Department of the Treasury Internal Revenue Service

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

JUL 24 2020

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B No 1545-0052

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Open to Public Inspection

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For	calend	dar year 2018 or tax year beginning $11/01/18$ $$, z	and ending $10/3$	1/19			
	me of fou				A Empl	oyer identification number	
	THE SHAFMASTER CHARITABLE				01	4504044	
		DATION d street (or P O box number if mail is not delivered to street address)	l pe	oom/suite		-4504844 hone number (see instructions	<u> </u>
		SHATTUCK WAY	1	onvsule	,	3-431-3170	»)
		i, state or province, country, and ZIP or foreign postal code			T		
N	EWI:	NGTON NH 03801			C If exe	mption application is pending,	check here
G	Check a	all that apply Initial return Initial return	rn of a former public ch	narity	D 1. Fo	oreign organizations, check he	re 🕨 🗌
		Final return Amended	return		2. Fo	oreign organizations meeting t	he
		Address change Name cha	inge	^ ^	85	% test, check here and attach	computation •
Н (Check t	type of organization X Section 501(c)(3) exempt private	foundation	K	E If priv	ate foundation status was tern	ninated under
			le private foundation		sectio	n 507(b)(1)(A), check here	▶ ∐
		rket value of all assets at J Accounting method	Cash X Acc	rual	F If the	foundation is in a 60-month te	rmination
e	nd of y	ear (from Part II, col. (c), Other (specify)			under	section 507(b)(1)(B), check h	ere 🕨 📘
lir	ne 16)	▶ \$ 153,791 (Part I, column (d) must	be on cash basis)				
P	art J	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net inv	estment	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	inco		income	purposes
_	1	Contributions, gifts, grants, etc., received (attach schedule)	250,000				(cash basis only)
	2	Check ► I if the foundation is not required to attach Sch B					
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities					
	5a	Gross rents					-
4	b	Net rental income or (loss)		-			
ğ	6a	Net gain or (loss) from sale of assets not on line 10					
Revenue	Ь	Gross sales price for all assets on line 6a				-	
	7	Capital gain net income (from Part IV, line 2)			0		
	8	Net short-term capital gain			-	0	
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	ь	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	250,000		0	0	
	13	Compensation of officers, directors, trustees, etc	0			<u> </u>	
penses	14	Other employee salaries and wages					
ē	15	Pension plans, employee benefits					
	16a	Legal fees (attach schedule) SEE STMT 1	23,953				23,953
e) III	b	Accounting fees (attach schedule)					
Ę	С	Other professional fees (attach schedule)					
tra	17	Interest					
is	18	Taxes (attach schedule) (see instructions)					
Operating and Administrative Ex	19	Depreciation (attach schedule) and depletion					· · · · · · · · · · · · · · · · · · ·
þ	20	Occupancy	40.450				10 470
þ	21	Travel, conferences, and meetings	10,470				10,470
an	22	Printing and publications	453				453
ng	23	Other expenses (att sch) STMT 2	453				433
ati	24	Total operating and administrative expenses.	34,876		0	o	34,876
ĕŗ		Add lines 13 through 23	210,467		<u>J</u>		286,380
Ö	25	Contributions, gifts, grants paid SEE STATEMENT 3	245,343		0	0	321,256
	26	Total expenses and disbursements. Add lines 24 and 25	243,343				322,230
	27	Subtract line 26 from line 12 Excess of revenue over expenses and disbursements	4,657				
	a b	Net investment income (if negative, enter -0-)	4,007	-	0		
	b	Adjusted net income (if negative, enter -0-)				0	
		AGRESTED HEL HISSHIF III HEGGLIVE, CHIEL "V"/					

\Box	23	Total liabilities (add lines 17 through 22)		231,705	155,792	
es		Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.	► X			
ū	24	Unrestricted		-6,658	-2,001	
ala	25	Temporarily restricted				
8	26	Permanently restricted				, ,
r Fun	24 25 26 27 28 29 30	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.	▶ □		[,	
0 8	27	Capital stock, trust principal, or current funds				•
še	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
ASS	29	Retained earnings, accumulated income, endowment, or other funds				
8	30	Total net assets or fund balances (see instructions)		-6,658	-2,001	
끽	31	Total liabilities and net assets/fund balances (see				

