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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20

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

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, town or post office, state, and ZIP code
BOSTON, MA 02215

D Employer identification number
33-1007984

E Telephone number
(617) 226-6614

G Gross receipts $ 7,938,525.

F Name and address of principal officer GENA BORSON
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) ☐ 501(c) ( ) ◀ (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 RED SOX FOUNDATION IS THE OFFICIAL AWARD WINNING 501(C)(3) TEAM CHARITY OF THE BOSTON RED SOX. CONTINUED ON SCHEDULE O, PAGE 46

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	8.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	1.
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	1,000.
7a	Total 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
8	Contributions and grants (Part VIII, line 1h)	9,288,698.	6,827,357.
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-30,114.	29,837.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	371,788.	289,494.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,630,372.	7,146,688.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,472,844.	5,963,595.
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)	902,101.	1,515,141.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 496,218.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	954,759.	925,240.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	6,329,704.	8,403,976.
19	Revenue less expenses Subtract line 18 from line 12	3,300,668.	-1,257,288.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	11,120,237.	10,095,193.
21	Total liabilities (Part X, line 26)	2,572,460.	2,724,141.
22	Net assets or fund balances Subtract line 21 from line 20	8,547,777.	7,371,052.

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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 11/14/13

▶ Type or print name and title Jeffrey White Treasurer

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed / PTIN
CHAD D. FRANKS	Chad D Franks	11/06/2013	P01071312
Firm's name ▶ ERNST & YOUNG U.S. LLP			Firm's EIN ▶ 34-6565596
Firm's address ▶ 55 IVAN ALLEN JR BLVD, SUITE 1000 ATLANTA, GA 30308			Phone no 404-817-8300

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2012)

JSA
2E1010 1 000

TX2401 F227 V 12-7F

SCANNED JAN 02 2014

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III X

1 Briefly describe the organization's mission

ATTACHMENT 1

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 4,140,075. including grants of $ 3,608,546) (Revenue $ _____)

ATTACHMENT 2

4b (Code _____) (Expenses $ 752,741 including grants of $ 382,053.) (Revenue $ _____)

ATTACHMENT 3

4c (Code _____) (Expenses $ 376,370. including grants of $ 214,027) (Revenue $ _____)

ATTACHMENT 4

4d Other program services (Describe in Schedule O)

(Expenses $ 2,258,223. including grants of $ 1,758,969.) (Revenue $ _____)

4e Total program service expenses ▶ 7,527,409.

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	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*	11b		X
c	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*	11c		X
d	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*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
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 United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
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 United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
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 (see instructions)*	17		X
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	X	
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	X	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 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	X	
24 a	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 lines 24b through 24d and complete Schedule K If "No," go to line 25*	24a		X
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		
25 a	**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		X
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		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	80		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	65		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
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?	2b			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
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			X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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 as charitable contributions?	6a			X
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		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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

Check if Schedule O contains a response to any question in this Part VI X

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 8		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who 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	X	
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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	X	

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, 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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 ▶ CT, FL, MA, RI,

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

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ MARTIN CAWSEY 4 YAWKEY WAY BOSTON, MA 02215 617-226-6614

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) THOMAS WERNER	1.00									
PRESIDENT/CHAIRMAN	39.00	X		X				0	0	0
(2) LAWRENCE LUCCHINO	1.00									
DIRECTOR/BOARD MEMBER	39.00	X						0	0	0
(3) LINDA PIZZUTI HENRY	1.00									
DIRECTOR/BOARD MEMBER	0	X						0	0	0
(4) JOAN ALFOND	1.00									
DIRECTOR/BOARD MEMBER	0	X						0	0	0
(5) MICHAEL GORDON	1.00									
DIRECTOR/BOARD MEMBER	0	X						0	0	0
(6) MICHAEL EGAN	1.00									
DIRECTOR/BOARD MEMBER	0	X						0	0	0
(7) SEAN MCGRAIL	1.00									
DIRECTOR/BOARD MEMBER	0	X						0	0	0
(8) CHAD GIFFORD	1.00									
DIRECTOR/BOARD MEMBER	0	X						0	0	0
(9) JEFFREY WHITE	7.00									
TREASURER/CLERK	33.00			X				50,000.	155,634.	39,493.
(10) MEG VAILLANCOURT	36.00									
EXECUTIVE DIRECTOR	4.00				X			235,753.	35,394.	430,400.
(11) DAVID FRIEDMAN	9.00									
LEGAL COUNSEL RSF/BRS (BOTH)	31.00					X		95,625.	329,127.	35,233.
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
1b Sub-total ▶								381,378.	520,155.	505,126.
c Total from continuation sheets to Part VII, Section A ▶								0	0	0
d Total (add lines 1b and 1c) ▶								381,378.	520,155.	505,126.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

		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		X
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	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

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 Report compensation for the calendar year ending with or within the organization's tax year

(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

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

			(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	3,931,849.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,895,508			
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f		6,827,357			
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)		29,837			29,837
	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)		0			
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		0			
	8a Gross income from fundraising events (not including $ 3,931,849 of contributions reported on line 1c) See Part IV, line 18	a 92,546				
	b Less direct expenses	b 498,796				
	c Net income or (loss) from fundraising events		-406,250			-406,250
	9a Gross income from gaming activities See Part IV, line 19	a 605,758				
	b Less direct expenses	b 293,041				
	c Net income or (loss) from gaming activities		312,717.			
	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 LICENSE PLATE FEES		383,027			383,027.
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		383,027.			
	12 Total revenue. See instructions		7,146,688			6,614

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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21	5,725,361.	5,725,361.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	233,973.	233,973.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	4,261.	4,261.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	396,665.	202,299.	79,333.	115,033.
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	912,091.	465,167.	182,418.	264,506.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	206,385.	105,256.	41,277.	59,852.
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	568.		568.	
c Accounting	15,300.	5,100.	5,100.	5,100.
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	2,482.	2,482.		
13 Office expenses	38,040.	35,648.	1,196.	1,196.
14 Information technology	21,701.			21,701.
15 Royalties	0			
16 Occupancy	0			
17 Travel	14,522.	7,262.	3,630.	3,630.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	11,934.	3,978.	3,978.	3,978.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	18,412.		18,412.	
23 Insurance	0			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a RSF CHARITABLE PROGRAM EXP.	728,254.	728,254.		
b CREDIT CARD/BANK SVC FEES	17,138.		4,284.	12,854.
c BOARD RESEARCH / MEETING	17,852.		17,852.	
d PRINTING & PUBLICATIONS	23,205.	7,735.	7,735.	7,735.
e All other expenses	15,832.	633.	14,566.	633.
25 **Total functional expenses.** Add lines 1 through 24e	8,403,976.	7,527,409.	380,349.	496,218.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	9,628,075.	2	5,141,671.
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	120,444.	4	183,550.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 73,650.			
	b	Less accumulated depreciation — 10b: 39,037.	24,875.	10c	34,613.
	11	Investments - publicly traded securities	1,339,070.	11	4,707,262.
	12	Investments - other securities See Part IV, line 11	0	12	0
	13	Investments - program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	7,773.	15	28,097.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	11,120,237.	16	10,095,193.
Liabilities	17	Accounts payable and accrued expenses	161,234.	17	607,845.
	18	Grants payable	2,107,210.	18	1,716,921.
	19	Deferred revenue	304,016.	19	399,375.
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0	25	0
	26	**Total liabilities.** Add lines 17 through 25	2,572,460.	26	2,724,141.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	4,924,614.	27	5,570,735.
	28	Temporarily restricted net assets	3,623,163.	28	1,800,317.
	29	Permanently restricted net assets	0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), 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	8,547,777.	33	7,371,052.
	34	Total liabilities and net assets/fund balances	11,120,237.	34	10,095,193.

