0		No			No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	BOSTON RED SOX BASEBALL CLUB	N	668,331

(1) See Additional Data Table

(2)

(3)

(4)

(5)

(6)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No