50m 990-PF

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

(710

OMB No 1545-0052

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

2016

		nue service Information about Form 990-P			at www.ir	<u>s.gov/form99</u> 0pf.	Open to Public Inspection
			and ending 10/	31/17			
		OUNDAMA COED CHARLES			A Empl	oyer identification number	
		SHAFMASTER CHARITABLE DATION					
	_	d street (or P O box number if mail is not delivered to street address)			+	<u>-4504844</u>	
		SHATTUCK WAY		Room/suite		hone number (see instructions 3-431-3170)
		n, state or province, country, and ZIP or foreign postal code			- 60	3-431-31/0	
		NGTON NH 03801			C If exe	mption application is pending,	check here
G C	heck	all that apply X Initial return Initial retu	m of a former public of	hanty	D 1 F	oreign organizations check he	
		Final return Amended					
		Address change Name cha				oreign organizations meeting the 5% test, check here and attach	
H C	heck	type of organization X Section 501(c)(3) exempt private		011/	-	,	
			le private foundation	θΨ		ate foundation status was term in 507(b)(1)(A), check here	ninated under
		rket value of all assets at J Accounting method		crual	-		
		rear (from Part II, col (c), Other (specify)	Casii II Ac	Guai	1	foundation is in a 60-month tell section 507(b)(1)(B), check he	
	e 16)		he on cash hasis)				
	rt	Analysis of Revenue and Expenses (The total of	(a) Revenue and		L	1	(d) Disbursements
1.000		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net in inco		(c) Adjusted net income	for chantable purposes
		the amounts in column (a) (see instructions))	books				(cash basis only)
ሳኔ	1	Contributions, gifts, grants, etc., received (attach schedule)	525,000) · · · · · · · · · · · · · · · · · · ·		**************************************	*** *** * * * * * * * * * * * * * * *
الده	2	Check ► if the foundation is not required to attach Sch B				Milanian, occ.	*
04	3	Interest on savings and temporary cash investments					PRESIDE SELVE
	4	Dividends and interest from securities					3,7,5,5,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,
	5a	Gross rents	v.0//				
<u>. Φ</u>	b	Net rental income or (loss)	27 W 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	****	· 🧖 ` · · * * * * * * * * * * * * * * * * *	B CAMBO AND COMPANY	#\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
% 2018 Revenue	6a	Net gain or (loss) from sale of assets not on line 10				x.3	S ₁
₹₹	b	Gross sales price for all assets on line 6a	Figure	, , , , , , , , , , , , , , , , , , ,	<u> </u>	C2800 8 (000 5 8 9 100 100 100 100 100 100 100 100 100 1	## 25 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
32 E	7	Capital gain net income (from Part IV, line 2)	110000000000000000000000000000000000000	4 %	0	` `	
3	8	Net short-term capital gain	,,,,,,,, .	\$ 2,000,000	**************************************	0	
7	9	Income modifications	// % 00 8 80	4 /4/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8/8	3,63		2%
MAT	10a	Gross sales less returns and allowances	8.618/38.812.21	<u> </u>			E-10840 (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
3	b	Less Cost of goods sold					
j	C	Gross profit or (loss) (attach schedule)		7500 124 150	<u> </u>		2.53.30.00
	11	Other income (attach schedule)	555 00	_			8 88 88 5 5 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
] —	12	Total. Add lines 1 through 11	525,00	1	0	0	
S	13	Compensation of officers, directors, trustees, etc		0			
Se	14	Other employee salanes and wages	-				
Expenses	15	Pension plans, employee benefits Legal fees (attach schedule) SEE STMT 1	24 42	2			
Щ	16a	-6 (,	24,42	9			
ē	"	Accounting fees (attach schedule)					
Administrative	17	Other professional fees (attach schedule) Interest	 				
str	17	Taxes (attach schedule) (see Instructions)					
Ë	19	Depreciation (attach schedule) and depletion					
툕	20	F 10.71					
	21	Occupancy 2018 2018	7,15	9			
and	1 1	CP Inting and publications	1,722	<u> </u>		 	
	23	Other expenses (att sch) STMT 2	2	8		· · · · · · · · · · · · · · · · · · ·	1-
ing	24	-Total operating and administrative expenses.		1		1	<u> </u>
rat		Add lines 13 through 23	31,61	5	0	o	0
Operating	25	Contributions, gifts, grants paid SEE STATEMENT 3	479,27				250,000
0	26	Total expenses, and disbursements. Add lines 24 and 25	510,89		0	1.	
	27	Subtract line 26 from line 12	. *		×,	7	
	а	Excess of revenue over expenses and disbursements	14,10	7	,	6/A X 12	
	b	Net investment income (if negative, enter -0-)			0	1. 3. 15. 15.	3 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_	Ç	Adjusted net income (if negative, enter -0-)	` , 5 & \$\div \div \div \div \div \div \div \div	21 kg		0	20.32 S

