efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491067003019

2017

OMB No 1545-0052

Return of Private Foundation

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	caler	ndar year 2017, or tax year beginning 05-01-20)17 , aı	nd en	ding 04-30-	2018	
		ndation SNUG HARBOR OF BOSTON INC			A Employer ide	entification numbe	er
		FOUNDATIONS			04-2104430		
		street (or P O box number if mail is not delivered to street address) Y SQUARE NO 500	Room/suite		B Telephone nu	mber (see instructio	ns)
2	LIBERT	T SQUARE NO 3000	(617) 426-7080				
		, state or province, country, and ZIP or foreign postal code A 02109	1		C If exemption	application is pendir	g, check here
G Ch	neck al	I that apply Initial return Initial return of a	former public charity		D 1. Foreign org	ganizations, check h	ere $lacksquare$
		Final return Amended return	. ,			ganızatıons meeting	
		Address change Name change			,	k here and attach co	
H Ch	neck ty	pe of organization \blacksquare Section 501(c)(3) exempt private	foundation			ındatıon status was n 507(b)(1)(A), ched	
	Section	4947(a)(1) nonexempt charitable trust Other taxable	e private foundation				
of '	year <i>(f</i>	tet value of all assets at end rom Part II, col (c), \$ 8,156,714 J Accounting method Other (specify) (Part I, column (d) must	☑ Cash ☐ Accru	ıal		ition is in a 60-mont n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Revenue and				(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily	expenses per	(b)	Net investment income	(c) Adjusted net income	for charitable purposes
		equal the amounts in column (a) (see instructions))	books				(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)					
	2	Check 🕨 🗹 if the foundation is not required to attach					
	3	Sch B Interest on savings and temporary cash investments	39,453		39,453		
	4	Dividends and interest from securities	109,617	 	109,617		
	5a	Gross rents	100,017		200,027		
	ь	Net rental income or (loss)					
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	463,660				
	b	Gross sales price for all assets on line 6a					
		1,960,175					
	7	Capital gain net income (from Part IV, line 2)			463,660		
	8	Net short-term capital gain					
	9 10a	l					
	ь	Gross sales less returns and allowances Less Cost of goods sold					
	c	Gross profit or (loss) (attach schedule)	<u> </u>				
	11	Other income (attach schedule)	-18,037	·	7,109		
	12	Total. Add lines 1 through 11	594,693		619,839		
	13	Compensation of officers, directors, trustees, etc	,		. 0		
	14	Other employee salaries and wages					
Š	15	Pension plans, employee benefits					
1156	16a	Legal fees (attach schedule)					
<u>8</u>	ь	Accounting fees (attach schedule)	10,040		5,020		5,020
Administrative Expenses	c	Other professional fees (attach schedule)	90,031		52,939		37,092
ţĮĶ	17	Interest					
st ra	18	Taxes (attach schedule) (see instructions)	2,748	s	2,148		(
ੂ	19	Depreciation (attach schedule) and depletion					
틀	20	Occupancy					
Ψ D	21	Travel, conferences, and meetings	3,181		0		3,181
E	22	Printing and publications					
ji ji	23	Other expenses (attach schedule)	448	8	0		448
Operating and	24	Total operating and administrative expenses.					
<u>6</u>	_	Add lines 13 through 23	106,448	<u> </u>	60,107		45,741
٠	25	Contributions, gifts, grants paid	324,900				324,900
	26	Total expenses and disbursements. Add lines 24 and 25	431,348	3	60,107		370,641
	27	Subtract line 26 from line 12			·		·
	a	Excess of revenue over expenses and	163,345	i			
	ь	disbursements Net investment income (if negative, enter -0-)			559,732		
	c	Adjusted net income(if negative, enter -0-)					
For		work Reduction Act Notice, see instructions	I		+ No. 11280V	·	

Form 990-PF (2017) Page 2 Attached schedules and amounts in the description column End of year Beginning of year Part II **Balance Sheets** should be for end-of-year amounts only (See instructions) (a) Book Value (b) Book Value (c) Fair Market Value Cash—non-interest-bearing 38,181 76,611 76,611