)

225,047

153,791

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

Mortgages and other notes payable (attach schedule)

Other liabilities (describe

instructions)

Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with -6,658 end-of-year figure reported on prior year's return) 2 4,657 2 Enter amount from Part I, line 27a 3 3 Other increases not included in line 2 (itemize) ▶ -2,001 4 Add lines 1, 2, and 3 5 5 Decreases not included in line 2 (itemize) ▶ -2,001 6 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

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	and Losses for Tax on Investme	nt Income			
(a) List and describ	e the kind(s) of property sold (for example, 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 - Bonation		
b		• • • • • • • • • • • • • • • • • • • •			
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis		n or (loss) f) minus (g))
a					
b					
С					
d					
е					
Complete only for assets show	ng gain in column (h) and owned by the fo	undation on 12/31/6	59	(I) Gains (Co	(h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any		t less than -0-) or rom col (h))
<u>a</u>					<u></u>
b					
С					
d					<u>. </u>
е	<u> </u>			 	
2 Capital gain net income or (net	capital loss)				
•	If (loss), enter -0- in F	_		2	
	oss) as defined in sections 1222(5) and (6)				
-	8, column (c) See instructions If (loss), er	nter -0- in			
Part I, line 8	L. J O 4: 4040/- \ 5 D. J		1	3	<u>_</u>
	Inder Section 4940(e) for Reduc			Jille	
(For optional use by domestic priva	te foundations subject to the section 4940(a) tax on het invest	ment income)		
If section 4940(d)(2) applies, leave	this part blank				
Was the foundation liable for the se	ection 4942 tax on the distributable amount	of any year in the b	pase period?		Yes X No
	lify under section 4940(e) Do not complete	• •	power		
	n each column for each year, see the instru		ng any entries		
(a)		Ctions before making		<u> </u>	(d)
Base period years	(b) Adjusted qualifying distributions	Net value	(c) e of noncharitable-use asse		tribution ratio divided by col. (c))
Calendar year (or tax year beginning	268,		· · · · · · · · · · · · · · · · · · ·	(601 (6)	divided by cor (c))
2017 2016	250				
2015	230,	, 000			
2014					
2013					
2013				T 1	
2 Total of line 1, column (d)				2	
	e 5-year base period – divide the total on lii	ne 2 by 5 0 or by		- 	
-	tion has been in existence if less than 5 years			3	
the number of years the founda	tion has been in existence in less than 5 ye				
4 Enter the net value of noncharit	able-use assets for 2018 from Part X, line	5		4	0
- Enter the flet value of floriditation	able about 101 2010 from 1 are A, into				
5 Multiply line 4 bỳ line 3				5	
o manapiy mic i by mic c					
6 Enter 1% of net investment inco	ome (1% of Part I, line 27b)			6	
2 Enter 170 et mot introdument inte	(, , , , , , , , , , , , , , , , , , ,				
7 Add lines 5 and 6				7	0
8 Enter qualifying distributions fro	m Part XII. line 4			8	321,256
	an line 7, check the box in Part VI, line 1b,	and complete that	part using a 1% tax	rate See the	
Part VI instructions		•			
. art 41 motionions					5 000 DE (0040)