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Fo	m 990	PF'(2016) THE SHAFMASTER CHARITABLE	_	81-45048	44		Page 2
-	Part I	Balance Sheets Attached schedules and amounts in the description column		Beginning of year		End o	of year
_		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash – non-interest-bearing			243,	384	243,384
	2	Savings and temporary cash investments					
	3	Accounts receivable ▶					
		Less allowance for doubtful accounts ▶					
	4	Pledges receivable ▶					
		Less allowance for doubtful accounts ▶					
	5	Grants receivable		<u> </u>			
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see					
		instructions)					
	7	Other notes and loans receivable (att. schedule)		\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2 1881	<u> </u>	S254
		Less allowance for doubtful accounts ▶	0				
B	8	Inventones for sale or use					
Assets	9	Prepaid expenses and deferred charges					
₹	10a	Investments – U.S. and state government obligations (attach schedule)					
	b	Investments - corporate stock (attach schedule)					
	С	Investments – corporate bonds (attach schedule)					
	11	Investments – land, buildings, and equipment basis		Maria		'nř	like irilika ik
		Less accumulated depreciation (attach sch.) ▶					
	12	Investments – mortgage loans					
	13	Investments - other (attach schedule)		0.1.0000	0.7200000000000000000000000000000000000	. 1906/01	
	14	Land, buildings, and equipment basis		10 Maria Maria Maria Maria Maria		1. 2. 000B	
		Less accumulated depreciation (attach sch) ▶					
	15	Other assets (describe ▶)				
	16	Total assets (to be completed by all filers - see the					
ᅱ		instructions Also, see page 1, item I)		0	243,	384	243,384
	17	Accounts payable and accrued expenses					
٨	18	Grants payable		-	229,	277	
<u>ĕ</u>	19	Deferred revenue		<u> </u>			
悥	20	Loans from officers, directors, trustees, and other disqualified persons		-			
Liabilities	21	Mortgages and other notes payable (attach schedule)) \$^ _
	22	Other liabilities (describe ▶)				
\dashv	23	Total liabilities (add lines 17 through 22)	. [==]	0	229,	277	
		Foundations that follow SFAS 117, check here	► X				N E MANAGE P
nces		and complete lines 24 through 26 and lines 30 and 31.					
ā		Unrestricted			14,	107	\$ 130.7 \$ 4.36.7
Ba	25	Temporanly restricted					
힏	26	Permanently restricted	, n				
Net Assets or Fund Balar		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.	▶ 📙				
9		- · · · · · · · · · · · · · · · · · · ·					[, *\$/ \$/ [, \$]
23	27	Capital stock, trust principal, or current funds					
SS	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
څ	29	Retained earnings, accumulated income, endowment, or other funds			14	107	
흴	30	Total liebilities and and account to the total liebilities and and account to the total liebilities and and account to the total liebilities and account to the		0	14,	107	
	31	Total liabilities and net assets/fund balances (see			242	204	
, over	Dåål	Instructions)		. 0	243,	384	
	Part 1			agma with			<u> </u>
1		net assets or fund balances at beginning of year - Part II, column (a), line	: 30 (must	agree with			١ ,
•		of-year figure reported on prior year's return) amount from Part I, line 27a			}	1	14,107
_		r increases not included in line 2 (itemize) ▶			}	3	14,10/
3		increases not included in line 2 (itemize)			}	4	14,107
		eases not included in line 2 (itemize)			ŀ	5	14,107
		net assets or fund balances at end of year (line 4 minus line 5) – Part II, o	column (b)	line 30	ŀ	6	14,107