	2	Savings and temporary cash investments		395,534		607,327		607,327
	3	Accounts receivable ▶						
		Less allowance for doubtful accounts ▶						
	4	Pledges receivable ▶						
		Less allowance for doubtful accounts ▶						
	5	Grants receivable						
	6	Receivables due from officers, directors, trustees, and other						
		disqualified persons (attach schedule) (see instructions)						
	7	Other notes and loans receivable (attach schedule)						
		Less allowance for doubtful accounts ▶						
<u>~</u>	8	Inventories for sale or use						
sets	9	Prepaid expenses and deferred charges						
ı∧ ı	10a	Investments—U S and state government obligations (attach schedule)		228,235	چ ا	215,563		215,563
	b	Investments—corporate stock (attach schedule)		5,693,933	چ ا	5,200,804		5,200,804
	С	Investments—corporate bonds (attach schedule)		653,820	چ ا	629,848		629,848
	11	Investments—land, buildings, and equipment basis ▶	_					
		Less accumulated depreciation (attach schedule) ▶						
	12	Investments—mortgage loans						
	13	Investments—other (attach schedule)		891,970	چ ا	1,351,561		1,351,561
	14	Land, buildings, and equipment basis ▶						
		Less accumulated depreciation (attach schedule) ▶						
	15	Other assets (describe >)	9 ,	75,000	99 ,]	75,000	∞ ,j	75,000

7,976,673

7,976,673

7,976,673

7,976,673

8,156,714

8,156,714

8.156.714

8,156,714

1

2

3

4

5

6

7,976,673

8,177,905

8,156,714 Form **990-PF** (2017)

163,345

37,887

21,191

8,156,714

Other liabilities (describe .

Temporarily restricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

instructions Also, see page 1, item I)

Accounts payable and accrued expenses .

Total liabilities(add lines 17 through 22) .

Total assets (to be completed by all filers—see the

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). .

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here

Capital stock, trust principal, or current funds

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

16

17 18

19 20

21

22 23

24

25

26

27

28

29

30

31

Part III

2

3

4

Liabilities

Net Assets or Fund Balances

	(a) the kınd(s) of property sold (e g , re ehouse, or common stock, 200 shs	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
1 a SALE OF PUBLICLY TRAD					
b BROOKFIELD INFRASTRU	JCTURE PTRS PASSTHRU SCHEDULE	FORM K-1			
c MAGELLAN MIDSTREAM	PTRS PASSTHRU SCHEDULE K-1				
d ENTERPRISE PRODUCTS	PTRS PARRTHRU SCHEDULE K-1				
e					
(e)	(f)		(g)		1)
Gross sales price	Depreciation allowed		other basis		r (loss)
	(or allowable)	pius expe	ense of sale	(e) plus (r) minus (g)
	0,175		1,495,893		464,282
b					-7
<u> </u>					149
d					-764
e					
Complete only for assets	s showing gain in column (h) and ow	<u> </u>			l)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col (ı) (ʒ), ıf any	col (k), but not	n) gain minus less than -0-) or om col (h))
a					464,282
b					-7
С					149
d					-764
e					
	gain or (loss) as defined in sections rt I, line 8, column (c) (see instructions		Part I, line 7	3	463,660
<u> </u>	Jnder Section 4940(e) for Re				
(For optional use by domestic p	rivate foundations subject to the se	ction 4940(a) tax on ne	t investment incom	e)	
if section 4940(d)(2) applies, le	eave this part blank e section 4942 tax on the distributa	ble amount of any year	in the base period?		es 🗹 No
	ot qualify under section 4940(e) Do				
1 Enter the appropriate an	nount in each column for each year,	see instructions before	making any entries	;	
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rati (col (b) divided by c	
2016	301,719		7,564,048	, , ,	0 039889
2015	444,070		7,663,522		0 057946
2014	466,984		7,972,928		0 058571
2013	434,945		7,733,543		0 056241
2012	415,171		7,146,838		0 058092
2 Total of line 1, column (d)		2		0 270739
	for the 5-year base period—divide		, or by the		
	ndation has been in existence if less		3		0 054148
	ncharitable-use assets for 2017 fron		4		8,188,904
5 Multiply line 4 by line 3			5		443,413
	ent income (1% of Part I, line 27b)		6		5,597
			7		449,010
	ons from Part XII, line 4 , eater than line 7, check the box in Pa			g a 1% tax rate Se	370,641 e the Part VI

