Form 990-PF

Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. 810

Go to www irs gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For	calend	dar year 2017 or tax year beginning $11/01/17$,	and ending $10/3$	1/18			
		undation			A Empl	oyer identification number	· · · · · · · · · · · · · · · · · · ·
		SHAFMASTER CHARITABLE				4504044	
		DATION				- 4504844 none number (see instructions	
		d street (or P O box number if mail is not delivered to street address) SHATTUCK WAY	RC	om/suite		3 - 4 3 1 - 3 1 7 0	»)
City or town state or province, country, and ZIP or foreign postal code							
N	EWI:	NGTON NH 03801			C If exer	nption application is pending,	check here
G	heck	all that apply Initial return Initial retu	rn of a former public cl	narity	D 1 Fc	reign organizations, check he	ere 🕨 🗌
Final return Amended return						reign organizations meeting t	he
		Address change Name cha	inge		85	% test, check here and attach	computation
НС	heck	type of organization X Section 501(c)(3) exempt private	foundation	04	E If privi	ate foundation status was tern	ninated under
Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation			sectio	n 507(b)(1)(A), check here	▶ ∐		
I Fair market value of all assets at J Accounting method Cash X Accrual			rual	F If the	oundation is in a 60-month te	rmination	
er	id of y	ear (from Part II, col (c), Other (specify)			under	section 507(b)(1)(B) check h	ere L
	e 16)	▶ \$ 225,047 (Part I, column (d) must	be on cash basis)		l		(N D at a second
Pa	ırt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inv		(c) Adjusted net	(d) Disbursements for charitable
		the amounts in column (a) (see instructions))	books	incoi	me	ıncome	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	250,000				
	2	Check ▶ ☐ if the foundation is not required to attach Sch B	Harrist Harris				
71	3	Interest on savings and temporary cash investments		·			
	4	Dividends and interest from securities	-				
11	5a	Gross rents	······································				
b Net rental income or (loss)							
eu	6a Net gain or (loss) from sale of assets not on line 10 6 Gross sales price for all assets on line 6a 7 Capital parameter from Part IV, line 2)						
é	-	Gross sales price for all assets on line 6a			0		
œ	8	Capital Date (recome viron Part IV, line 2)	· · · · · · · · · · · · · · · · · · ·		Ŭ	0	
		Net short-term capital gain Solomon So				Ţ	
<u> </u>	1048	Phoompy podylications 19 O					
5107	4	Less Cost of goods sold			, ,		
~	d	Gross profitor (loss) (altach schedule)					
	11 -	Other Income (attach schedule)					
SAPR	12	Total Add lines 1 through 11	250,000		0	0	
√ Si	13	Compensation of officers, directors, trustees, etc	0				
S	14	Other employee salaries and wages			-		
De n	15	Pension plans, employee benefits Legal fees (attach schedule) SEE STMT 1	23,655				23,655
ŽΨ	16a b	Accounting fees (attach schedule) STMT 2	1,125		-		1,125
(Sp	C	Other professional fees (attach schedule)	1,123				-,
	17	Interest					
isti	18	Taxes (attach schedule) (see instructions)		,			
Ē	19	Depreciation (attach schedule) and depletion					
ф	20	Occupancy					
Ϋ́	21	Travel, conferences, and meetings	14,205				14,205
Operating and Administrative Ex	22	Printing and publications				,	<u> </u>
ğ	23	Other expenses (att sch.) STMT 3	75				75
atir	24	Total operating and administrative expenses			_		30.000
ē		Add lines 13 through 23	39,060		0	0	39,060
Q	25	Contributions, gifts, grants paid SEE STATEMENT 4	231,705			0	229,277 268,337
	26	Total expenses and disbursements Add lines 24 and 25	270,765		0	U	200,33/
	27	Subtract line 26 from line 12	-20,765				
	a b	Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	-20,703		0		744
		Adjusted not income (if negative, enter -0-)	<u></u>	_		0	<u></u>