TABLE STREET A WINDOWS	AFMASTER CHARITABLE		81-4504844		Page 3
Part IV Capital Gains	and Losses for Tax on Investr	ment Income	,		
2-story bnck	escribe the kind(s) of property sold (e.g., real estate, warehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a N/A					
_ b					
С					
_d			ļ		
_е			L		<u> </u>
(e) Gross sales price	(f) Deprecation allowed (or allowable)		r other basis ense of sale		iain or (loss) s (f) minus (g)
a					
b		_			
c					
d					
<u>e</u>					
Complete only for assets showing	ng gain in column (h) and owned by the f	foundation on 12/31/69			Col (h) gain minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i)		(from col (h))
_ a					
<u>b</u>					
<u>c</u>	 				
e	 	 			
2 Capital gain net income or (net	capital loss) If gain, also enter if (loss), enter -0-			2	
If gain, also enter in Part I, line	oss) as defined in sections 1222(5) and (8, column (c) (see instructions) If (loss),	_		3	
Part I, line 8 Part V Qualification I	Jnder Section 4940(e) for Red	uced Tay on Net	Investment Inco		
	te foundations subject to the section 494			110	·
	-	o(a) tax on het investin	ent income j		/-
If section 4940(d)(2) applies, leave	inis part blank				N/A
	ction 4942 tax on the distributable amoun alify under section 4940(e) Do not comp	• •	se penod?		Yes No
1 Enter the appropriate amount in	each column for each year, see the ins	tructions before making	any entries		
(a) Base penod years Calendar year (or tax year beginning	(b) Adjusted qualifying distribution	ions Net valu	(c) ue of nonchantable-use asset		(d) Distribution ratio (b) divided by col (c))
2015					
2014					
2013					
2012					
2011					
2 Total of line 1, column (d)				2	
	5-year base penod - divide the total on	line 2 by 5, or by the			
•	has been in existence if less than 5 year			3	
4 Enter the net value of nonchant	able-use assets for 2016 from Part X, lin	e 5		4	
5 Multiply line 4 by line 3				5	
6 Enter 1% of net investment inco	ome (1% of Part I, line 27b)			6	
7 Add lines 5 and 6				7	
8 Enter qualifying distributions fro If line 8 is equal to or greater th	m Part XII, line 4 an line 7, check the box in Part VI, line 1	b, and complete that pa	irt using a 1% tax rate	See the	
Part VI instructions					Form 990-PF (201)

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<u>Pa</u>	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)						
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ and enter "N/A" on line 1	77 14 388 4 44					
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)		A		***************************************	****	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1					
	here ▶ ☐ and enter 1% of Part I, line 27b			}			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of		3.74 C				
	Part I, line 12, col (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	2				0	
3	Add lines 1 and 2	3					
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				<u> </u>	
5	Tax based on Investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5				0	
6	Credits/Payments			4 ×.xx	*		
а	2016 estimated tax payments and 2015 overpayment credited to 2016						
b	Exempt foreign organizations – tax withheld at source					.]	
С	Tax paid with application for extension of time to file (Form 8868) 6c			.9		, 1	
d	Backup withholding erroneously withheld				3 %	Ĺ i	
7	Total credits and payments Add lines 6a through 6d	7					
8	Enter any penalty for underpayment of estimated tax. Check here	8					
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10					
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ Refunded ▶	11					
 Pa	t VII-A Statements Regarding Activities						
1a	Dunng the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		1	٤,	Yes	No	
	participate or intervene in any political campaign?			1a		<u>X</u> _	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see						
	Instructions for the definition)?			1b		X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			*	, °, ', ', ', ', ', ', ', ', ', ', ', ', ',		
	published or distributed by the foundation in connection with the activities				. 34	Š	
С	Did the foundation file Form 1120-POL for this year?			1c		X	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			۸> ۱	AL:	. Dr	
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$						
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	•			× I	ke '	
	on foundation managers > \$			- W.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X	
	If "Yes," attach a detailed description of the activities			W.	. 1	Siz.	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of						
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N.	/A	4b			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X	
	If "Yes," attach the statement required by General Instruction T		- 1			*** .1	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
	By language in the governing instrument, or			1	× 3	<i>"</i>	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				1		
	conflict with the state law remain in the governing instrument?			6	x		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV			7	X		
8а	Enter the states to which the foundation reports or with which it is registered (see instructions)					3	
~ ~	NH					, AAA	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			* **		**	
-	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	X		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				Law	Š	
•	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"			`` 3x' ·	indus is	.\$2.13	_
	complete Part XIV			9		x	1
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			 	\dashv		
	names and addresses STMT 4	Ļ		10	\mathbf{x}		
	D-ATTA	-		om 99		(2016)	