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

Form 990-PF (2017)				Page 7
Part VIII Information About C and Contractors	Officers, Directors, Trus	stees, Foundation Ma	anagers, Highly Paid Er	nployees,
1 List all officers, directors, trustee	es, foundation managers a	and their compensation	(see instructions).	
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				
				NAME II
2 Compensation of five highest-pai	d employees (other than	those included on line :		ne, enter "NONE."
(a) Name and address of each employee pa more than \$50,000	Title, and average hours per week (b) devoted to positio	(c) Compensation	Contributions to employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE				
Total number of other employees paid ove	· · · · · · · · · · · · · · · · · · ·			0
3 Five highest-paid independent co				
(a) Name and address of each persor	n paid more than \$50,000		e of service	(c) Compensation
AVALON TRUST COMPANY		INVESTMENT COUNSEL	-	52,939
125 LINCOLN AVENUE STE 301 SANTE FE, NM 87501				
SARTE 12, NOT 07301				
		7		
Total number of others receiving over \$50		S		0
Part IX-A Summary of Direct C List the foundation's four largest direct charitable		cludo rolovant statistical inform	nation such as the number of	
organizations and other beneficiaries served, conf	ferences convened, research paper	ers produced, etc	nation such as the number of	Expenses ————
1				
2				
3				
4				

Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions Total. Add lines 1 through 3

3a 3h

4

5

370.641

370.641

Form 990-PF (2017)

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4.

Amounts set aside for specific charitable projects that satisfy the

the section 4940(e) reduction of tax in those years

3

4

5

398,250

370.641

27,609

Form 990-PF (2017)

(d)

Page 9

Form	990-PF	(201	7
Pa	rt XII		ī

b Total for prior years

a From 2012.

b From 2013. c From 2014. . .

d From 2015.

e From 2016.

indicated below:

)-PF (20	017)	
KIII	Undistributed Income	(see instructions)

Distributable amount for 2017 from Part XI, line 7

11.812 63,471

84 230

77.024

47.674 84,230

77.024

2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only.

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e.

d Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2017

same amount must be shown in column (a))

(If an amount appears in column (d), the

line 4b from line 2b

income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.

4a from line 2a Taxable amount—see instructions f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2012 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . .

c Excess from 2015. . . . d Excess from 2016. . . e Excess from 2017. . .

b Excess from 2014. .

Subtract lines 7 and 8 from line 6a

4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election (a)

Corpus

236.537

27,609

208,928

208,928

(b)

Years prior to 2016

(c)

2016

PF	(20	17)	

6 Enter the net total of each column as a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract c Enter the amount of prior years' undistributed d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line

- - a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed PHIL HALL
 - C/O GMA FOUNDATIONS 2 LIBERTY SQ
 - STE 500
 - BOSTON, MA 02109 (617) 391-3097
 - PHALL@GMAFOUNDATIONS COM

 - b The form in which applications should be submitted and information and materials they should include
- APPLICANTS SHOULD APPLY VIA THE ORGANIZATION'S WEBSITE, WWW SAILORSSNUGHARBOR ORG, AND SUBMIT EITHER THE ASSOCIATED GRANT MAKERS' COMMON PROPOSAL FORM FOR AN ANNUAL GRANT REQUEST OR A LETTER OF INQUIRY FOR A THREE-YEAR GRANT REQUEST
- Any submission deadlines
 - APPLICATIONS MUST BE SUBMITTED ONLINE BY 5PM ON AUGUST 15
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