orm	990-PF (2018) THE SHAFMASTER CHARITABLE	81-4504844					P	age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940((e), or 4948 – see instruct	ons))				
1a		enter "N/A" on line 1	$\overline{1}$			•	`	
	Date of ruling or determination letter (attach copy of letter if nec	essary—see instructions)						
d'	Domestic foundations that meet the section 4940(e) requirements in Part V, check			1	l			
	here ▶ X and enter 1% of Part I, line 27b			•				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter	r 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	l			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 .				[1
а	2018 estimated tax payments and 2017 overpayment credited to 2018	6a			j.			1
b	Exempt foreign organizations – tax withheld at source	6b			ļ. ·			
С	Tax paid with application for extension of time to file (Form 8868)	6c			İ			
d	Backup withholding erroneously withheld	6d		<u> </u>				
7	Total credits and payments Add lines 6a through 6d			7	-			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is a	ttached		8	1			
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 overpa			10	ļ			
<u> 11_</u>	Enter the amount of line 10 to be Credited to 2019 estimated tax	Refunded	<u> </u>	11	<u> </u>			
	rt VII-A : Statements Regarding Activities					Τ		
1a		egislation or did it				<u> </u>	Yes	No
	participate or intervene in any political campaign?	2 C 4b-				<u>1a</u>	$\overline{}$	<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes as a feet to definition	poses / See the				46		x
	instructions for the definition	as of any materials				1b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copie published or distributed by the foundation in connection with the activities	es or any materials				,		1 1
_	Did the foundation file Form 1120-POL for this year?					1c		\mathbf{x}
c d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during	the vear						
•	(1) On the foundation > \$ (2) On foundation managers							, (
е	Enter the reimbursement (if any) paid by the foundation during the year for political expe			_			,	!
•	on foundation managers > \$,						
2	Has the foundation engaged in any activities that have not previously been reported to the	he IRS?				2		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 governi	ng instrument, articles of				٠		<u></u>
	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 ⁹				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							;
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	deither						-1
	By language in the governing instrument, or							4 •
	By state legislation that effectively amends the governing instrument so that no manda	atory directions that					$\overline{\mathbf{x}}$	لسد
	conflict with the state law remain in the governing instrument?	1.4. D . 4.111.42	. D.	- W.		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," of		u Pa	ı L A V		7		- 1
8a	Enter the states to which the foundation reports or with which it is registered. See instructional NH	cuons >						
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	he Attornev General						, 1
b	(or designate) of each state as required by General Instruction G? If "No," attach explana					8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of							
•	4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See instructions							7
	complete Part XIV					9		\mathbf{x}^{2}
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a	schedule listing their						
-	names and addresses	ST	1T	4		10	X	
					F	orm 99	0-PF	(2018)

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I Pa	art VII-A I 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					
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions			11		х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified					
-	person had advisory privileges? If "Yes," attach statement See instructions			12		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applications.	tion?		13	х	
,,	Website address ► N/A					
14		hone no	603-4	31-	317	0
1-7	29 WENTWORTH ROAD			_		•
	Located at ▶ RYE NH	ZIP+4 ▶	03870)		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here	211 17 6	0507	•		▶ [
13	and enter the amount of tax-exempt interest received or accrued during the year	. 1	15			_
46			15		Yes	No
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority			16	163	X
	over a bank, securities, or other financial account in a foreign country?			10	· t	A
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of					_ '
	the foreign country			L		1
<u> </u>	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			Т	V	NI.
	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)	П.,	₩	\		` ‡
	(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	п.,	₹	١٠,		1
	disqualified person?	Yes	X No X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No	<u>'</u>		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No	Lager	*****	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		₹ 7	Ĺ.,		!
	the benefit or use of a disqualified person)?	Yes	X No	1	2 34 A	2
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			١,	-,	Ċ
	foundation agreed to make a grant to or to employ the official for a period after		(T.)		5.	÷
	termination of government service, if terminating within 90 days)	Yes	X No	14,	,	٠, ا
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulat	ions	/-			
	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		/-		<u> </u>	لتــــا
	were not corrected before the first day of the tax year beginning in 2018?		N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			.	•	ĺ
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			`	32,	Ì
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			•		1
	6e, Part XIII) for tax year(s) beginning before 2018?	Yes	X No	# 1= 1		
	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		•-			لــــــــــــــــــــــــــــــــــــــ
	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			,		1
	▶ 20 , 20 , 20 , 20				٠ ,	- 1
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	_	_	,		}
	at any time during the year?	Yes	X No		-	- 1
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or					l
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			ا ۱	-	j
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of				۱	
	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 2018)		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					
_	shortship purpose that had not been removed from popardy before the first day of the tay year beginning in 2	1102		4b		X

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Form 990-PF (2018)