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Pa	nt VII-B Statements Regarding Activities for Which Form 4	720 May Be Re	equired (cont	inuea)			
5a	During the year did the foundation pay or incur any amount to			-				
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 494	5(e))?	П	Yes	X No			
	(2) Influence the outcome of any specific public election (see section 4955), or to c	arry on.						
	directly or indirectly, any voter registration drive?		П	Yes	X No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		H	Yes	X No			
			L	163	<u> </u>			1
	(4) Provide a grant to an organization other than a chantable, etc., organization dec	scribed in						· '
	section 4945(d)(4)(A)? (see instructions)		ائا	Yes	X No			
	(5) Provide for any purpose other than religious, chantable, scientific, literary, or ed	fucational			<u></u>			,
	purposes, or for the prevention of cruelty to children or animals?			Yes	X No			i
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under t	•	inbed in					
	Regulations section 53 4945 or in a current notice regarding disaster assistance (se	ee instructions)?			N/A	5b		_
	Organizations relying on a current notice regarding disaster assistance check here				▶ 🗍	٤		
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from t	he tax			_	ř.	ક	
	because it maintained expenditure responsibility for the grant?		n/a □	Yes	□ No	· ·		
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)				—	100		1 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay p	romume				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		*
Ju	on a personal benefit contract?	i emiums		V	X No	`,	Assa.	**
_	·		<u> </u>	Yes	X No		(SSE) -	T
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a person	nai benefit contract	,			_6b	<u> </u>	X
	If "Yes" to 6b, file Form 8870					. *	ĺ.	* (3)
	At any time during the tax year, was the foundation a party to a prohibited tax shelter			Yes	X No	,		
	If "Yes," did the foundation receive any proceeds or have any net income attributab				N/A	7b	L	<u> </u>
Pa	rt 📶 Information About Officers, Directors, Trustees, Fou	ndation Mana	gers, Highly	Paid	Employe	es,		
	and Contractors							
<u>1 1</u>	ist all officers, directors, trustees, foundation managers and their compensation	ion (see instructi	ons).					
		(b) Title, and average	(c) Compensation		Contributions to			
	(a) Name and address	hours per week	(If not paid,		nployee benefit ns and deferred		xpense a er allowa	
		devoted to position	enter -0-)		ompensation	00,	ci allowe	11003
SE	E STATEMENT 5			T				
				† -		†		
						1		
				+-	·	_		
				1		1		
				+		├ ─		
			ļ			ļ		
			<u></u> _			<u> </u>		
2	Compensation of five highest-paid employees (other than those included on	line 1 – see instr	uctions). If none	, ente	7			
	"NONE."							
		(b) Title, and average			Contributions to			anno und
	(a) Name and address of each employee paid more than \$50,000	hours per week	(c) Compensation		nployee benefit ns and deferred		xpense a er allowa	
		devoted to position			ompensation			
NC	NE							
)	İ		1		
			{	1		1		
			 	+		\vdash		
		 	 -	+-		+		
				+				
			<u> </u>	Щ.		Ļ _		
ota	I number of other employees paid over \$50,000					1		0
					F	om 9	90-PI	F (2016)

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Part VIII Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	n Managers, Highly Paid	Employees,
3 Five highest-paid independent contractors for professional services (see instruction	s). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(a) Type of service	(b) Companies
		\
		
		
	-	
		
otal number of others receiving over \$50,000 for professional services		
Part IXA Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the	ne number of	T
organizations and other beneficianes served, conferences convened, research papers produced, etc		Expenses
1 SEE STATEMENT 6		
		\
		14,277
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instruction	ns)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
2		
All other program-related investments See instructions		
3		
	•	
		1

Total. Add lines 1 through 3

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Part Minimum Investment Return (All domestic foundations must complete this part For	eign foundation	
see instructions.)		
Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
purposes		
a Average monthly fair market value of securities	_1a	0
b Average of monthly cash balances	1b	0
c Fair market value of all other assets (see instructions)	1c	0
d Total (add lines 1a, b, and c)	1d	0
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	0	
Acquisition indebtedness applicable to line 1 assets	_2	0
3 Subtract line 2 from line 1d	3	0
Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see	1 1	
instructions)	4	0
Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	0
Minimum investment return. Enter 5% of line 5	6	0
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	ng foundation	 s
and certain foreign organizations check here ▶ and do not complete this part)		
Minimum investment return from Part X, line 6	1	
2a Tax on investment income for 2016 from Part VI, line 5		
b Income tax for 2016 (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2c	
3 Distributable amount before adjustments Subtract line 2c from line 1	3	
Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	
Deduction from distributable amount (see instructions)	6	· -
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		_
line 1	7	0
Part XII Qualifying Distributions (see instructions)		<u> </u>
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	250,000
b Program-related investments – total from Part IX-B	1b	
Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
purposes	2	
3 Amounts set aside for specific chantable projects that satisfy the	20. <u>42</u> Maria	
a Suitability test (prior IRS approval required)	3a	
b. Cook distribution that (attack the serviced askedule)	. 3b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	250,000
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
Enter 1% of Part I, line 27b (see instructions)	5	0
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	250,000
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foun		
qualifies for the section 4940(e) reduction of tax in those years		