THE FOUNDATION'S GRANTMAKING TO 501(C)(3) ORGANIZATIONS WILL FOCUS ON THE SOCIAL SERVICE NEEDS OF FISHERMEN, THEIR FAMILIES, AND LOW-INCOME ELDERS IN COASTAL COMMUNITIES OF MASSACHUSETTS, WITH A PARTICULAR PREFERENCE TO SUPPORT PROGRAMS FOR THOSE RESIDING IN THE TRADITIONAL FISHING COMMUNITIES OF GLOUCESTER, NEW BEDFORD, AND CAPE COD

Part XVI-A Analysis of Income-Producing	Activities				rage 1
Enter gross amounts unless otherwise indicated		siness income	Excluded by section		(e) Related or exemple function income
Program service revenue a	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(See instructions
а b					
c					
d					
e					
f					
g Fees and contracts from government agencies 2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	39,453	
4 Dividends and interest from securities			14	109,617	
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property.6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			18	463,660	
9 Net income or (loss) from special events				,	
LO Gross profit or (loss) from sales of inventory					
11 Other revenue					
BROOKFIELD INFRASTRUCTURE PTRS PASSTHRU SCHEDULE K-1			14	7,061	
b ENTERPRISE PRODUCTS PTRS, L P PASSTHRU SCHEDULE K-1	523000	-17,521	14	31	
c MAGELLAN MIDSTREAM OTRS, L P PASSTHRU SCHEDULE K-1	523000	-7,625	14	17	
d		.,			
e					
L2 Subtotal Add columns (b), (d), and (e) L3 Total. Add line 12, columns (b), (d), and (e)		-25,146		619,839 3	594,693
(See worksheet in line 13 instructions to verify calcu					
Part XVI-B Relationship of Activities to th			-		
Explain below how each activity for which the accomplishment of the foundation's exinstructions)					
+					
					
				Fo	rm 990-PF (2017

orm 99	0-PF (2017)											Pa	ge 13
Part	XVII	Information Re Exempt Organi		ransi	fers To a	and Transact	ions	s and F	Relatio	nships With Non	ncharita	ble		
		janization directly or in Code (other than sectio									on 501		Yes	No
a Tran	sfers f	rom the reporting foun	dation to a n	oncha	ırıtable ex	empt organizatio	on of	:						
(1)	Cash.										. [1	la(1)		No
(2)	Other	assets									. 1	La(2)		No
b Othe	er trans	sactions												
(1)	Sales	of assets to a nonchar	itable exemp	t orga	nızatıon.						. 1	b(1)		No
(2)	Purch	ases of assets from a r	noncharitable	exem	npt organiz	zation					1	b(2)		No
(3)	Renta	of facilities, equipmer	nt, or other a	ssets.							1	.b(3)		No
(4)	Reimb	oursement arrangemen	ts								. 1	b(4)		No
(5)	Loans	or loan guarantees.									. 1	b(5)		No
(6)	Perform	mance of services or m	embership oi	fund	raising sol	icitations						b(6)		No
c Shai	rina of	facilities, equipment, n	nailing lists, d	other .	assets, or	paid employees	s				. [1c		No
of th in ai	ne good ny tran	ver to any of the above ds, other assets, or ser saction or sharing arra	vices given b	y the	reporting	foundation If th	ne foi	undatior	n receive	d less than fair mark	ket value	lue		
(a) Line	No	(b) Amount involved	(c) Name of	noncha	arıtable exe	mpt organization		(d) Desc	ription of	transfers, transactions,	and sharir	ng arrai	ngemen	ts
							<u> </u>							
							<u> </u>							
							<u> </u>							
							-							
2a Ic th	e foun	dation directly or indire	actly affiliated	-l wuth	or relate	d to one or mor	re ta	v-evem	nt organi	zations				
desc	ribed i	n section 501(c) of the emplete the following se	Code (other chedule		section 50)1(c)(3)) or in se	ectio		_] Yes	✓	No
		(a) Name of organization	on		(1) Type of organiza	ation			(c) Description	of relation	ship		
	of m	er penalties of perjury, y knowledge and belief h preparer has any kno	, it is true, co											
Sign Here		****				2019-02-26		_)-	****		May the return with the below			
	' s	Signature of officer or t	rustee			Date		, _T	ıtle		(see ins	tr)? 🖸	✓ Yes	□No
		Print/Type preparer's	name	Prep	arer's Sıgr	nature		Date		Check if self-	PTIN			