	Part I	Balance Sheets Attached schedules and amounts in the description colum	n	Beginning of year	End of	year
_	raiti	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	225,047	225,047
	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				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see				
		instructions)				
	7	Other notes and loans receivable (att. schedule)				
		Less allowance for doubtful accounts ▶	0			
Ø	8	Inventories for sale or use				
set	9	Prepaid expenses and deferred charges				
Assets	10a	Investments – U S and state government obligations (attach schedule)				
	b	Investments – corporate stock (attach schedule)				
	c	Investments – corporate bonds (attach schedule)				
	11	Investments – land, buildings, and equipment basis				··
	, ,	Less accumulated depreciation (attach sch.)				
	12	Investments – mortgage loans				
	13	Investments – other (attach schedule)				
- 1	14	Land, buildings, and equipment basis			·	
		Less accumulated depreciation (attach sch.)				•
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers – see the	,			
	''	instructions Also, see page 1, item l)		243,384	225,047	225,047
	17	Accounts payable and accrued expenses		,		
	18	Grants payable		229,277	231,705	
es.	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
abi	21	Mortgages and other notes payable (attach schedule)				
Ĩ	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	,	229,277	231,705	
٦		Foundations that follow SFAS 117, check here	▶ [X]	,	•	
Ś		and complete lines 24 through 26 and lines 30 and 31.	, 🗀			
nces	24	Unrestricted		14,107	-6,658	
ā	25	Temporarily restricted		·		
ä	26	Permanently restricted				
<u>n</u>		Foundations that do not follow SFAS 117, check here	▶ []			
피		and complete lines 27 through 31.				
Net Assets or Fund Balar	27	Capital stock, trust principal, or current funds				
ets	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
SS	29	Retained earnings, accumulated income, endowment, or other funds				
۲	30	Total net assets or fund balances (see instructions)		14,107	-6,658	
ž	31	Total liabilities and net assets/fund balances (see				
		instructions)		243,384	225,047	
_	Part I		ces		•	
		net assets or fund balances at beginning of year – Part II, column (a), lin		st agree with		
		of-year figure reported on prior year's return)	,	•	1 1	14,107
2		amount from Part I, line 27a			2	-20,765
		rincreases not included in line 2 (itemize)			3	
		ines 1, 2, and 3			4	-6,658
		eases not included in line 2 (itemize)			5	
		net assets or fund balances at end of year (line 4 minus line 5) - Part II,	column (I	b), line 30	6	-6,658
_	•					Form 990-PF (2017)

Part IV Capital Gains	and Losses for Tax on Investr	ment Income			- ago
	e the kind(s) of property sold (for example, real estat warehouse, or common stock, 200 shs MLC Co)	le,	(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo_day, yr)
1a N/A					
b					
<u>c</u>					
_d					
е		(-) 0		#1.0-	
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis spense of sale		in or (loss) (f) minus (g))
<u>a</u>	<u> </u>				
b	-				
d					
e		-			· ·
	ng gain in column (h) and owned by the	foundation on 12/3	1/69	(I) Gains (Co	ol (h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i)	col (k), but no	ot less than -0-) or from col (h))
_a					
_b					
СС					
_d					
If gain, also enter in Part I, line Part I, line 8	oss) as defined in sections 1222(5) and 8, column (c) See instructions If (loss)	(6) , enter -0- in		3	, .
Part V Qualification U	Inder Section 4940(e) for Redu	uced Tax on Ne	t Investment Inco	ome	
If "Yes," the foundation does not qu	ction 4942 tax on the distributable amou alify under section 4940(e). Do not com	plete this part			Yes X No
(a)	each column for each year, see the ins	structions before ma			(d)
Base period years Calendar year (or lax year beginning			(c) llue of noncharitable-use asse		stribution ratio divided by cot (c))
2016	25	0,000			
2015					
<u>2014</u> 2013					
2012					
2 Total of line 1, column (d) 3 Average distribution ratio for the number of years the foundation	e 5-year base period – divide the total or has been in existence if less than 5 year able-use assets for 2017 from Part X, Iii	ars	the	3	C
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	C
8 Enter qualifying distributions fro If line 8 is equal to or greater the Part VI instructions	m Part XII, line 4 an line 7, check the box in Part VI, line 1	1b, and complete tha	at part using a 1% tax	rate See the	268,337