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

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Part VIII Information About Officers, Directors, Trustees, Foun	dation Managers, Highly Paid En	nployees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. See inst		
(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 information organizations and other beneficiaries served, conferences convened, research papers produced, etc.	n such as the number of	Expenses
1 SEE STATEMENT 6		
		55,792
2 SEE STATEMENT 7		
		54,675
3		
4	1	
	1	
Part IX-B Summary of Program-Related Investments (see instr	uctions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	detionsy	Amount
1 N/A		
·		
2		
		
All other program-related investments See instructions	1	
3		

Total. Add lines 1 through 3

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321,256

321,256

3a 3b

4

5

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

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

Form 990-PF (2018) THE SHAFMASTER CHARITABLE

Pa	rt XIII Undistributed Income (se	ee instructions)				
			(a)	(b)	(c)	(d)
1	Distributable amount for 2018 from Part XI,		Corpus	Years prior to 2017	2017	2018
	line 7					0
2	Undistributed income, if any, as of the end of	12018				
	Enter amount for 2017 only					,
	Total for prior years 20 , 20	. 20				
3	Excess distributions carryover, if any, to 201					
	From 2013					
	From 2014					
-	From 2015					
	From 2016	250,000				
	From 2017	268,337				
	Total of lines 3a through e		518,337			1
4	Qualifying distributions for 2018 from Part XI	,	0_0/00	.,,		1
•	line 4 ▶ \$ 321,256	''			•	l İ
•	Applied to 2017, but not more than line 2a					
	Applied to undistributed income of prior year				,	
Ü	(Election required – see instructions)	•				ĺ
_	Treated as distributions out of corpus (Electin	nn l				
·	required – see instructions)					
a	Applied to 2018 distributable amount	ŀ				
	Remaining amount distributed out of corpus	ŀ	321,256		<u>.</u>	
5	Excess distributions carryover applied to 201	۵	321,230			
5	(If an amount appears in column (d), the san			-1-1		
	amount must be shown in column (a))	16				
6	Enter the net total of each column as					
0	indicated below:					
_			839,593			
	Corpus Add lines 3f, 4c, and 4e Subtract lin	16.0	033,333	· · · · · · · · · · · · · · · · · · ·		
b	Prior years' undistributed income Subtract line 4b from line 2b					
_	Enter the amount of prior years' undistributed	. 1			<u></u>	
C	income for which a notice of deficiency has	'				ı
	been issued, or on which the section 4942(a	,				1
	tax has been previously assessed	′				
	Subtract line 6c from line 6b Taxable	ì				
u	amount – see instructions					
_	Undistributed income for 2017 Subtract line	1				
e	4a from line 2a Taxable amount – see					
	instructions Undistributed income for 2018 Subtract lines				· ··	<u> </u>
•	4d and 5 from line 1. This amount must be	•				
	distributed in 2019					0
7	Amounts treated as distributions out of corpu	ıe l				
′	to satisfy requirements imposed by section	19				
			İ			
	170(b)(1)(F) or 4942(g)(3) (Election may be					
0	required—see instructions)					
8	Excess distributions carryover from 2013 not	·				
^	applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2019.	ŀ				1
9			839,593			İ
_	Subtract lines 7 and 8 from line 6a	ł			J****	
0	Analysis of line 9					İ
a	Excess from 2014					
b	Excess from 2015	250,000				
C	Excess from 2016	268,337				
d	Excess from 2017]
е	Excess from 2018	321,256				000 DE