Form **990** (2012)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,146,688.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,403,976.
3	Revenue less expenses Subtract line 2 from line 1	3	-1,257,288.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,547,777.
5	Net unrealized gains (losses) on investments	5	80,563.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,371,052.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 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?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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		X
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		

SCHEDULE A
(Form 990 or 990-EZ)

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

2012

Open to Public Inspection

Name of the organization	**Employer identification number**
THE RED SOX FOUNDATION, INC.	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 described in **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-Non-functionally integrated

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 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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II **Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,704,253.	4,340,042	2,929,270	9,288,698.	6,827,357	28,089,620
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	4,704,253	4,340,042	2,929,270.	9,288,698	6,827,357	28,089,620
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)						4,648,435.
6 **Public support.** Subtract line 5 from line 4						23,441,185

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	4,704,253.	4,340,042	2,929,270	9,288,698	6,827,357.	28,089,620
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	106,675.	61,062	60,224	15,050.	35,747	278,758.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)					383,027	383,027
11 **Total support.** Add lines 7 through 10						28,751,405
12 Gross receipts from related activities, etc (see instructions)					12	10,041,627

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	81.53 %
15	Public support percentage from 2011 Schedule A, Part II, line 14	15	82.76 %

16a **33 1/3 % support test - 2012.** 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 - 2011.** If the organization did not check a 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 - 2012.** 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 - 2011.** 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 Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2012.** 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 - 2011.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional information (See instructions).

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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 can 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 education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2 Complete lines 2a through 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 Tax 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, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII ☐

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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII the intended uses of the organization's endowment funds

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

Description of property	(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		73,650.	39,037.	34,613.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				34,613.

Schedule D (Form 990) 2012

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. *(Column (b) must 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total *(Column (b) must 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(Column (b) must 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) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶		

2. FIN 48 (ASC 740) Footnote In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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

1	Total revenue, gains, and other support per audited financial statements			1	8,019,088.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	80,563.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	80,563.
3	Subtract line 2e from line 1			3	7,938,525.
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 XIII)	4b	-791,837.		
c	Add lines 4a and 4b			4c	-791,837.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12)*			5	7,146,688.

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

1	Total expenses and losses per audited financial statements			1	9,195,813.
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 XIII)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	9,195,813.
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 XIII)	4b	-791,837.		
c	Add lines 4a and 4b			4c	-791,837.
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18)*			5	8,403,976.

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

SEE SCHEDULE D, PAGE 5

Part XIII Supplemental Information *(continued)*

FIN 48 (ASC 740) FOOTNOTE FORM AUDIT

PART X, LINE 2

THERE WAS NO FIN 48 (ASC 740) FOOTNOTE IN THE AUDITED FINANCIAL STATEMENTS.

OTHER ADJUSTMENT

PART XI & XII, LINE 4B

OTHER ADJUSTMENT

PART XI, LINE 4B

RECLASS OF SPECIAL EVENT EXPENSES: $ (791,837)

OTHER ADJUSTMENT

PART XII, LINE 4B

RECLASS OF SPECIAL EVENT EXPENSES: $ (791,837)

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
2012
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 email 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 services? ☐ 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

	(i) Name and address 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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total ▶							

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than $5,000

		(a) Event #1 RUN TO HM BASE (event type)	(b) Event #2 PICNIC IN PARK (event type)	(c) Other events 5. (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	2,131,138.	374,510.	1,518,747.	4,024,395.
	2 Less Contributions	2,131,138.	361,104.	1,439,607.	3,931,849.
	3 Gross income (line 1 minus line 2)		13,406.	79,140.	92,546.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	320,125.	33,605.	145,066.	498,796.
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(498,796.)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				-406,250.

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			605,758.	605,758.
Direct Expenses	2 Cash prizes			222,731.	222,731.
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			70,310.	70,310.
	6 Volunteer labor	[ ] Yes ____ % [ ] No	[ ] Yes ____ % [ ] No	[X] Yes 100 0000 % [ ] No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				(293,041.)
	8 Net gaming income summary Combine line 1, column d, and line 7 ▶				312,717.

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? [X] Yes [ ] No

b If "No," explain

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? [ ] Yes [X] No

b If "Yes," explain

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☒ 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? . . . . . ☐ Yes ☒ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	100.0000 %
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ MARTIN CAWSEY

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? . . . . . ☒ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ 312,717. and the amount of gaming revenue retained by the third party ▶ $ 24,900.

c If "Yes," enter name and address of the third party

Name ▶ 50/50 CENTRAL

Address ▶ 50 MINTHORN BOULEVARD, SUITE 400 L3T 4X8 THORNHILL ONTARIO CA

16 Gaming manager information

Name ▶ 50/50 CENTRAL

Gaming manager compensation ▶ $ 24,900.

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? . . . . . ☐ Yes ☒ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

GAMING SUPPLEMENTAL INFORMATION

PART III, QUESTION 17A

MASSACHUSETTS LAW STATES THAT ONLY CHARITIES CAN CONDUCT GAMING

ACTIVITIES. NET PROCEEDS ARE USED FOR CHARITABLE PURPOSES.