Form	990-PF (2017) THE SHAFMASTER CHARITABLE 81-4504844			F	age 4	ŀ
Pa	Irt VI Excise Tax Based on lavestment 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					
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1				_
	here ► X and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of					
	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			0	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			0	
6	Credits/Payments					•
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a					
b	Exempt foreign organizations – tax withheld at source 6b					
С	Tax paid with application for extension of time to file (Form 8868) 6c	l				
d	Backup withholding erroneously withheld 6d	1				
7		7				
8	· · · · · · · · · · · · · · · · · · ·	8				•
9		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 2018 estimated tax ▶ Refunded ▶	11				
Pa	rt VII-A Statements Regarding Activities					_
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No	
	participate or intervene in any political campaign?		1a		X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the					
	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		- 1			
С	Did the foundation file Form 1120-POL for this year?		1c	ļ	X	-
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(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					
	on foundation managers 🕨 \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	ļ	X	-
	If "Yes," attach a detailed description of the activities					
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?	ST / 1	4a		X	-
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/I		ļ	v	-
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					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either]	
	By state legislation that offectively amonds the governing instrument so that no mandatory directions that				1	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state legy remain in the governing instrument?		ء ا	x		
7	conflict with the state law remain in the governing instrument? 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 II.	()/	7	X	<u> </u>	
_		\V	-	1		•
8a	Enter the states to which the foundation reports or with which it is registered. See instructions NH					
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
b	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	x	1	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		35	† <u>**</u>		•
J	4942(j)(5) for calendar year 2017 or the taxable year beginning in 2017? See instructions for Part XIV. If "Yes,"			1		•
	complete Part XIV		9		x	C
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			 		
	names and addresses STMT 5		10	x		
			Form 9		(2017)	· }

<u> Pa</u>	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	1		
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	İ		
	person had advisory privileges? If "Yes," attach statement See instructions	12		_X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ JONATHAN SHAFMASTER Telephone no ▶ 603 -	431-	317	0
	29 WENTWORTH ROAD			
	Located at ▶ RYE NH ZIP+4 ▶ 0387	0		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here			▶ _
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	L	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country ▶			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days) Yes X No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	· · · · · · · · · · · · · · · · · · ·	1b		
_	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2017? N/A	1c		
2	were not corrected before the first day of the tax year beginning in 2017? N/A Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	16		
2	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
2	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and			
a	6e, Part XIII) for tax year(s) beginning before 2017? Yes X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
_	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement – see instructions) N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			•
	▶ 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of		Ì	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2017) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		<u>X</u>
		Form 99	0-PF	(2017)