Paid **Preparer Use Only**

Firm's name ▶ EDELSTEIN AND COMPANY LLP

Firm's address ▶ 160 FEDERAL STREET 9TH FLOOR

BOSTON, MA 02110

P00002440 employed ▶ □ SCOTT KAPLOWITCH 2019-02-26

Phone no (617) 227-6161

Firm's EIN ▶04-2442519

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If Expense account. (d) hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation WILLIAM C EATON PRESIDENT/DIRECTOR 0 0 0 C/O GMA FOUNDATIONS 2 LIBERTY SQ STE 500 BOSTON, MA 02109 WILLIAM B PERKINS V P / DIRECTOR O 0 0 2 00 C/O GMA FOUNDATIONS 2 LIBERTY SQ STE 500 BOSTON, MA 02109 G WEST SALTONSTALL 0 TREASURER/DIRECTOR 0 0 2 00 C/O GMA FOUNDATIONS 2 LIBERTY SQ **STE 500** BOSTON, MA 02109 E AMORY LORING ASST 0 0 0 TREASURER/DIRECTOR C/O GMA FOUNDATIONS 2 LIBERTY SQ 2 00 STE 500 BOSTON, MA 02109 ARTHUR B PAGE CLERK/DIRECTOR 0 0 2 00 C/O GMA FOUNDATIONS 2 LIBERTY SQ **STE 500** BOSTON, MA 02109 WILLIAM N BANCROFT 0 0 DIRECTOR 2.00 C/O GMA FOUNDATIONS 2 LIBERTY SQ **STE 500** BOSTON, MA 02109 THOMAS ROGERSON DIRECTOR 0 0 0 2 00 C/O GMA FOUNDATIONS 2 LIBERTY SQ **STE 500** BOSTON, MA 02109 AMY E SALTONSTALL DIRECTOR 0 0 0 2 00 C/O GMA FOUNDATIONS 2 LIBERTY SQ **STE 500** BOSTON, MA 02109 JO-ANN WATSON DIRECTOR 0 0 0 2 00 C/O GMA FOUNDATIONS 2 LIBERTY SQ STE 500 BOSTON, MA 02109 BENJAMIN J WILLIAMS DIRECTOR 0 0 0 2 00 C/O GMA FOUNDATIONS 2 LIBERTY SQ STE 500 BOSTON, MA 02109 PAMELA S EVANS DIRECTOR 0 0 n 2 00 C/O GMA FOUNDATIONS 2 LIBERTY SQ STE 500 BOSTON, MA 02109 TRISTRAN EDDY DIRECTOR Λ n n 2 00 C/O GMA FOUNDATIONS 2 LIBERTY SQ STE 500 BOSTON, MA 02109 EVERETT MORSS JR DIRECTOR 0 0 0 2 00 C/O GMA FOUNDATIONS 2 LIBERTY SQ STF 500 BOSTON, MA 02109 HERBERT P DANE O 0 DIRECTOR 0 2 00 C/O GMA FOUNDATIONS 2 LIBERTY SO STE 500 BOSTON, MA 02109 CAROLINE GATES SLOCUM 0 0 **DIRECTOR** 0 2 00 C/O GMA FOUNDATIONS 2 LIBERTY SQ STE 500 BOSTON, MA 02109

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation ROBERT W LORING DIRECTOR 0 0 2 00 C/O GMA FOUNDATIONS 2 LIBERTY SQ STE 500 BOSTON, MA 02109 EDWARD M HOWLAND DIRECTOR 0 2 00 C/O GMA FOUNDATIONS 2 LIBERTY SQ STE 500 BOSTON, MA 02109 GEORGE B MOTLEY 0 0 DIRECTOR BOSTON, MA 02109 MATTHEW CUTRELL DIRECTOR 0 0 2 00 C/O GMA FOUNDATIONS 2 LIBERTY SQ STE 500 BOSTON, MA 02109