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

2012

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? . . . . . [X] 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. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
(1) AMERICA SCORES NEW ENGLAND 29 GERMANIA STREET JAMAICA PLAIN, MA 02130	04-3482756	501(C)(3)	6,000				SCHED I SUPP INFO
(2) AUTISM SPEAKS 1 EAST 33RD STREET NEW YORK, NY 10016	20-2329938	501(C)(3)	10,000.				SCHED I SUPP INFO
(3) BELL FOUNDATION 60 CLAYTON STREET DORCHESTER, MA 02122	04-3182053	501(C)(3)	20,000				SCHED I SUPP INFO
(4) BENTLEY UNIVERISTY 175 FOREST STREET WALTHAM, MA 02205	04-1081650	501(C)(3)	5,687				SCHED I SUPP INFO
(5) BIG SISTER ASSOCIATION OF GREATER BOSTON 161 MASSACHUSETTS AVENUE BOSTON, MA 02115	22-3283364	501(C)(3)	6,000				SCHED I SUPP INFO
(6) BOSTON BALLET 19 CLARENDON STREET BOSTON, MA 02116	04-2312734	501(C)(3)	6,000				SCHED I SUPP INFO
(7) BOSTON CELTICS SHAMROCK FOUNDATION 226 CAUSEWAY STREET BOSTON, MA 02114	04-3174933	501(C)(3)	6,000				SCHED I SUPP INFO
(8) BOSTON CHILDREN'S HOSPITAL 1 AUTUMN STREET BOSTON, MA 02115	04-2774441	501(C)(3)	10,000.				SCHED I SUPP INFO
(9) BOSTON PUBLIC HEALTH INITIATIVE 1010 MASSACHUSETTS AVENUE BOSTON, MA 02118	04-3316655	501(C)(3)	10,000				SCHED I SUPP INFO
(10) BOSTON PUBLIC LIBRARY FOUNDATION 700 BOYLSTON STREET BOSTON, MA 02116	04-3150560	501(C)(3)	15,000				SCHED I SUPP INFO
(11) BOSTON SCHOLARS ATHLETICS PROGRAM 65 ALLERTON STREET BOSTON, MA 02119	27-3987854	501(C)(3)	100,000				SCHED I SUPP INFO
(12) BOSTON SYMPHONY ORCHESTRA 301 MASSACHUSETTS AVENUE BOSTON, MA 02115	04-2102550	501(C)(3)	20,500.				SCHED I SUPP INFO

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

2012

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? . . . . . [X] 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 Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
(1) BOSTON UNIVERSITY 881 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2103547	501(C)(3)	14,399				SCHED I SUPP INFO
(2) BOTTOM LINE 500 ARMORY STREET JAMAICA PLAIN, MA 02130	04-3351427	501(C)(3)	20,000				SCHED I SUPP INFO
(3) BRIDGE OVER TROUBLED WATERS 47 WEST STREET BOSTON, MA 02111	04-2472126	501(C)(3)	10,000				SCHED I SUPP INFO
(4) BROOKLINE HIGH SCHOOL SOCIAL WORKERS FUND 115 GREENOUGH STREET BROOKLINE, MA 02445	04-6001102	501(C)(3)	10,000				SCHED I SUPP INFO
(5) CAMBRIDGE SCHOOL VOLUNTEERS 459 BROADWAY CAMBRIDGE, MA 02138	04-2554626	501(C)(3)	10,000				SCHED I SUPP INFO
(6) CAMP HARBORVIEW 200 CLARENDON STREET BOSTON, MA 02116	75-3235491	501(C)(3)	25,000				SCHED I SUPP INFO
(7) CHARLES HAMILTON HOUSTON INSTITUTION 125 MOUNT AUBURN STREET CAMBRIDGE, MA 02138	52-2369308	501(C)(3)	25,000				SCHED I SUPP INFO
(8) CHILDREN'S ADVOCACY GROUP 989 COMMONWEALTH AVENUE BOSTON, MA 02215	04-3273300	501(C)(3)	15,000				SCHED I SUPP INFO
(9) CHILDREN'S HOME SOCIETY OF FLORIDA 1940 MARAVILLA AVENUE FORT MYERS, FL 33902	59-0192430	501(C)(3)	10,000				SCHED I SUPP INFO
(10) CHILDREN'S HOSPITAL BOSTON 1 AUTUMN STREET BOSTON, MA 02115	04-1174680	501(C)(3)	25,000				SCHED I SUPP INFO
(11) CITIZEN SCHOOLS BOSTON 308 CONGRESS STREET BOSTON, MA 02210	04-3259160	501(C)(3)	20,000				SCHED I SUPP INFO
(12) CITY HARVEST, INC 6 EAST 32ND STREET BOSTON, MA 10016	13-3170676	501(C)(3)	25,000				SCHED I SUPP INFO

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ _____

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

2012

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? . . . . . [X] 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. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
(1) CITY ON A HILL CHURCH 161 WALTHAM STREET WEST NEWTON, MA 02465	04-3578565	501(C)(3)	10,000				SCHED I SUPP INFO
(2) CITY YEAR 287 COLUMBUS AVENUE BOSTON, MA 02116	22-2882549	501(C)(3)	37,500				SCHED I SUPP INFO
(3) CLARK UNIVERSITY 950 MAIN STREET WORCESTER, MA 01610	04-2111203	501(C)(3)	13,073				SCHED I SUPP INFO
(4) COMMUNITY FOOD BANK OF NEW YORK 31 EVANS TERMINAL HILLSIDE, MA 07205	22-2423882	501(C)(3)	25,000				SCHED I SUPP INFO
(5) CURE 223 WEST ERIE STREET CHICAGO, IL 60654	36-4253176	501(C)(3)	10,000				SCHED I SUPP INFO
(6) CURRY COLLEGE 1071 BLUE HILL AVENUE MILTON, MA 02186	04-2199867	501(C)(3)	15,289				SCHED I SUPP INFO
(7) DAVID ORTIZ CHILDREN'S FUND 7201 GLEN FOREST DRIVE RICHMOND, MA 23223	45-1644437	501(C)(3)	25,000				SCHED I SUPP INFO
(8) DIMOCK CENTER 55 DIMOCK STREET ROXBURY, MA 02119	04-3487835	501(C)(3)	79,145				SCHED I SUPP INFO
(9) DREAM FAR HIGH SCHOOL MARATHON 27 SCOTNEY ROAD CHESTNUT HILL, MA 02467	27-2188990	501(C)(3)	10,000				SCHED I SUPP INFO
(10) EMERALD NECKLACE CONSERVANCY 125 THE FENWAY BOSTON, MA 02115	04-3414988	501(C)(3)	25,000				SCHED I SUPP INFO
(11) FRANKLIN PERFORMING ARTS COMPANY 38 MAIN STREET FRANKLIN, MA 02038	04-3367707	501(C)(3)	25,000.				SCHED I SUPP INFO
(12) FRIENDS OF TEDDY EBERSOL'S RED SOX FIELDS 4 YAWKEY WAY BOSTON, MA 02215	74-3230488	501(C)(3)	62,020				SCHED I SUPP INFO