I Part XV: Supplementary Information (co 3 Grants and Contributions Paid During		Future Payment		•
	If recipient is an individual,	Foundation		
. Recipient	show any relationship to any foundation manager	status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	төсіріві		
a Paid during the year VENICE PRESBYTERIAN CHURCH 825 THE RIALTO VENICE FL 34285	CHURCH'S HEAL!	PC OUTREACH	MINISTRY	50,000
DREAM PROGRAM INC PO BOX 361 WINOOSKI VT 05404	SUPPORT PROGRAM	PC S AT WINCHES	TER PLACE	25,000
LOCKER PROJECT PO BOX 3134 PORTLAND ME 04104	PURCHASE	PC OF REFRIGERA	TED TRUCK	25,000
TUCK ANNUAL GIVING - DARTMO 6066 DEVELOPMENT OFFICE HANOVER NH 03755		PC PAG HIGHEST P	RIORITIES	50,000
SEEDS OF INDEPENDENCE 29 BURBANK AVENUE BRUNSWICK ME 04011		PC FRESH STAR	T PROGRAM	25,000
		-	,	
Total	· · · · · · · · · · · · · · · · · · ·	<u> </u>	▶ 3a	175,000
b Approved for future payment STEP UP PARENTS PO BOX 1603	471	PC	1	
PORTSMOUTH NH 03801 YOUTH FULL MAINE	GENI	RAL SUPPORT	PROGRAM	5,000
PO BOX 745 BIDDEFORD ME 04005 SALUD QUE TRANSFORMA USA,	GENI	RAL SUPPORT	/ PROGRAM	15,000
4000 ASTON GARDENS DRIVE VENICE FL 34292 Total		PC RAL SUPPORT	/ PROGRAM ▶ 3b	25,000 100,000
IOURI				Form 990-PF (2018)

	art XVI-A	Analysis of Income-Producing Act	ivities				
Ent	ter gross amo	ounts unless otherwise indicated	Unrelate	ed business income	Exclude	d by section 512, 513, or 514	(e)
			(a) Business code	(b) Amount	(c) Exclusion	(d) Amount	Related or exempt function income
1	Program sei	vice revenue			code		(See instructions)
	а						
			Ţ				
	f						
	g Fees an	d contracts from government agencies					
2	-	dues and assessments					
	-	avings and temporary cash investments					
		nd interest from securities					
5	Net rental in	come or (loss) from real estate		*			
	a Debt-fin	anced property			L		
	b Not deb	t-financed property					
6		come or (loss) from personal property					
	Other invest						
8	Gain or (loss	s) from sales of assets other than inventory					
9	Net income	or (loss) from special events					
10	Gross profit	or (loss) from sales of inventory					
11	Other reven	ue a					
	d				L		
	е				ļ		
12	Subtotal Ad	d columns (b), (d), and (e)		0		0	0
13	Total. Add I	ne 12, columns (b), (d), and (e)				13	0
		in line 13 instructions to verify calculations)					
F	Part XVI-B						
	Line No.	Explain below how each activity for which income					
	▼	accomplishment of the foundation's exempt purpo	ses (other than	by providing funds to	or such pi	irposes) (See instructi	ons)
	N/A						·
							
							
							
			·				
					-		
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					-		
							
_							
							
							

Part		Information Regardations	arding Tran	sfers To and	d Transactio	ons and Relati	onships Wi	th Noncharitat	ole Ex		t
in org a Tr (1)	section 50 ganization	om the reporting found	on 501(c)(3) or	ganizations) or i	in section 527, r	elating to political	described		1a(1) 1a(2)	Yes	No X X
(1) (2) (3) (4) (5)) Purchas) Rental o) Reimbu) Loans o) Perform	actions f assets to a noncharition f assets to a noncharition f facilities, equipment, rsement arrangements or loan guarantees hance of services or me acilities, equipment, m	oncharitable ex or other asset s embership or fu	empt organizations s undraising solicit	ations				1b(1) 1b(2) 1b(3) 1b(4) 1b(5) 1b(6)		X X X X X X
d Ifi va	the answe	er to any of the above i goods, other assets, o transaction or sharing	s "Yes," comple or services give	ete the following on by the reportin	schedule Colung foundation If	the foundation red	ceived less that	n faır market			
N/A	ine no	(b) Amount involved	(c) Name of	f noncharitable exemp	ot organization	(d) Descri	ption of transfers, tr	ansactions, and sharing a	irrangeme	ents	
de	escribed in	ation directly or indirect is section 501(c) (other inplete the following sc	than section 50			c-exempt organizat	tions			es X] No
N/		a) Name of organization		(b) Type of o	rganization		(c) Descrip	otion of relationship			
Sign Here	correct, an	nalties of perjury, I declare the not complete. Declaration of perjury and complete.	at I have examined preparer (other than	I this return, including n taxpayer) is based	g accompanying sch on all information of 7 Date	edules and statements, which preparer has any	/ knowledge	my knowledge and belie May the IRS dist with the prepare See instructions	cuss this r	etum	No
Paid Prepare Use Onl	MICHI Firm's n		ERRILL	RS & WII INDUSTRI 03842-1	AL DRIV	NYM s, Fc	M	Firm's EIN ► 02- Phone no 603	5/20 0291 -046 3-92	1869 638 6-8	7 063