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Part VII-B Statements Regarding Activities for Which Fo	orm 4720 May Be F	Required (cont	inued)		
5a During the year did the foundation pay or incur any amount to			·		
(1) Carry on propaganda, or otherwise attempt to influence legislation (see	ction 4945(e))?	☐ Y	res X No		
(2) Influence the outcome of any specific public election (see section 4955					
directly or indirectly, any voter registration drive?		□ Y	res X No		
(3) Provide a grant to an individual for travel, study, or other similar purpose	ses?	 	res X No		
(4) Provide a grant to an organization other than a charitable, etc., organization					
section 4945(d)(4)(A)? See instructions			res X No		
(5) Provide for any purpose other than religious, charitable, scientific, literature	ary or educational	٠ لـــا			
purposes, or for the prevention of cruelty to children or animals?	a. y, a. addada	Пу	res X No		
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualif	fy under the exceptions d	بب			
Regulations section 53 4945 or in a current notice regarding disaster assis			N/A	5b	ľ
Organizations relying on a current notice regarding disaster assistance, ch			N	35	
c If the answer is "Yes" to question 5a(4), does the foundation claim exempti					
	ion nom the tax	N/A 🗌 Y	res No		
because it maintained expenditure responsibility for the grant?	۵۱	N/A []	es No		
If "Yes," attach the statement required by Regulations section 53 4945–5(c					
6a Did the foundation, during the year, receive any funds, directly or indirectly	r, to pay premiums	\Box	, v		
on a personal benefit contract?		ليبا	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on	n a personal benefit conti	ract?		6b	X
If "Yes" to 6b, file Form 8870		П.	. .		
7a At any time during the tax year, was the foundation a party to a prohibited			es X No		
b If "Yes," did the foundation receive any proceeds or have any net income a			N/A	7b	<u> </u>
Part VIII Information About Officers, Directors, Trustees	- Coundation Man				
	s, roundation wan	agers, Hignly	Paid Employ	ees,	
and Contractors			Paid Employ	ees, 	
and Contractors				ees,	
and Contractors	compensation. See ins	structions. (c) Compensation	(d) Contributions to	<u></u>	nense account
and Contractors	(b) Title, and average hours per week	(c) Compensation		(e) Exp	ense account,
and Contractors 1 List all officers, directors, trustees, and foundation managers and their	compensation. See ins	structions. (c) Compensation	(d) Contributions to employee benefit	(e) Exp	
and Contractors 1 List all officers, directors, trustees, and foundation managers and their	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp	
and Contractors 1 List all officers, directors, trustees, and foundation managers and their (a) Name and address	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp	
and Contractors 1 List all officers, directors, trustees, and foundation managers and their (a) Name and address	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp	
and Contractors 1 List all officers, directors, trustees, and foundation managers and their (a) Name and address	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp	
and Contractors 1 List all officers, directors, trustees, and foundation managers and their (a) Name and address	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp	
and Contractors 1 List all officers, directors, trustees, and foundation managers and their (a) Name and address	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp	
and Contractors 1 List all officers, directors, trustees, and foundation managers and their (a) Name and address	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp	
and Contractors 1 List all officers, directors, trustees, and foundation managers and their (a) Name and address	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp	
and Contractors 1 List all officers, directors, trustees, and foundation managers and their (a) Name and address SEE STATEMENT 6 2 Compensation of five highest-paid employees (other than those inclu	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter-0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Exp	
and Contractors 1 List all officers, directors, trustees, and foundation managers and their (a) Name and address SEE STATEMENT 6	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter-0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Exp	
and Contractors 1 List all officers, directors, trustees, and foundation managers and their (a) Name and address SEE STATEMENT 6 2 Compensation of five highest-paid employees (other than those inclu	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Exp	allowances
and Contractors 1 List all officers, directors, trustees, and foundation managers and their (a) Name and address SEE STATEMENT 6 2 Compensation of five highest-paid employees (other than those inclu	(b) Title, and average hours per week devoted to position (b) Title, and average hours per week devoted to position (b) Title, and average hours per week	(c) Compensation (If not paid, enter-0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Exp	
and Contractors 1 List all officers, directors, trustees, and foundation managers and their (a) Name and address SEE STATEMENT 6 2 Compensation of five highest-paid employees (other than those inclu "NONE."	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation e, enter (d) Contributions to employee benefit	(e) Exp	allowances
and Contractors 1 List all officers, directors, trustees, and foundation managers and their (a) Name and address SEE STATEMENT 6 2 Compensation of five highest-paid employees (other than those inclu "NONE."	(b) Title, and average hours per week devoted to position (b) Title, and average hours per week devoted to position (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation e, enter (d) Contributions to employee benefit plans and deferred	(e) Exp	allowances
and Contractors 1 List all officers, directors, trustees, and foundation managers and their (a) Name and address SEE STATEMENT 6 2 Compensation of five highest-paid employees (other than those inclu "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (b) Title, and average hours per week devoted to position (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation e, enter (d) Contributions to employee benefit plans and deferred	(e) Exp	allowances
and Contractors 1 List all officers, directors, trustees, and foundation managers and their (a) Name and address SEE STATEMENT 6 2 Compensation of five highest-paid employees (other than those inclu "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (b) Title, and average hours per week devoted to position (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation e, enter (d) Contributions to employee benefit plans and deferred	(e) Exp	allowances
and Contractors 1 List all officers, directors, trustees, and foundation managers and their (a) Name and address SEE STATEMENT 6 2 Compensation of five highest-paid employees (other than those inclu "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (b) Title, and average hours per week devoted to position (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation e, enter (d) Contributions to employee benefit plans and deferred	(e) Exp	allowances
and Contractors 1 List all officers, directors, trustees, and foundation managers and their (a) Name and address SEE STATEMENT 6 2 Compensation of five highest-paid employees (other than those inclu "NONE." (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (b) Title, and average hours per week devoted to position (b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation e, enter (d) Contributions to employee benefit plans and deferred	(e) Exp	allowances

Form **990-PF** (2017)

Total number of other employees paid over \$50,000

Form 990-PF (2017) THE SHAFMASTER CHARITABLE	81-4504844	Page 7
Part VIII Information About Officers, Directors, Trustees, F	oundation Managers, Highly Paid	Employees,
and Contractors (continued)		.
3 Five highest-paid independent contractors for professional services Sec		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		>

Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info organizations and other beneficiaries served, conferences convened, research papers produced, etc.	rmation such as the number of	Expenses
1 SEE STATEMENT 7		
		56,705
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 a		Amount
1 N/A		rundaru
2		
All other program-related investments. See instructions		
3		

Total Add lines 1 through 3

Suitability test (prior IRS approval required)

Enter 1% of Part I, line 27b See instructions

Cash distribution test (attach the required schedule)

Adjusted qualifying distributions. Subtract line 5 from line 4

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

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

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

Form 990-PF (2017)

268,337

268,337

3a

3b

4

5

5

Pa	rt XIII Undistributed Income	e (see instructions)				
	,		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part	XI,	Corpus	Years prior to 2016	2016	2017
	line 7	,				0
2	Undistributed income, if any, as of the ei	nd of 2017				
	Enter amount for 2016 only					
	Total for prior years 20 , 20	20				
3	Excess distributions carryover, if any, to					
	From 2012					
_	From 2013					
	From 2014					
	From 2015					
	From 2016	250,000				
	Total of lines 3a through e	230,000	250,000			
	Qualifying distributions for 2017 from Pa	.+ VII	230,000			
4		ιτ Λ ιι,				
•	line 4 ▶ \$ <u>268,337</u> Applied to 2016, but not more than line 2	20				
	• • • • • • • • • • • • • • • • • • • •					
D	Applied to undistributed income of prior	years				
	(Election required – see instructions)	la akia a				
С	Treated as distributions out of corpus (E	ection				
	required – see instructions)					
	Applied to 2017 distributable amount		260 227			
	Remaining amount distributed out of cor	•	268,337			
5	Excess distributions carryover applied to			:		
	(If an amount appears in column (d), the	same				
_	amount must be shown in column (a))					
6	Enter the net total of each column as					
	indicated below.		510 225			
	Corpus Add lines 3f, 4c, and 4e Subtra		518,337			
b	Prior years' undistributed income Subtra	act				
	line 4b from line 2b					
С	Enter the amount of prior years' undistrib					
	income for which a notice of deficiency h	nas				
	been issued, or on which the section 494	42(a)				
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxable					
	amount – see instructions					
е	Undistributed income for 2016 Subtract	line				·
	4a from line 2a Taxable amount – see					
	instructions					
f	Undistributed income for 2017 Subtract					
	4d and 5 from line 1 This amount must	be				
	distributed in 2018					0
7	Amounts treated as distributions out of o					
	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	2 not				
	applied on line 5 or line 7 (see instruction	·				
9	Excess distributions carryover to 201	8.				
	Subtract lines 7 and 8 from line 6a		518,337			
10	Analysis of line 9	1				
а	Excess from 2013					
b	Excess from 2014					
С	Excess from 2015					
d	Excess from 2016	250,000				
e	Excess from 2017	268,337				

factors N/A

DAA

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the		uture Payment		
Recipient	lf recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year VENICE PRESBYTERIAN CHURCH 825 THE RIALTO VENICE FL 34285	CHURCH'S HEAL	PC TH & OUTREACH	MINISTRY	25,000
DREAM PROGRAM INC PO BOX 361 WINOOSKI VT 05404	SUPPORT PROGRAI	PC S AT WINCHES	FER PLACE	25,000
GATHER 210 WEST ROAD #3 PORTSMOUTH NH 03801		PC GENERA	L SUPPORT	25,000
CHILD AND FAMILY SERVICES (464 CHESTNUT STREET MANCHESTER NH 03105	OF NH OPERATION OF	PC YOUTH OUTREA	CH CENTER	25,000
FAMILIES IN TRANSITION 122 MARKET STREET		PC		
MANCHESTER NH 03101		SUPPORT OF	PROGRAMS	10,000
NASHUA CHILDREN'S HOME 125 AMHERST STREET NASHUA NH 03064	SUPPOI	PC RT OF STEM IN	ITIATIVES	25,000
LITTLE HARBOUR CHARITABLE 248 WILLARD AVENUE PORTSMOUTH NH 03801	SUPPOI	PC RT PROGRAMS &	PROJECTS	80,000
				215,000
b Approved for future payment SEE STATEMENT 8			▶ 3a	213,000
				175,000
Total	***	-	▶ 3b	175,000