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

2012

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? . . . . . [X] 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 Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
(1) FRIENDS OF THE CHILDREN 555 ARMORY STREET BOSTON, MA 02130	20-1581289	501(C)(3)	10,000				SCHED I SUPP INFO
(2) FUND FOR PARKS & RECREATION 1010 MASSACHUSETTS AVENUE BOSTON, MA 02118	04-2784811	501(C)(3)	25,000				SCHED I SUPP INFO
(3) GREATER BOSTON FOOD BANK 70 SOUTH BAY AVENUE BOSTON, MA 02118	04-2717782	501(C)(3)	17,506				SCHED I SUPP INFO
(4) HORIZONS FOR HOMELESS CHILDREN 1705 COLUMBUS AVENUE ROXBURY, MA 02119	22-2915188	501(C)(3)	26,000.				SCHED I SUPP INFO
(5) INITIATIVE FOR A COMPETITIVE INNER CITY 184 DUDLEY STREET ROXBURY, MA 02119	13-3772904	501(C)(3)	10,000				SCHED I SUPP INFO
(6) INNER CITY SCHOLARSHIP FUND/CATHOLIC SCHOOL 260 FRANKLIN STREET BOSTON, MA 02110	22-2485502	501(C)(3)	25,000.				SCHED I SUPP INFO
(7) DANA FARBER CANCER INSTITUTE (JIMMY FUND) 10 BROOKLINE PLACE BROOKLINE, MA 02445	04-2263040	501(C)(3)	76,868.				SCHED I SUPP INFO
(8) PAN MASS CHALLENGE 77 FOURTH AVENUE NEEDHAM, MA 02494	04-2746912	501(C)(3)	254,300				SCHED I SUPP INFO
(9) JOE ANDRUZZI FOUNDATION PO BOX 73 MANSFILED, MA 02048	26-2017043	501(C)(3)	5,350				SCHED I SUPP INFO
(10) JOEY FUND 220 NORTH MAIN STREET NATICK, MA 01760	13-1930701	501(C)(3)	10,000				SCHED I SUPP INFO
(11) JOHN F KENNEDY LIBRARY COLUMBIA POINT BOSTON, MA 02125	04-6113130	501(C)(3)	10,000.				SCHED I SUPP INFO
(12) JOSH BECKETT FOUNDATION THREE BOYLSTON PLACE BOSTON, MA 02116	26-0493445	501(C)(3)	45,000.				SCHED I SUPP INFO

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

2012

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? . . . . . [X] 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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
(1) KEVIN YOUKILIS' HITS FOR KIDS PO BOX 600311 NEWTON, MA 02460	77-0689150	501(C)(3)	25,000				SCHED I SUPP INFO
(2) LEE MEMORIAL HEALTH SYSTEM 9800 S HEALTH PARK DR FORT MYERS, FL 33908	65-0645343	501(C)(3)	100,000				SCHED I SUPP INFO
(3) MEDSCIENCE 401 PARK DRIVE BOSTON, MA 02215	04-2103580	501(C)(3)	10,000				SCHED I SUPP INFO
(4) MELMARK NEW ENGLAND 461 RIVER ROAD ANDOVER, MA 01810	04-3563345	501(C)(3)	9,000				SCHED I SUPP INFO
(5) NEW ENGLAND PATRIOTS FOUNDATION ONE PATRIOTS PLACE FOXBOROUGH, MA 02035	04-3244069	501(C)(3)	10,000				SCHED I SUPP INFO
(6) PEDIATRIC CANCER RESEARCH FOUNDATION 9272 JERONIMO ROAD IRVINE, CA 92618	95-3772528	501(C)(3)	55,000				SCHED I SUPP INFO
(7) PITCHING IN FOR KIDS ONE SOUTH MARKET BUILDING BOSTON, MA 02109	51-0496811	501(C)(3)	33,000				SCHED I SUPP INFO
(8) PROFESSIONAL BASEBALL SCOUTS FOUNDATION 5010 N PKWY CALABASAS CALABASAS, CA 91302	48-1294418	501(C)(3)	10,000				SCHED I SUPP INFO
(9) ROCA, INC 101 PARK STREEET CHELSEA, MA 02150	22-3223641	501(C)(3)	10,000				SCHED I SUPP INFO
(10) RON BURTON TRAINING VILLAGE PO BOX 2 HUBBARDSTON, MA 01452	22-2570218	501(C)(3)	10,000				SCHED I SUPP INFO
(11) ROOM TO GROW 142 BERKELEY STREET BOSTON, MA 02116	13-4012096	501(C)(3)	30,000.				SCHED I SUPP INFO
(12) ROXBURY YOUTHWORKS 100A WARREN STREET ROXBURY, MA 2119	04-2733854	501(C)(3)	25,000				SCHED I SUPP INFO

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

2012

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? . . . . . [X] 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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
(1) SIMMONS SCHOOL OF MANAGEMENT 409 COMMONWEALTH AVENUE BOSTON, MA 02215	04-3199553	501(C)(3)	22,548				SCHED I SUPP INFO
(2) SOJOURNER HOUSE INC 85 ROCKLAND STREET ROXBURY, MA 02119	04-2736725	501(C)(3)	25,000.				SCHED I SUPP INFO
(3) SOUTH END BASEBALL 5 MARY ANNA ROAD ROSLINDALE, MA 02131	04-3053210	501(C)(3)	8,000				SCHED I SUPP INFO
(4) SPORTS MUSEUM 100 LEGENDS WAY BOSTON, MA 02114	04-2637109	501(C)(3)	9,500				SCHED I SUPP INFO
(5) STEPPING STONE 155 FEDERAL STREET BOSTON, MA 02110	04-3086666	501(C)(3)	10,000.				SCHED I SUPP INFO
(6) STEPS TO SUCCESS 19 KENNARD ROAD BROOKLINE, MA 02445	042-103944	501(C)(3)	25,000				SCHED I SUPP INFO
(7) THE FIRST TEE 425 S LEGACY TRAIL ST AUGUSTINE, FL 32092	59-2998925	501(C)(3)	100,000.				SCHED I SUPP INFO
(8) THE HEIGHTS FOUNDATION 15570 HAGIE DRIVE FORT MYERS, FL 33908	65-1003872	501(C)(3)	10,000				SCHED I SUPP INFO
(9) TRAVELER'S AID FAMILY SERVICES 17 EAST STREET BOSTON, MA 02111	04-2105756	501(C)(3)	10,000				SCHED I SUPP INFO
(10) UJA FEDERATION OF NEW YORK 130 EAST 59TH STREET NEW YORK, NY 10022	51-0172429	501(C)(3)	9,000				SCHED I SUPP INFO
(11) UMASS - AMHERST SPORTS ANNUAL DINNER 181 PRESIDENTS DRIVE AMHERST, MA 01003	54-2084125	501(C)(3)	9,231				SCHED I SUPP INFO
(12) WEST END HOUSE BOYS AND GIRLS CLUB 105 ALLSTON STREET ALLSTON, MA 02134	04-2105825	501(C)(3)	28,500.				SCHED I SUPP INFO

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

2012

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? . . . . . [X] 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. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC 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
(1) YMCA OF GREATER BOSTON 776 WASHINGTON STREET DORCHESTER, MA 02124	04-2103551	501(C)(3)	10,000				SCHED I SUPP INFO
(2) MASS GENERAL HOSPITAL FOR HOME BASE PROGRAM 55 FRUIT STREET BOSTON, MA 02114	04-1564655	501(C)(3)	3,608,546.				SCHED I SUPP INFO
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 74.