∛Pã	rt XIII Undistributed Income	(see instructions)				, ugu u
			(a)	(b)	(c)	(d)
1	Distributable amount for 2016 from Part XI,		Corpus	Years pnor to 2015	2015	2016
	line 7		948 - K. 1865	WALL WALL	73877 12 15 18 18 18 18 18 18 18 18 18 18 18 18 18	0
2	Undistributed income, if any, as of the end	of 2016		127 (3) 14 3		
а	Enter amount for 2015 only					
b	Total for pnor years 20 , 20					
3	Excess distributions carryover, if any, to 20	16				
а	From 2011					
b	From 2012					
С	From 2013					
d	From 2014					
e	From 2015					
f	Total of lines 3a through e					
4	Qualifying distributions for 2016 from Part X	CII,				
	line 4 ▶ \$250,000					
а	Applied to 2015, but not more than line 2a					
b	Applied to undistributed income of prior year	ars				
	(Election required – see instructions)					
С	Treated as distributions out of corpus (Elec	tion				
	required - see instructions)					
d	Applied to 2016 distributable amount					
е	Remaining amount distributed out of corpus	3	250,000			LAK KANK
5	Excess distributions carryover applied to 20					
	(If an amount appears in column (d), the sa	nme ·				
	amount must be shown in column (a))					
6	Enter the net total of each column as					
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtract li	ine 5	250,000			
b	Prior years' undistributed income Subtract					
	line 4b from line 2b					
С	Enter the amount of pnor years' undistribute	ed				
	income for which a notice of deficiency has					
	been issued, or on which the section 4942(a)				
	tax has been previously assessed					The second second
d	Subtract line 6c from line 6b Taxable					
	amount - see instructions			THE STATE OF THE S		TO PROPERTY AND ADDRESS OF
е	Undistributed income for 2015 Subtract line	е				
	4a from line 2a Taxable amount – see					
_	instructions		500-164		rangant a Communi	
f	Undistributed income for 2016 Subtract line	es				
	4d and 5 from line 1. This amount must be					0
7	distributed in 2017					AND THE STATE OF T
7	Amounts treated as distributions out of corp	ous				
	to satisfy requirements imposed by section					
	170(b)(1)(F) or 4942(g)(3) (Election may be	;				
8	required—see instructions) Excess distributions carryover from 2011 no	ot .				
•	•					
9	applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2017.				1255 & A.M.	
3	Subtract lines 7 and 8 from line 6a		250,000			
10	Analysis of line 9		250,000	THE RESERVE OF THE PROPERTY OF	TO THE STATE OF TH	TANKE TO SEE
a	Excess from 2012					
a b	Excess from 2013					
c	Excess from 2014					
d	Excess from 2015					
e	Excess from 2016	250,000				
<u> </u>						

	990-PF (2016) THE SHAFMAST			81-4504		Page 10
	rt XIV Private Operating For				9)	
1a	'If the foundation has received a ruling or o			1		# F
	foundation, and the ruling is effective for 2		_	>		
b	Check box to indicate whether the foundar	tion is a private operation	ng foundation described	in section	4942(j)(3) or 494	2(j)(5) /
2a	Enter the lesser of the adjusted net	Tax year		Pnor 3 years		(e) Total
	income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	/ (0, 10
	investment return from Part X for				1	
	each year listed					
Ь	85% of line 2a				<i>f</i>	
С	Qualifying distributions from Part XII,					
	line 4 for each year listed				f	
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly				1	
	for active conduct of exempt activities				/	
	Subtract line 2d from line 2c				′	
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test – enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test - enter 2/3		,	1		
	of minimum investment return shown in					
	Part X, line 6 for each year listed					<u></u>
C	"Support" alternative test - enter					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on secunties loans (section					
	512(a)(5)), or royalties)					
	(2) Support from general public		/			<u> </u>
	and 5 or more exempt	/	ľ			
	organizations as provided in					
	section 4942(j)(3)(B)(iii)	//				
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income	L				<u> </u>
Pa	rt XV Supplementary Inform	•		he foundation h	ad \$5,000 or more	in assets at
	any time during the ye		ions.)			
1	Information Regarding Foundation Ma	•				
а	List any managers of the foundation who				•	
	before the close of any tax year (but only	if they have contributed	1 more than \$5,000) (S	ee section 507(d)(2))	
	N/A	100/				
b	List any managers of the foundation who		•		portion of the	
	ownership of a partnership or other entity) N/A	or which the loundation	ii iias a 1076 oi gleatei	interest		
2	Information Regarding Contribution, G	rant Gift Loan Scho	Namehin oto Broggar	me:		
-	Check here ► X if the foundation only				nes not accent	
	unsolicited requests for funds if the found					
	other conditions, complete items 2a, b, c,		its, etc. (see instruction	s) to individuals of o	ganizations under	
	The name, address, and telephone number		the nemon to whom a	onlications should be	addressed	
а	N/A	or chiali addless of	the herson to whom at	phoalions should be	audicoocu	
	M/ A					
<u> </u>	The form in which applications should be	submitted and informat	ion and materials they	should include		
b	N/A	Submitted and informat	on and materials utey	STOUIG HIGHGE		
С	Any submission deadlines					
U	N/A					
d	Any restrictions or limitations on awards, s	such as by deographics	al areas, chantable field	s, kinds of institutions	s. or other	
u	factors	adi do by geograpillos	aroas, orianiable lielu	o, mado or moutubolis	., 0. 001	
	N/A					
						Form 990-PF (2016