C/O GMA FOUNDATIONS 2 LIBERTY SQ STE 500 BOSTON, MA 02109	2 00			
CHARLES R EDDY	DIRECTOR	0	0	
C/O GMA FOUNDATIONS 2 LIBERTY SQ STE 500 BOSTON MA 02109	2 00			

O

0

DIRECTOR

2 00

EDWARD B WHITE

BOSTON, MA 02109

STE 500

C/O GMA FOUNDATIONS 2 LIBERTY SQ

form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	any foundation manager or substantial contributor	recipient					
a Paid during the year							
ACTION INC 180 MAIN STREET 2ND FLOOR GLOUCESTER, MA 01930	N/A	PC	PROGRAM SUPPORT	48,500			
ASSOCIATED GRANT MAKERS OF MA INC(AKA PHILANTHROPY MASSACHUSETTS) 133 FEDERAL STREET 802 BOSTON, MA 02110	N/A	PC	PROGRAM SUPPORT	3,000			
BOSTON MEDICAL CENTER CORPORATION 801 MASSACHUSETTS AVENUE ROSTON MA 02118	N/A	PC	PROGRAM SUPPORT	30,000			

MASSACHUSETTS) 133 FEDERAL STREET 802 BOSTON, MA 02110				
BOSTON MEDICAL CENTER CORPORATION 801 MASSACHUSETTS AVENUE BOSTON, MA 02118	N/A	PC	PROGRAM SUPPORT	30,000

За

324,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CATHOLIC CHARITIES BUREAU OF N/A PC PROGRAM SUPPORT 10,000 ARCHDIOCESE OF BOSTON 51 SLEEPER STREET BOSTON, MA 02110 COMMUNITY ECONOMIC DEVELOPMENT N/A PC PROGRAM SUPPORT 15,000 CENTED OF COLITHEACT

MASSACHUSETTS 181 HILLMAN STREET BLDG 9 ROOM 203 NEW BEDFORD, MA 02740				
FRIENDSHIPWORKS 105 CHAUNCY STREET BOSTON, MA 02111	N/A	PC	PROGRAM SUPPORT	30,000

NEW BEBLOND, MA 02740				
FRIENDSHIPWORKS 105 CHAUNCY STREET BOSTON, MA 02111	N/A	PC	PROGRAM SUPPORT	30,00
Total				324 900

За

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

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

or substantial contributor

3a

a Paid during the year				
GRANTMAKERS IN AGING 7333 PARAGON ROAD SUITE 220 DAYTON OH 45459	N/A	PC	PROGRAM SUPPORT	900

5711 1011, 011 10105				
GREATER BOSTON LEGAL SERVICES 197 FRIEND STREET	N/A	PC	PROGRAM SUPPORT	
BOSTON, MA 02114				

GREATER BOSTON LEGAL SERVICES 197 FRIEND STREET BOSTON, MA 02114	N/A	PC	PROGRAM SUPPORT	10,000
HEARTH INC1640 WASHINGTON STREET BOSTON, MA 02118	N/A	PC	PROGRAM SUPPORT	20,000

HEARTH INC1640 WASHINGTON STREET BOSTON, MA 02118	N/A	PC	PROGRAM SUPPORT	20,000
BOSTON, MA 02114				

DOSTON, MA 02114				<u> </u>
HEARTH INC1640 WASHINGTON STREET BOSTON, MA 02118	N/A	PC	PROGRAM SUPPORT	20,0
Total				324,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
HOMEOWNER OPTIONS FOR MASS ELDERS INC 150 GROSSMAN DRIVE SUITE 401 BRAINTREE, MA 02184	N/A	PC	PROGRAM SUPPORT	25,000
IMMIGRANTS' ASSISTANCE CENTER INC 58 CRAPO STREET NEW BEDFORD, MA 02740	N/A	PC	PROGRAM SUPPORT	20,000
INTERFAITH COUNCIL FOR THE HOMELESS ON THE LOWER CAPE INC	N/A	PC	PROGRAM SUPPORT	20,000