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated 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
1	NEW HAMPSHIRE SCHOLARS	34.	34,000			
2	RHODE ISLAND SCHOLARS	10.	10,000			
3						
4						
5						
6						
7						

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

SCHEDULE I, PART I, LINE 2

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS

GRANT REQUESTS ARE PRESENTED TO THE BOARD FOR REVIEW (BOARD MEETS AT LEAST TWICE PER YEAR). THE BOARD ALSO REVIEWS THE ORGANIZATIONS 990, BUDGETS FOR PROGRAMS APPLYING FOR FUNDS, COPIES OF THEIR 501 (C) (3) RECORDS, AND OTHER PERTINENT INFORMATION. THE BOARD VOTES TO DECIDE ON WHETHER OR NOT TO MAKE GRANTS. THE EXECUTIVE DIRECTOR EVALUATES PROGRAMS SEEKING GRANTS TO SUBSTANTIATE THE NEED FOR AND IMPACT OF PROPOSED GRANTS AND MAKES RECOMMENDATIONS. SMALLER GRANTS (TYPICALLY UNDER $10,000) ARE REVIEWED BY A CHARITABLE GIVING COMMITTEE, BUT APPROVED BY THE FOUNDATION

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated 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
1						
2						
3						
4						
5						
6						
7						

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

BOARD IN THE BUDGET PROCESS.

SCHEDULE I, PART II, COLUMN (H)

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 IN PARTNERSHIP WITH MGH, THE RED SOX FOUNDATION MGH HOME BASE PROGRAM AND SELECTED CORNERSTONE PROGRAMS RUN BY OTHER CHARITIES (THE DIMOCK CENTER, THE JIMMY FUND, AND A LIMITED NUMBER OF OTHER SELECT ROTATING NONPROFIT PROGRAMS THAT SUPPORT RECREATIONAL, EDUCATIONAL AND SOCIAL SERVICE NEEDS

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated 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
1						
2						
3						
4						
5						
6						
7						

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

OF AT RISK CHILDREN AND FAMILIES, AND WOUNDED VETERANS WITH TRAUMATIC

BRAIN INJURIES AND PTSD AND THEIR FAMILIES. OUR PRIMARY FOCUS IS ON

MASSACHUSETTS AND NEW ENGLAND. MORE INFORMATION IS AVAILABLE AT

WWW.REDSOXFOUNDATION.ORG

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, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2012

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 appropriate 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 indemnification 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 on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ 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	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations 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		X
b	Any related organization?	5b		X
	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		X
b	Any related organization?	6b		X
	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		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
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 duplicate copies if additional space is 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MEG VAILLANCOURT	(i)	190,101.	45,652.	0	365,586.	21,774.	623,113.	0
1 EXECUTIVE DIRECTOR	(ii)	30,394.	5,000.	0	40,621.	2,419.	78,434.	0
DAVID FRIEDMAN	(i)	95,625.	0	0	0	7,927.	103,552.	0
2 LEGAL COUNSEL RSF/BRS (BOTH)	(ii)	329,127.	0	0	0	27,306.	356,433.	0
JEFFREY WHITE	(i)	50,000.	0	0	0	9,873.	59,873.	0
3 TREASURER/CLERK	(ii)	155,634.	0	0	0	29,620.	185,254.	0
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

SUPPLEMENTAL COMPENSATION INFORMATION

THE ADMINISTRATIVE SALARIES AND BENEFITS OF STAFF WORKING FOR THE RED SOX FOUNDATION ARE ON A FULL OR PART TIME BASIS. THE RED SOX FOUNDATION REIMBURSES THE BOSTON RED SOX FOR ALL RED SOX FOUNDATION STAFF SALARIES AND BENEFITS. THE AMOUNTS REPORTED ON PART IX, LINE 5, LINE 7 AND LINE 9, REFLECT THE FOUNDATION'S REIMBURSEABLE AMOUNT TO THE BOSTON RED SOX FOR THE FULL COST OF SERVICES PROVIDED TO THE CHARITY INCLUDING SALARY, HEALTH, RETIREMENT AND FEDERAL BENEFITS. ALL BOARD MEMBERS SERVE WITHOUT ANY COMPENSATION OR REIMBURSEMENT FOR TRAVEL EXPENSES.

SCHEDULE J, PART I, LINE 4A

AN OFFICER OF THE BOSTON RED SOX BASEBALL CLUB AND DIRECTOR OF THE FOUNDATION ENTERED INTO A TRANSITION AND CONSULTING AGREEMENT ARRANGEMENT WITH THE BOSTON RED SOX BASEBALL CLUB AND THE FOUNDATION DURING DECEMBER 2012. INCLUDED IN THE 2012 STATEMENT OF FUNCTIONAL EXPENSES ARE APPROXIMATELY $446,000 OF COSTS INCURRED IN CONNECTION WITH THIS ARRANGEMENT. A CORRESPONDING LIABILITY OF APPROXIMATELY $446,000 IS INCLUDED IN ACCOUNTS PAYABLE AND ACCRUED EXPENSES IN THE STATEMENT OF

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

FINANCIAL POSITION FOR THE YEAR ENDED DECEMBER 31, 2012. THESE COSTS WILL

BE PAID OVER THE TWO-YEAR PERIOD ENDING DECEMBER 31, 2014.

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, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total . . . . . ▶ $												

Part III **Grants or Assistance Benefiting 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 assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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	(e) Sharing of organization's revenues? No
(1)	BOSTON RED SOX BASEBALL CLUB	SEE PART V	1,340,478	SEE PART V		X
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

BUSINESS TRANSACTION INVOLVING INTERESTED PERSON

SCHEDULE L, PART IV

INTERESTED PERSON: THE BOSTON RED SOX BASEBALL CLUB RELATIONSHIP: SOME RED SOX FOUNDATION (RSF) BOARD MEMBERS OR THEIR SPOUSES ARE PARTNERS OF THE ENTITY THAT OWNS THE BOSTON RED SOX BASEBALL CLUB LIMITED PARTNERSHIP. THE BOSTON RED SOX BASEBALL CLUB PAYS THE SALARY AND BENEFITS OF ALL THE RED SOX FOUNDATION'S STAFF. THE RED SOX FOUNDATION REIMBURSES THE BASEBALL CLUB FOR THE SALARY AND BENEFITS OF THE RED SOX FOUNDATION'S STAFF. THE EXECUTIVE DIRECTOR, LEGAL COUNSEL AND TREASURER OF THE RED SOX FOUNDATION ALSO WORK FOR THE BOSTON RED SOX. THE RED SOX FOUNDATION REIMBURSES THE TEAM ONLY FOR THE PORTION OF SALARY AND BENEFITS ALLOCATED TO WORK CONDUCTED FOR THE CHARITY. THE BOSTON RED SOX PAYS THE SALARY AND BENEFITS FOR WORK DONE FOR THE TEAM.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
THE RED SOX FOUNDATION, INC.