Part XVI-A		CUVILIE2				
Enter gross amo	Analysis of Income-Producing Activities Ints unless otherwise indicated Unrelated business income Excluded by section 512, 513, or 514			(0)		
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1 Program se	vice revenue					(See instructions)
b		_		-		-
c		_				
		-		 		
e	·	_				
f	<u> </u>	-				
-	d contracts from government agencies					
	dues and assessments			-		· · · · · · · · · · · · · · · · · · ·
	avings and temporary cash investments	ļ <u>-</u>		+		
	nd interest from securities					· · · · · · · · · · · · · · · · · · ·
	come or (loss) from real estate					
	anced property			+		
	t-financed property			+		
	come or (loss) from personal property			+		
7 Other invest				+		
•	s) from sales of assets other than inventory or (loss) from special events		_	+		
	or (loss) from sales of inventory					
				+		
	ue a			+		
		[
		_		1		
e				1		
	d columns (b), (d), and (e)	-		0	0	C
	ne 12, columns (b), (d), and (e)	<u> </u>			13	0
	in line 13 instructions to verify calculations)					
Part XVI-B	Relationship of Activities to the	Accomplishm	ent of Exempt F	urpose	S	
Line No. ▼	Explain below how each activity for which incom accomplishment of the foundation's exempt pur					
N/A						
•						
				-		
					-	

orm 99	90-PF (201	(7) THE SHAFT	MASTER	CHARITAB.	LE	81-45	04844		Pag	ge 13
Part	XVII	Information Reg Exempt Organiz		ansfers To an	d Transactio	ns and Relation	ships Wi	th Noncharitable		
1 D	d the orga	anization directly or ind	irectly engag	ge in any of the fol	lowing with any	other organization de	scribed		Yes	No
ın	section 50	01(c) (other than secti	on 501(c)(3)	organizations) or	in section 527, r	elating to political				
	ganization		. , , ,	,		•				į
	-	om the reporting found	lation to a no	ancharitable evemi	nt organization o	f				ĺ
		on the reporting round	ation to a ne	onchantable exemp	pt organization o	ı		4(4)	1	x
•) Cash							1a(1)		
-	t) Other a							1a(2)	-	X
	ther transa								1 1	7.
	•	f assets to a noncharit	•	•				1b(1)	1	X
,	•	ses of assets from a no		. •	on			1b(2)	1	X
(3) Rental o	of facilities, equipment	or other ass	sets				1b(3)	ļ	X
(4) Reimbu	rsement arrangements	3					1b(4)		X
(5) Loans o	r Ioan guarantees						1b(5)		X
(6) Perform	iance of services or mi	embership o	r fundraising solici	tations			1b(6)		X
c S	haring of f	acılıtıes, equipment, m	ailing lists, o	other assets, or pa	ıd employees			1c		X_
d If	the answe	er to any of the above i	s "Yes," com	plete the following	schedule Colu	mn (b) should always	show the fa	air market		
va	alue of the	goods, other assets, o	or services g	iven by the reporti	ng foundation If	the foundation receive	ved less that	n fair market		
Vá	alue in any	transaction or sharing	arrangeme	nt, show in column	(d) the value of	the goods, other ass	ets, or servi	ces received		
(a) l	ine no	(b) Amount involved	(c) Nam	e of noncharitable exem	pt organization	(d) Descriptio	n of transfers, tr	ansactions, and sharing arrangem	ents	
N/A										
				•						
				•						
		· · ·								
					,					
										
						,				
-				•						
		-								
2a Is	the found	ation directly or indired	tly affiliated	with, or related to,	one or more tax	-exempt organization	ıs		_	
de	escribed in	section 501(c) (other	than section	i 501(c)(3)) or in se	ection 527?			∐ Y	es 🛚 X	No
b If	"Yes," con	nplete the following sc	hedule					·		
		a) Name of organization		(b) Type of o	organization		(c) Descrip	otion of relationship		
N/	A									
			· — ···							
		nalties of perjury, I declare the nd complete Declaration of p						my knowledge and belief, it is tru	е,	
								May the IRS discuss this i		!
ign		\bigcap	, ,			•		with the preparer shown b	Yes	¬ No
lere		1///	_/_A		. 173/	-/				
	<u>Signs</u>	We Vou	700			<u> 3/19</u>	DIRE	CTOR		
	Signa	ature of officer or trustee	<u>/</u>		D é te	/	Tille	- <u>-</u>		
_	Print/Ty	pe preparer's name			Preparer's signatur			Date	Check	
aid					1/1/02/0	NJMM	IM		self-em	ployed
ald	MICHA	AEL J. MURPHY			1 /~ ve/VVl	<u> </u>		03/01/19		
repare lse On	Firm's n			VERS & WI			/	PTIN P0029		
ae On	Firm's a		MERRILI		IAL DRIV	E		Firm's EIN ▶ 02 - 046		
		HAMPT	ON, NE	<u>1 03842-</u>	1942			Phone no 603 - 92	6 - 8	<u>063</u>