58 CRAPO STREET NEW BEDFORD, MA 02740				
INTERFAITH COUNCIL FOR THE HOMELESS ON THE LOWER CAPE INC PO BOX 828 ORLEANS, MA 02653	N/A	PC	PROGRAM SUPPORT	20,000
Total			 •	324,900

3a

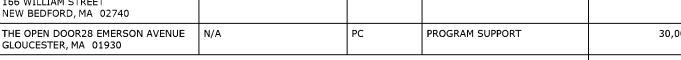
Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
LOWER CAPE COD COMMUNITY DEVELOPMENT CORPORATION 3 MAIN STREET MERCANTILE UNIT 7 EASTHAM, MA 02642	N/A	PC	PROGRAM SUPPORT	15,000
LOWER CAPE OUTREACH COUNCIL INC PO BOX 665 ORLEANS, MA 02653	N/A	PC	PROGRAM SUPPORT	30,000
NEIGHBORHOOD OF AFFORDABLE HOUSING INC 143 BORDER STREET	N/A	PC	PROGRAM SUPPORT	10,000

LOWER CAPE OUTREACH COUNCIL INC PO BOX 665 ORLEANS, MA 02653	N/A	PC	PROGRAM SUPPORT	30,000
NEIGHBORHOOD OF AFFORDABLE HOUSING INC 143 BORDER STREET EAST BOSTON, MA 02128	N/A	PC	PROGRAM SUPPORT	10,000

За

324,900

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year PEOPLE ACTING IN COMMUNITY N/A PC PROGRAM SUPPORT 7,500 ENDEAVORS (PACE) 166 WILLIAM STREET ΩO



T-1-1				334.000
THE OPEN DOOR28 EMERSON AVENUE GLOUCESTER, MA 01930	N/A	PC	PROGRAM SUPPORT	30,00

Total				224 000
GLOUCESTER, MA 01930				
THE OPEN DOOR28 EMERSON AVENUE	N/A	PC	PROGRAM SUPPORT	30,000

324,900

За

efile GRAPHIC print - DO NOT I	PROCESS	As Filed D	ata -	[DLN: 93491067003019		
TY 2017 Accounting Fees Schedule							
			' SNUG HARBOR O FOUNDATIONS	F BOSTON INC			
Accounting Fees Schedule	LIIV.	04-2104	430				
Category	Am	ount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
ACCOUNTING & TAX PREPARATION		10,040	5,020		5,020		

enie GRAPHIC Print - DO NOT PROCESS	AS FIIEU Data -	DEN: 93491087003019
TY 2017 Investments Corpora	nte Bonds Schedule	
Name:	SAILORS' SNUG HARBOR OF BOS	STON INC
	C/O GMA FOUNDATIONS	

DI N. 03/01067003010

629,848

629,848

Investments Corporate Bonds Schedule

Name of Bond

End of Year Book
Value
Market Value

ofile CDADUIC print - DO NOT DDOCESS | Ac Filed Data -

FIDELITY INVESTMENTS D/B/A AVALON TRUST

TY 2017 Investments Corporate Stock Schedule	
Name: SAILORS' SNUG HARBOR OF BOSTON INC	

C/O CMA FOUNDATIONS

DLN: 93491067003019

End of Year Fair Market Value

5,200,804

5,200,804

Name of Stoc	k	End of Year Book Value
EIN:	04-2104430	
	C/O GMA FOUNDATIONS	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