Employer identification number
33-1007984

FORM 990, PART I, QUESTION 1

ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES CONTINUED

THE MAIN FOCUS IS ON THE RED SOX FOUNDATION'S FIVE CORNERSTONE PROGRAMS RUN BY THE FOUNDATION. OUR CORNERSTONE PROGRAMS INCLUDE: THE RED SOX SCHOLARS PROGRAM FOR AT-RISK BOSTON PUBLIC SCHOOL STUDENTS, OUR INNER CITY YOUTH BASEBALL AND SOFTBALL PROGRAMS, THE RED SOX FOUNDATION AND MGH HOME BASE PROGRAM FOR WOUNDED VETERANS AND THEIR FAMILIES; SUPPORT FOR THE DIMOCK CENTER, A SEPARATE 501(C)(3) SOCIAL AND HEALTH SERVICE AGENCY IN ROXBURY AND SUPPORT FOR THE JIMMY FUND, WHICH UNDERTAKES FUNDRAISING FOR THE DANA FARBER CANCER INSTITUTE. THE RED SOX FOUNDATION'S ACTIVITIES ALSO INCLUDE COMMUNITY SERVICE PROJECTS, SCHOLARSHIPS IN NEW HAMPSHIRE AND RHODE ISLAND, YOUTH BASEBALL EXCHANGE PROGRAMS, AND PLAYER AND FAN ENGAGEMENT IN NEW ENGLAND BASED CHARITABLE ACTIVITIES AS WELL AS AUXILLARY SMALL ROTATING GRANTS. THE RED SOX FOUNDATION HAS WON THE NATIONAL PATTERSON AWARD ("BEST TEAM CHARITY IN SPORTS") FROM THE SPORTS PHILANTHROPY PROJECT AND THE ROBERT WOOD JOHNSON FOUNDATION AND THE FIRST-EVER MLB COMMISSIONERS AWARD FOR PHILANTHROPIC EXCELLENCE AS WELL AS OTHER AWARDS. FOR MORE INFORMATION, PLEASE VISIT:
WWW.REDSOXFOUNDATION.ORG

FORM 990, PART III, LINE 4D

OTHER PROGRAM SERVICES

THE RED SOX FOUNDATION RUNS A NUMBER OF PROGRAMS AND DISTRIBUTES MANY GRANTS EACH YEAR. THE PROGRAMS LISTED IN PART 4A, 4B AND 4C REPRESENT

THREE OF THE MAJOR PROGRAMS. THE OTHER PROGRAMS AND GRANTS COMPLY WITH THE MISSION STATEMENT SET OUT IN PART III, QUESTION 1.

FORM 990, PART VI, QUESTION 1B

NUMBER OF INDEPENDENT BOARD MEMBERS

THE RED SOX FOUNDATION WAS SET UP WITH A BOARD WHERE LESS THAN 50% OF THE BOARD MEMBERS WERE INDEPENDENT.

FORM 990, PART VI, QUESTION 2

DESCRIPTIONS OF RELATIONSHIPS

FOUR OUT OF EIGHT RED SOX FOUNDATION BOARD MEMBERS ARE ALSO PARTNERS OF FENWAY SPORTS GROUP. FENWAY SPORTS GROUP OWNS THE BOSTON RED SOX BASEBALL CLUB. TWO ADDITIONAL BOARD MEMBERS ARE ALSO MARRIED TO PARTNERS OF FENWAY SPORTS GROUP. ONE ADDITIONAL MEMBER WORKS FOR AN AFFILIATED ORGANIZATION, NEW ENGLAND SPORTS NETWORK (NESN).

FORM 990, PART VI, QUESTION 9

MAILING ADDRESS OF PERSONS TO BE CONTACTED AT A DIFFERENT ADDRESS

CHAD GIFFORD

CHAIRMAN EMERITUS

C/O BANK OF AMERICA

100 FEDERAL STREET, 28TH FLOOR

BOSTON, MA 02110

SEAN MCGRAIL

Name of the organization: THE RED SOX FOUNDATION, INC.

Employer identification number: 33-1007984

C/O NESN

480 ARSENAL STREET, BUILDING #1

WATERTOWN, MA 02472

MEG VAILLANCOURT

C/O HOUSTON ASTROS

501 CRAWFORD STREET

HOUSTON, TX 77002

FORM 990, PART VI, QUESTION 11A

REVIEW PROCESS OF FORM 990

RED SOX 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 OR EMAIL.

FORM 990, PART VI QUESTION 12

CONFLICT OF INTEREST

THE RED SOX FOUNDATION HAS A WRITTEN CONFLICT OF INTEREST POLICY IN EFFECT. BOARD MEMBERS MUST RECUSE THEMSELVES AND MUST LEAVE THE ROOM DURING A VOTE ON ANY GRANT THAT INVOLVES A NON PROFIT WHERE THEY SERVE ON THE BOARD OR WHERE A DIRECT FAMILY MEMBER SERVES AS AN EMPLOYEE, BOARD MEMBER, FUNDRAISER OR OTHER INTERESTED PARTY AFFILIATED WITH THE NON PROFIT UNDER CONSIDERATION FOR A GRANT. THE FOUNDATION REQUIRES A WRITTEN ANNUAL SURVEY OF BOARD MEMBERS, IN WHICH EACH MEMBER MUST LIST ANY NON PROFIT WHERE THEY HAVE A ROLE OR SIT ON THE BOARD OR WHERE A DIRECT

FAMILY MEMBER 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 NON PROFIT BOARD OR A RELATIVE BECOMES EMPLOYED BY, SERVES AS A FUNDRAISER OR OTHERWISE BECOMES AN INTERESTED PARTY WITH ANY NON PROFIT). BOARD MEMBERS ARE ASKED TO ANNUALLY CONFIRM IN WRITING THEY UNDERSTAND AND RESPECT THIS CONFLICT OF INTEREST POLICY. THIS POLICY IS ALSO FOLLOWED BY THE EXECUTIVE DIRECTOR.