Rank XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to Amount any foundation manager or substantial contributor contribution recipient Name and address (home or business) a Paid during the year WILLIAMS COLLEGE 880 MAIN STREET PC WILLIAMSTOWN MA 01267 **EDUCATIONAL** 250,000 250,000 ▶ 3a Total Approved for future payment SEE STATEMENT 7 215,000 215,000 ▶ 3b Total

ALS THE RESIDENCE OF THE PARTY	2016) THE SHAFMASTER CHARI'		81-4	5048	44	Page 12
Part XVI		Activities				
Enter gròss am	nounts unless otherwise indicated		Unrelated business income		d by section 512, 513, or 514	(e) Related or exempt
1 Program se	ervice revenue	(a) Business code	(b) Amount	Exclusion code	(d) Amount	function income (See instructions)
		<u> </u>		 		
c						
			\ <u></u>	ļ		
				 	ļ	
f	and contracts from government agencies	}	 	 	 	
	p dues and assessments		 	 		
	savings and temporary cash investments			 	 	
	and interest from securities			 	 	
5 Net rental i	ncome or (loss) from real estate			77.75		\$20 B 30 B
	nanced property					
b Not de	bt-financed property					
6 Net rental i	income or (loss) from personal property					
7 Other inves	stment income					
8 Gain or (los	ss) from sales of assets other than inventory					
	e or (loss) from special events					
	t or (loss) from sales of inventory		 	ļ		<u> </u>
	nue a			 	 	
				 		
			 	∔	 	
			 	├ -	 	
6	dd actuary (h) (d) and (a)	- X 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	 			0
	dd columns (b), (d), and (e) line 12, columns (b), (d), and (e)	* * *	<u> </u>	<u> </u>	13	
	t in line 13 instructions to verify calculations)					
Part XVI-E		Accomplishm	ent of Exempt Po	urpose	S	
Line No.	Explain below how each activity for which incom					
N/A	accomplishment of the foundation's exempt pur	poses (other than t	by providing funds for s	such pur	ooses) (See instructions	s)
N/A	 					
	 					
	 					
	+					
	 					
						
						
	 					
	 					
						
	 					
	 					
	 					
	 					
	 					
	 					
	 					
	 					

Form 990-PF (2016)