Schedule B

(Form 990, 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.

► Go to www irs gov/Form990 for the latest information.

OMB No 1545-0047

2017

Name of the organization

THE SHAFMASTER CHARITABLE

FOUNDATION

Employer identification number

81-4504844

Organization type (check one)						
Filers o	of:	Section:				
Form 99	90 or 990-EZ	501(c)() (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	90-PF	X 501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	Only a section 501(c)(7), ions	overed by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule See				
X	For an organization filir	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 roperty) from any one contributor. Complete Parts I and II. See instructions for determining a libutions.				
Special	Rules					
_	regulations under secti 13, 16a, or 16b, and th	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 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 II				
	contributor, during the	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III				
	contributor, during the contributions totaled m during the year for an e	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such ore than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the total organization because it received nonexclusively religious, charitable, etc., contributions are during the year.				
	_	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,				

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)

PAGE 1 OF 1

Page **2**

Name of organization
THE SHAFMASTER CHARITABLE

Employer identification number

81-4504844

Part I	Contributors (see instructions) Use duplicate copies of	f Part I if additional space is ne	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 03801	s 250,000	Person X 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 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 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
.15.		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

SHAFCHAR THE SHAFMASTER CHARITABLE 81-4504844 FYE: 10/31/2018	Statement 1 - Form 990-PF, Part I, Line 16a - Legal Fees	Description Total Investment Adjusted Charitable LEGAL FEES \$ 23,655 \$ 23,655 \$ 23,655 AL \$ 23,655 \$ 23,655 \$ 23,655	Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees	Description Total Investment Adjusted Charitable ACCOUNTING FEES \$ 1,125 \$ 1,125 AL \$ 1,125 \$ 1,125	Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses	Net Adjusted Investment Net	LING FEE \$ \$ \$ \$ \$ $\frac{75}{8}$ \$ $\frac{75}{8}$ \$ $\frac{75}{8}$ \$ $\frac{75}{8}$ \$ $\frac{75}{8}$	Statement 4 - Form 990-PF, Part I, Line 25 - Noncash Contributions, Gifts, Grants	Noncash (200) FMV (200) Book Value (200) Date (200) , 000 (200) , 000 (2	
SHAFCHAR THE SH. 81-4504844 FYE: 10/31/2018		Descripi INDIRECT LEGAL FEE TOTAL		Descriptic INDIRECT ACCOUNTING TOTAL		Descript	EXPENSES NH FILING FEE TOTAL		Amount 50,000 25,000 25,000 50,000 25,000	

3/4/2019 12:45 PM					Expenses		3,307	2,468	2,231	673	0	0	5-6
	tributors	City, State, Zip		, Trustees, Etc.	Benefits	0	0	0	0	0	0	0	
ıts	PF, Part VII-A, Line 10 - Substantial Contributors		NEWINGTON NH 03801	Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.	Compensation	0	0	0	0	0	0 ,	• • ••••	-
ederal Statements	art VII-A, Line 10		NEWI	Line 1 - List of (Average Hours	5.00	5.00	(/DI 5.00	7/DI 5.00	5.00	5.00	5.00	
	Statement 5 - Form 990-PF, P	— Address	K WAY		Title	DIRECTOR	DIRECTOR	TREASURER/DI	PRESIDENT/DI	DIRECTOR	DIRECTOR	DIRECTOR	
SHAFCHAR THE SHAFMASTER CHARITABLE 81-4504844 FYE: 10/31/2018	Statement 6	Name	BAY LOBSTER, LLC 158 SHATTUCK WAY	Statement 6 - Form 990-PF,	Name and Address	JONATHAN SHAFMASTER 29 WENTWORTH ROAD RYE NH 03870	WANG CAMINO LAMPAZOS CA 92203	FFMAN K STREET S OBISPO CA 93401	JOHN PATERSON 182 FLYING POINT ROAD FREEPORT ME 04032	ODIE ERRY LANE MA 01810	STIN O'HARA GLOUCESTER STREET STON MA 02115	GARY LAMPHERE 17 GREENLEAF DRIVE EXETER NH 03833	
SHAFCHAR THI 81-4504844 FYE: 10/31/2018			LITTLE			JONATHA 29 WENT RYE NH	CLIVE W 81306 C INDIO C	LORI HOFFMAN 688 PARK STRI SAN LUIS OBIS	JOHN PA 182 FLY FREEPOR	EVAN BRODIE 7 DEERBERRY ANDOVER MA C	CRISTIN 15 GLOU BOSTON	GARY LAMPHERE 17 GREENLEAF EXETER NH 038	