FORM 990, PART VI, QUESTION 13

WRITTEN WHISTLEBLOWER POLICY

THE BOSTON RED SOX HAVE AN EMPLOYEE MANUAL THAT INCLUDES A SECTION ON CODE OF ETHICS AND STANDARD OF CONDUCT. THIS POLICY STATES THAT ALL EMPLOYEES ARE ENCOURAGED TO ASK FOR ADVICE, RAISE ANY ETHICS CONCERN OR REPORT A POSSIBLE VIOLATION BY CONTACTING THEIR SUPERVISOR, THE HUMAN RESOURCES DEPARTMENT OR THE CLUB'S LEGAL COUNSEL. THE CLUB PROHIBITS RETALIATION AND/OR RETRIBUTION AGAINST ANY PERSON WHO IN GOOD FAITH REPORTS AN ETHICAL CONCERN.

FORM 990, PART VI, QUESTION 14

DOCUMENT RETENTION

THE BOSTON RED SOX HAVE A DOCUMENT RETENTION POLICY. THE PURPOSE OF THIS POLICY IS TO ENSURE THE ORGANIZATION RETAINS THOSE RECORDS IT NEEDS TO (A) EFFICIENTLY TRANSACT BUSINESS AND (B) COMPLY WITH APPLICABLE LAWS AND REGULATIONS.

Name of the organization	Employer identification number
THE RED SOX FOUNDATION, INC.	33-1007984

FORM 990, PART VI, QUESTION 15A

PROCESS TO DETERMINE COMPENSATION OF EXECTIVE DIRECTOR

AN OUTSIDE INDEPENDENT CONSULTANT CONDUCTED A SURVEY OF COMPARABLE SALARIES FOR THE FOUNDATION'S EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR'S ANNUAL COMPENSATION WAS REVIEWED AND APPROVED BY A BOARD MEMBER TO WHOM THE BOARD HAS DELEGATED THIS RESPONSIBILITY. THE FULL BOARD APPROVES THE ENTIRE AGGREGATE FOUNDATION SALARIES AS PART OF THE BUDGET PROCEDURE.

FORM 990, PART VI, QUESTION 15B

PROCESS TO DETERMINE COMPENSATION

NONE OF THE RED SOX FOUNDATION BOARD MEMBERS RECEIVES ANY COMPENSATION FOR THEIR WORK AS A BOARD MEMBER. LIKEWISE, NO BOARD MEMBERS RECEIVE PAYMENT FOR ANY CONSULTING OR PROFESSIONAL SERVICES TO THE FOUNDATION

FORM 990, PART VI, QUESTION 19

AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS TO THE GENERAL PUBLIC

ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST STATEMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. REQUESTS CAN BE MADE TO THE RED SOX FOUNDATION'S EXECUTIVE DIRECTOR.

FORM 990, PART IX, QUESTION 5

COMPENSATION, SALARIES AND OTHER BENEFITS

Name of the organization: THE RED SOX FOUNDATION, INC.

Employer identification number: 33-1007984

THE ADMINISTRATIVE SALARIES AND BENEFITS OF STAFF WORKING FOR THE RED SOX FOUNDATION ARE ON A FULL OR PART TIME BASIS. THE RED SOX FOUNDATION REIMBURSES THE BOSTON RED SOX FOR ALL RED SOX FOUNDATION STAFF SALARIES AND BENEFITS. THE AMOUNTS REPORTED ON PART IX, LINE 5, LINE 7 AND LINE 9, REFLECT THE FOUNDATION'S REIMBURSEABLE AMOUNT TO THE BOSTON RED SOX FOR THE FULL COST OF SERVICES PROVIDED TO THE CHARITY INCLUDING SALARY, HEALTH, RETIREMENT AND FEDERAL BENEFITS. ALL BOARD MEMBERS SERVE WITHOUT ANY COMPENSATION OR REIMBURSEMENT FOR TRAVEL EXPENSES.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE RED SOX FOUNDATION IS COMMITTED TO HARNESSING FAN'S PASSION FOR THE RED SOX TO SUPPORT OUR CORNERSTONE PROGRAMS AND IMPROVE THE LIVES OF CHILDREN AND WOUNDED VETERANS WITH PTS AND TRAUMATIC BRAIN INJURY. THE FOUNDATION'S EFFORTS ARE PRIMARLIY FOCUSED ON OUR SELECT FIVE CORNERSTONE PROGRAMS IN NEW ENGLAND, WHICH SERVE AT RISK OR DISADVANTAGED CHILDREN, FAMILIES OR WOUNDED VETERANS. THESE PROGRAMS INCLUDE HEALTH, EDUCATIONAL, RECREATIONAL AND SOCIAL SERVICES INITIATIVES. FOR MORE INFORMATION SEE PAGE 2 PART 1 OR PLEASE VISIT WWW.REDSOXFOUNDATION.ORG

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

RED SOX FOUNDATION AND MGH HOME BASE PROGRAM - THE RED SOX FOUNDATION AND MGH HOME BASE PROGRAM SERVES VETERANS RETURNING FROM IRAQ AND AFGHANISTAN WITH TRAUMATIC BRAIN INJURY OR COMBAT

Name of the organization: THE RED SOX FOUNDATION, INC.

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ATTACHMENT 2 (CONT'D)

STRESS AND THEIR FAMILIES. THIS PROGRAM PROVIDES CONFIDENTIAL CLINICAL CARE FOR VETERANS, INNOVATIVE TREATMENTS, SUPPORT SERVICES AND COUNSELING FOR WOUNDED VETERANS FAMILIES, COMMUNITY OUTREACH AND EDUCATION TO HELP OTHERS RECOGNIZE THESE INJURIES, WHICH STUDIES SUGGEST MAY AFFECT AS MANY AS 30% OF VETERANS RETURNING FROM SERVICE, AND CUTTING EDGE RESEARCH. IN ADDITION TO RAISING OVER $10 MILLION FOR THE PROGRAM OVER THE PAST THREE YEARS, THE RED SOX FOUNDATION ALSO HAS MADE SUBSTANTIAL INVESTMENTS IN STAFF TIME AND IN KIND RESOURCES TO SUPPORT THIS PROGRAM AND HELP PROMOTE IT TO MILITARY AND VETERANS WHO NEED CONFIDENTIAL AND IF UNINSURED FREE CARE FOR TBI AND PTSD. THE RED SOX FOUNDATION WORKS WITH MEDICAL EXPERTS AT MASS GENERAL HOSPITAL, WHO PROVIDE DIRECT CARE SERVICES. RED SOX FOUNDATION STAFF ALSO WORK WITH MILITARY AND VETERANS GROUPS AND THEIR FAMILIES TO BREAK THROUGH THE STIGMA THAT OFTEN PREVENTS VETERANS FROM SEEKING THE HELP THEY NEED. JUMPSTARTED BY BOSTON RED SOX CHAIRMAN TOM WERNER AFTER A VISIT TO WALTER REED HOSPITAL IN EARLY 2008, THE RED SOX FOUNDATION AND MGH HOME BASE PROGRAM ALSO PARTNERS WITH CORPORATIONS AND OTHER NON PROFITS SEEKING TO HELP WOUNDED VETERANS WITH THESE TWO OFTEN DEBILITATING AND UNDER RECOGNIZED INJURIES. A KEY COMPONENT OF THE CHARITABLE PROGRAM IS ITS OUTREACH FOR FAMILY MEMBERS OF WOUNDED VETERANS. THE RED SOX FOUNDATION RECOGNIZES THAT WHEN A MILITARY MEMBER IS WOUNDED, HIS OR HER FAMILY IS WOUNDED TOO. SO WITH THE SUPPORT OF THE TEAM, PLAYERS, THEIR WIVES, VETERANS FAMILY MEMBERS, RED SOX FANS FROM