					CHARITAB		81-45	04844		Pa	age 13
Part		informati Exempt	ion Rega Organiz	arding Tra	ansfers To an	d Transaction	ns and Relation	ships With	Noncharitable		
1 Die	f the orga				in any of the follo	wing with any oth	er organization descr	ibed	F.	Yes	No
in :	section 50)1(c) of the (Code (othe	r than section	n 501(c)(3) organiz	ations) or in secti	on 527, relating to po	ilitical	3.6	ž.	1 3
ong	janization:	s?				,			ļ	点:	;],}. '
a Tra	nsfers fro	m the repor	ting founda	ition to a nor	ncharitable exempt	organization of:			ر بر بر	- F	
	Cash				,	•			110	(1)	x
(2)	Other a	ssets		••		,,		• ••		(2)	X
b Oth	ner transa	ections.					,,,,,,,,	` - • •			77.
(1)	Sales of	assets to a	noncharita	ble exempt	organization				16	(1)	х
					exempt organization	n .				(2)	X
				or other asse				•	16		X
(4)	Reimbur	sement am	angements		• ••	., ,	,	• •		(4)	X
(5)	Loans o	r loan guara	ntees	••••						(5)	X
(6)	Perform	ance of serv	sces or me	mbership or	fundraising solicita	itions		• • • • •		(6)	X
					ner assets, or paid		•			c	X
d If t	he answe	r to any of th	ne above is	Yes," comp	plete the following	schedule. Column	(b) should always st	ow the fair mai			
val	ue of the	goods, other	r assets, or	services giv	en by the reporting	foundation. If the	foundation received	less than fair r	narket		
val	ue in any	transaction	or sharing	arrangement	, show in column ((d) the value of th	e goods, other assets	s, or services re	ceived.		
(a) Lir	na no	(b) Amoun			ne of noncharitable exem				actions, and sharing arrang	ements	
N/A				<u> </u>							
					···	·			· · · · · · · · · · · · · · · · · · ·		
									· · · · · · · · · · · · · · · · · · ·		
				L					······································		
des	icribed in	-	(c) of the C	ode (other th	nth, or related to, o han section 501(c)		rempt organizations		. 🗆	Yes X] No
) Name of orga			(b) Type of	organization		(c) Description	qirlanoifalin to r		
N/A	<u> </u>										
					<u> </u>			 _			
	Under pers	eities of perjury, dicornolate De	, ideclare that claration of or	t I have exemin econer (other th	ed this return, including an taxoaver) is based o	accompanying schedum all information of wh	des and statements, and to uch preparer has any know	ithe bestotmy Kn Wedge	wiedge and belief, it is tru		
i i						,		•	May the IRS discuss I		1
Sign		$D \cap A$	1 ~	 19	-				with the preparer show (see instructions)?	Yes	No.
Here		ter! I	VIII.	<i>K</i>		/	1.10				لــــــــــــــــــــــــــــــــــــــ
į			P	· · · · · · · · · · · · · · · · · · ·			4/18	DIREC	TOR		
1	Signa	ture of officer or	trustee			Cate	/	Title			
	Print/Typ	e preparer's nar	ne .			Peoperer's stanstun	1,4		Date	Check	
D-I-]					Michal	KYMMLOUW	1			nployed
Paid Danner	MICHA	EL J. N	(URPHY			17.40.10	1000	· 	03/14/		
Preparer	Firm's na	ıme 🕨	MURPH	Y, POW	ERS & WII		, PC			91869	
Use Only	Fbm's ac	idress >	ONE M	ERRILL				<u> </u>	um's EIN ► 02-04		
	<u></u>		HAMPT	ON, NH	03842-1	942			Phone no 603-9		
			-							DOAD	

Schedule B (Form 998, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

Name of the organization THE SHAFMASTER	CHARITABLE	Employer identification number					
FOUNDATION		81-4504844					
Organization type (check one)							
Filers of:	Section:						
Form 990 or 990-EZ							
	4947(a)(1) nonexempt chantable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt chantable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
	vered by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Special Rule S	ee					
General Rule							
	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,00 roperty) from any one contributor. Complete Parts I and II. See instructions for determining ibutions.						
Special Rules							
regulations under section 13, 16a, or 16b, and the	conbed in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3 % support test of the solutions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II at received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and	l, line 1)					
contributor, during the y	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, chantable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, chantable, etc., purposes, but no such contributions totaled more than \$1,000 if this box is checked, enter here the total contributions that were received during the year for an exclusively religious, chantable, etc., purpose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, chantable, etc., contributions totaling \$5,000 or more during the year							
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)							

Rantal .	Contributors (See instructions) Use dup	olicate copies of Part I if additional space is nee	eded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LITTLE BAY LOBSTER, LLC 158 SHATTUCK WAY NEWINGTON NH	s 525,000 03801	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

SHAFCHAR THE SHAFMASTER CHARITABLE 81-4504844 FYE. 10/31/2017	ER CHARITABLE	Federal	ederal Statements		3/14/2018 2:50 PM
	Statement 1	- Form 990-PI	orm 990-PF. Part I. Line 16a - Legal Fees	<u>ial Fees</u>	
Description INDIRECT LEGAL FEES TOTAL		Total 24,429 24,429	Net Investment	Adjusted Net	Charitable Purpose
	Statement 2 - F	orm 990-PF.	Statement 2 - Form 990-PF, Part I, Line 23 - Other Expenses	Expenses	
Description	, v	Total	Net Investment	Adjusted Net	Charitable Purpose
EXPENSES TOTAL	, w	28		8	0
Staten	Statement 3 - Form 990-PF,	F. Part I, Line 25	25 - Noncash Contributions. Gifts.	utions, Gifts, Grants	
Amount Description 250,000 25,000 25,000 10,000 25,000 80,000		Explanation	Book Value Amount	Book Value Explanation	Date 4/10/17 12/28/17 12/28/17 12/28/17 12/28/17 12/28/17 12/28/17 12/28/17
					1-3