FIDELITY INVESTMENTS D/B/A AVALON TRUST

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491067003019
TY 2017 Investments Government	nent Obligati	ions Schedule	
Name:	SAILORS' SNU	G HARBOR OF BOSTON INC	
	C/O GMA FOUN	NDATIONS	
EIN:	04-2104430		
US Government Securities - End of Year Book Value:		190,009	
US Government Securities - End of Year Fair Market Value:		190,009	
State & Local Government Securities - End of Year Book Value:		25,554	
State & Local Government Securities - End of Year Fair Market Value:		25,554	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491067003019
TY 2017 Investments - Other	Schedule	
Name:	SAILORS' SNUG HARBOR OF B	OSTON INC
	C/O GMA FOUNDATIONS	

Category / Item		Listed at Cost or	Rook Value	End of
Investments Other Schedule 2				
EIN:	04-2104430			

investillents other schedule 2					
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value		
FIDELITY INVESTMENTS D/B/A AVALON TRUST	FMV	947,473	947,473		
FIDELITY INVESTMENTS D/B/A AVALON TRUST	FMV	404.088	404.088		

DLN: 93491067003019

Name: SAILORS' SNUG HARBOR OF BOSTON INC

C/O GMA FOUNDATIONS

EIN: 04-2104430

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Other Assets Schedule					
Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value		
MASSACHUSETTS COMMUNITY INVESTMENT REFUND	75,000	75,000	75,000		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491067003019
TY 2017 Other Decreases Scho	edule		
Name:	SAILORS' SNU	IG HARBOR OF BOSTON INC	
	C/O GMA FOU	NDATIONS	
EIN:	04-2104430		
De	escription		Amount
UNREALIZED LOSSES ON INVESTMENTS			11,388
BOND COST BASIS ADJUSTMENT			9,803

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DL	N: 93491067003019		
TY 2017 Other Expenses Schedule						
Name:	SAILORS' SNUC	HARBOR OF BO	STON INC			
C/O GMA FOUNDATIONS						
EIN: 04-2104430						
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
POSTAGE	37	0		37		
BANK CHARGES	54	0		54		
STATE FILING FEES	70	0		70		
OFFICE SUPPLIES	287	0		287		

ellie GRAPHIC	milit - DO NOI	PROCESS	AS FIIEU Data -	DEN: 93491087003019
				_
	_		_	

TY 2017 Other Income Schedule

Name: SAILORS' SNUG HARBOR OF BOSTON INC

C/O GMA FOUNDATIONS

EIN: 04-2104430

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
BROOKFIELD INFRASTRUCTURE PTRS PASSTHRU SCHEDULE K-1	7,061	7,061	7,061
ENTERPRISE PRODUCTS PTRS, L P PASSTHRU SCHEDULE K-1	-17,490	31	-17,490
MAGELLAN MIDSTREAM OTRS, LP PASSTHRU SCHEDULE K-1	-7,608	17	-7,608

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491067003019
TY 2017 Other Increases Sche			
Name: SAILORS' SNUG HARBOR OF BOSTON INC			
	C/O GMA FOU	NDATIONS	
EIN:	04-2104430		
Description			Amount
PARTNERSHIP RETURN OF CAPITAL			19,230
PARTNERSHIP RETURN OF CAPITAL			15,250

efile GRAPHIC print - DO NOT PROC	ESS As Filed Data	-	DL	N: 93491067003019		
TY 2017 Other Professional Fees Schedule						
Name: SAILORS' SNUG HARBOR OF BOSTON INC						
	C/O GMA FOUNDATIONS					
EIN: 04-2104430						
Catagony	Amount	Net Investment	Adjusted Net	Disbursements		
Category	Ainount	Income	Income	for Charitable		
		Income	income	Purposes		
INVESTMENT MANAGEMENT	52,939	52,939		0		
GRANT MANAGEMENT FEES	37,092	0		37,092		

efile GRAPHIC print - DO NOT PROCE	ESS As Filed Data	-	DLI	N: 93491067003019		
TY 2017 Taxes Schedule						
Na	me: SAILORS' SI	NUG HARBOR OF B	BOSTON INC			
	C/O GMA FC	DUNDATIONS				
EIN: 04-2104430						
E2141 01 2101130						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
FEDERAL EXCISE TAX	600	0		0		
FOREIGN TAXES	2,148	2,148		0		