Name of the organization: THE RED SOX FOUNDATION, INC.

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ATTACHMENT 2 (CONT'D)

ACROSS THE GLOBE AND SPONSORS THE RED SOX FOUNDATION ALSO HOSTS A CHARITABLE FUNDRAISER KNOWN AS "THE RUN TO HOME BASE", A 9K FUNDRAISING RUN THAT ENDS WITH RUNNERS CROSSING HOME PLATE AT HISTORIC FENWAY PARK. FOR MORE INFORMATION ABOUT THE PROGRAM PLEASE VISIT US ON THE WEB AT WWW.REDSOXFOUNDATION.ORG.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

RED SOX SCHOLARS - THE RED SOX SCHOLARS PROGRAM PROVIDES MENTORING, ENRICHMENT OPPORTUNITIES AND COLLEGE SCHOLARSHIPS TO MORE THAN 220 ACADEMICALLY TALENTED LOW INCOME STUDENTS SELECTED AS YOUNGSTERS IN BOSTON'S PUBLIC SCHOOLS WHEN THEY ARE IN THE 7TH GRADE. THE SCHOLARS WORK WITH RED SOX FOUNDATION STAFF THROUGHOUT MIDDLE, JUNIOR AND HIGH SCHOOL. THE GOAL IS TO ENSURE THESE AT RISK STUDENTS ESCAPE THE INNER CITY'S HIGH DROPOUT RATE AND INSTEAD GRADUATE FROM HIGH SCHOOL AND ARE PREPARED TO ATTEND COLLEGE. THE PROGRAM ALSO PROVIDES EACH STUDENT WITH THE PROMISE OF A COLLEGE SCHOLARSHIP RANGING IN VALUE FROM $5,000 TO $10,000 - PENDING ENROLLMENT IN AN ACCREDITED COLLEGE AND CONTINUED GOOD CITIZENSHIP. THE SCHOLARSHIPS ARE PAID DIRECTLY TO THE COLLEGE OF CHOICE, AND NOT TO STUDENTS OR FAMILY MEMBERS. THE RED SOX SCHOLARS ALSO PARTICIPATE IN SPECIAL ACTIVITIES AT FENWAY PARK INCLUDING ATTENDING RED SOX GAMES, COMMUNITY SERVICE DAY, EVENTS WITH PLAYERS AND THEIR WIVES, SKILLS BUILDING, JOB FAIRS (FOR HIGH SCHOOL STUDENTS) AND COLLEGE PREP CLASSES. IN 2010, THE RED SOX

Name of the organization: THE RED SOX FOUNDATION, INC.

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ATTACHMENT 3 (CONT'D)

SCHOLARS PROGRAM WAS NATIONALLY RECOGNIZED WHEN THE TEAM WON THE FIRST-EVER "MLB COMMISSIONER'S AWARD FOR PHILANTHROPIC EXCELLENCE" SPECIFICIALLY FOR THE RED SOX SCHOLARS PROGRAM.

ATTACHMENT 4

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

RBI AND ROOKIE LEAGUE BASEBALL - THE RED SOX FOUNDATION'S RBI AND ROOKIE LEAGUE PROGRAM PROVIDES INNER CITY YOUTH FROM AGE 6 THROUGH AGE 19 THE OPPORTUNITY TO LEARN VALUABLE LIFE SKILLS WHILE LEARNING AND PLAYING BASEBALL AND SOFTBALL. THE RED SOX FOUNDATION'S ROOKIE PROGRAM PROVIDES UNIFORMS AND ENRICHMENT OPPORTUNITIES TO MORE THAN 1,000 YOUNGSTERS AGED 6 - 12 YEARS, WHILE THE RBI PROGRAM IS MORE STRUCTURED AND SERVES MORE THAN 700 MALES AND FEMALES UP TO AGE 19. EACH SPRING, THE RED SOX FOUNDATION FUNDS UNIFORMS, EQUIPMENT, UMPIRES FEES AND A COMMUNITY SERVICE DAY. RED SOX FOUNDATION STAFF ALSO HELPS PROVIDE LIFE-SKILL CLASSES TO 31 LOW INCOME BASEBALL AND SOFTBALL TEAMS. THE RED SOX FOUNDATION SEEKS TO LEVERAGE THE STUDENT'S LOVE FOR THE SPORT TO TEACH THEM NON VIOLENT CONFLICT RESOLUTION SKILLS, REPSECT FOR RULES AND OTHERS, THE IMPORTANCE OF TEAMWORK AND RESISTANCE TO DRUGS AND ALCOHOL. WORKING WITH AN EXTRAORDINARY CADRE OF VOLUNTEER COACHES, THE SMALL RED SOX FOUNDATION STAFF RUNS THE PROGRAM FROM MARCH THROUGH OCTOBER, WITH SUBSTANTIAL TIME SPENT PLANNING ACTIVITES AND COACHING SUPPORT PROGRAMS DURING THE

Name of the organization: THE RED SOX FOUNDATION, INC.

Employer identification number: 33-1007984

ATTACHMENT 4 (CONT'D)

WINTER MONTHS.

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

2012

Open to Public Inspection

Name of the organization
THE RED SOX FOUNDATION, INC.

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33-1007984

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

(a) Name, address, and EIN (if applicable) 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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) Disproportionate 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	(k) Percentage ownership
(1)	RED SOX BASEBALL 04-2642695 4 YAWKEY WAY BOSTON, MA 02215	M L BASEBALL	MA	N/A	N/A				X			X	
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										

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

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

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-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	BOSTON RED SOX BASEBALL CLUB (SAL, BEN & EXP)	O	1,340,478.	COST
(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) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate 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	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2012

JSA
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).