					7
3/1/2019 11·17 AM		· Expenses	476	Φ	
3/	i, Trustees,	Benefits	0	O ,	1
ø	Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)	Compensation	0	•	
Federal Statements	ine 1 - List of continued)	Average Hours	5.00	5.00	
	0-PF, Part VIII, L <u>Etc. (</u> c	Title	SECRETARY/DI	DIRECTOR	
ER CHARITABLI	Statement 6 - Form 990-PF,				
SHAFCHAR THE SHAFMASTER CHARITABLE 81-4504844 FYE: 10/31/2018	Stateme	Name and Address	LEO SWIFT 41 GLEN ROAD WELLESLEY MA 02481	AMY AUERBACH 41 GLEN ROAD WELLESLEY MA 02481	
SHAF 81-45 FYE			LEO S 41 GI WELLE	AMY 7 41 GI WELLI	

SHAFCHAR THE SHAFMASTER CHARITABLE
81-4504844 Federal Statements

3/1/2019 11.17 AM

FYE: 10/31/2018

Statement 7 - 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.

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Federal Statements SHAFCHAR THE SHAFMASTER CHARITABLE

81-4504844 FYE: 10/31/2018

Statement 8 - Form 990-PF, Part XV, Line 3b - Grants and Contributions Approved for Future Pmt
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VENICE PRESBYTERIAN CHURCH 825 THE RIALTO CHURCH'S HEALTH & OUTREACH MINISTRY 50,000 DREAM PROGRAM INC PO BOX 361 CHURCH'S HEALTH & OUTREACH MINISTRY 50,000 MINOOSKI VT 05404 PC PC SUPPORT PROGRAMS AT WINCHESTER PLACE 25,000 LOCKER PROJECT PC PC PURCHASE OF REFRIGERATED TRUCK 25,000 FUCK ANNUAL GIVING - DARTMOUTH COLL 6066 DEVELOPMENT OFFICE HANOVER NH 03755 PC 2019 TAG HIGHEST PRIORITIES 50,000 SEEDS OF INDEPENDENCE 29 BURBANK AVENUE FRESH START PROGRAM 25,000 TOTAL TOTAL TOTAL TOTAL
CHURCH'S HEALTH & OUTREACH MINISTRY SUPPORT PROGRAMS AT WINCHESTER PLACE PURCHASE OF REFRIGERATED TRUCK 2019 TAG HIGHEST PRIORITIES FRESH START PROGRAM
SUPPORT PROGRAMS AT WINCHESTER PLACE PURCHASE OF REFRIGERATED TRUCK 2019 TAG HIGHEST PRIORITIES FRESH START PROGRAM
SUPPORT PROGRAMS AT WINCHESTER PLACE PURCHASE OF REFRIGERATED TRUCK 2019 TAG HIGHEST PRIORITIES FRESH START PROGRAM
PURCHASE OF REFRIGERATED TRUCK 2019 TAG HIGHEST PRIORITIES FRESH START PROGRAM
PURCHASE OF REFRIGERATED TRUCK 2019 TAG HIGHEST PRIORITIES FRESH START PROGRAM
2019 TAG HIGHEST PRIORITIES FRESH START PROGRAM
2019 TAG HIGHEST PRIORITIES FRESH START PROGRAM
FRESH START PROGRAM
FRESH START PROGRAM
175,000

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