3,865 1,554 3/14/2018 2:50 PM 164 0 0 0 1,576 Expenses 4-5 0 0 0 0 0 0 0 Statement 5 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. Benefits City, State, Zip Statement 4 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors 0 0 0 0 0 0 Compensation NEWINGTON NH 03801 Federal Statements Average 5.00 5.00 5.00 5.00 5.00 5.00 5.00 Hours PRESIDENT/DI TREASURER/DI Title DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR Address SHAFCHAR THE SHAFMASTER CHARITABLE 158 SHATTUCK WAY SAN LUIS OBISPO CA 93401 LITTLE BAY LOBSTER, LLC Name and Address CAMINO LAMPAZOS JOHN PATERSON 182 FLYING POINT ROAD FREEPORT ME 04032 15 GLOUCESTER STREET BOSTON MA 02115 Name JONATHAN SHAFMASTER GARY LAMPHERE 17 GREENLEAF DRIVE 29 WENTWORTH ROAD 7 DEERBERRY LANE ANDOVER MA 01810 CHRISTIN O'HARA 688 PARK STREET EXETER NH 03833 INDIO CA 92203 FYE: 10/31/2017 LORI HOFFMAN RYE NH 03870 EVAN BRODIE CLIVE WANG 81306 CAMIN 81-4504844

SHAFCHAR THE SHAFMASTER CHARITABLE 81-4504844 FYE: 10/31/2017		Federal Statements	<u>8</u>		3/14/2018 2.50 PM
Statement 5 - Form 990-PF	Par	ne 1 - List of	t VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)	. Trustees,	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
LEO SWIFT 41 GLEN ROAD WELLESLEY MA 02481	SECRETARY/DI	5.00	0	0	
AMY AUERBACH 41 GLEN ROAD WELLESLEY MA 02481	DIRECTOR	5.00	0	0	0
					ហ
					,

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81-4504844

Federal Statements

FYE: 10/31/2017

Statement 6 - Form 990-PF, Part IX-A. Line 1 - Summary of Direct Charitable Activities

Description

THEY PROVIDED VOUCHERS FOR WINTER CLOTHING TO BE USED FOR CHILDREN IN FOSTER CARE IN THE WHITE RIVER JUNCTION DISTRICT OF VERMONT'S DEPARTMENT OF CHILDREN AND FAMILIES. THIS WILL BE A DIRECT PROGRAM BY WHICH THE BOARD WILL PURCHASE WARM WINTER CLOTHING FOR ELIGIBLE CHILDREN, RATHER THAN PROVIDING FUNDS TO A GOVERNMENTAL ENTITY TO PURCHASE THE CLOTHING.

1/2018 2:50	_
Ξ	
/14	Ξ

SHAFCHAR THE SHAFMASTER CHARITABLE 81-4504844 FYE. 10/31/2017

Federal Statements

Statement 7 - Form 990-PF, Part XV, Line 3b - Grants and Contributions Approved for Future Pmt
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	Amount		25,000		25,000		25,000		25,000		10,000		25,000		80,000	215,000
	Purpose		CHURCH'S HEALTH & OUTREACH MINISTRY		SUPPORT PROGRAMS AT WINCHESTER PLACE		GENERAL SUPPORT		OPERATION OF YOUTH OUTREACH CENTER		SUPPORT OF PROGRAMS		SUPPORT OF STEM INITIATIVES		SUPPORT PROGRAMS & PROJECTS	u
Address	Status	IALTO	PC	_	PC	WEST ROAD #3	PC	CHESTNUT STREET	PC	MARKET STREET	PC	AMHERST STREET	PC	WILLARD AVENUE	PC	
	Relationship	825 THE RIALTO		PO BOX 361		210 WEST I		464 CHEST		122 MARKET		125 AMHERS		248 WILLA		
Name	Address	VENICE PRESBYTERIAN CHURCH	VENICE FL 34285	DREAM PROGRAM INC	WINOOSKI VT 05404	GATHER	PORTSMOUTH NH 03801	CHILD AND FAMILY SERVICES OF NH	MANCHESTER NH 03105	FAMILIES IN TRANSITION	MANCHESTER NH 03101	NASHUA CHILDREN'S HOME	NASHUA NH 03064	LITTLE HARBOUR CHARITABLE	PORTSMOUTH NH 03801	TOTAL