Page 11

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Purpose of grant or status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year N/A ▶ 3a Total **b** Approved for future payment **GATHER** 210 WEST ROAD #3 PROGRAM 30,000 GENERAL SUPPORT PORTSMOUTH NH 03801 LOCKER PROJECT PO BOX 3134 PC GENERAL SUPPORT PROGRAM 25,000 PORTLAND ME 04104 **▶** 3b Total

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6/15/2020 9:37 AN		Charitable Purpose	\$ 23,953	\$ 23,953		Charitable Purpose	\$	75	276	\$ 453
	al Fees	Adjusted Net	S.	\$	xpenses	Adjusted Net	S			\$
Federal Statements	- Form 990-PF, Part I, Line 16a - Legal Fees	Net Investment	\$	\$	- Form 990-PF, Part I, Line 23 - Other Expenses	Net Investment	S			\$
	<u>~</u>	Total	\$ 23,953	\$ 23,953		Total	\$	75	276	\$ 453
SHAFCHAR THE SHAFMASTER CHARITABLE 81-4504844 FYE: 10/31/2019	Statement	Description	INDIRECT LEGAL FEES	TOTAL	Statement 2	Description		EXPENSES NH FILING FEE POSTAGE	SUPPLIES	TOTAL

χI	Date	12/10/19	12/10/19	12/10/19	12/10/19	12/10/19
butions, Gifts, Grant	Book Value Explanation					
25 - Noncash Contri	Book Value Amount				-	
tatement 3 - Form 990-PF, Part I, Line 25 - Noncash Contributions, Gifts, Grants	FMV Explanation					
Statement 3 - Forr	Noncash Description	i				
	Amount	5,000	15,000	25,000	30,000	25.000

Federal Statements SHAFCHAR THE SHAFMASTER CHARITABLE 81-4504844

6/15/2020 9:37 AM

FYE: 10/31/2019

Statement 4 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors

Name	Address		City, 8	City, State, Zip	
LITTLE BAY LOBSTER, LLC 158 SHATTUCK WAY		NEWINGTON NH 03801	NH 03801		
Statement 5 - Form 990-PF, P	PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.	List of Officers	, Directors, Trus	stees, Etc.	
Name and Address	A Title	Average Hours Com	Compensation	Benefits	Expenses
JONATHAN SHAFMASTER 29 WENTWORTH ROAD RYE NH 03870	DIRECTOR	5.00	0	0	3,785
CLIVE WANG 81306 CAMINO LAMPAZOS INDIO CA 92203	DIRECTOR	5.00	0	0	2,118
LORI HOFFMAN 688 PARK STREET SAN LUIS OBISPO CA 93401	TREASURER/DI	5.00	0	0	2,480
JOHN PATERSON 182 FLYING POINT ROAD FREEPORT ME 04032	PRESIDENT/DI	5.00	0	0	0
EVAN BRODIE 7 DEERBERRY LANE ANDOVER MA 01810	DIRECTOR		0	0	
CRISTIN O'HARA 15 GLOUCESTER STREET BOSTON MA 02115	DIRECTOR	5.00	0	0	

0

0

0

5.00

DIRECTOR

GARY LAMPHERE 17 GREENLEAF DRIVE EXETER NH 03833

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SHAFCHAR THE SHAFMASTER CHARITABLE 81-4504844 FYE: 10/31/2019

Federal Statements

rt VIII, Line 1 - List of Officers, Directors, Trustees,	Etc. (continued)
Statement 5 - Form 990-PF, Part VIII, Line 1 - Li	Etc. (continue

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
LEO SWIFT 41 GLEN ROAD WELLESLEY MA 02481	FORMER SECRE	5.00	0	0	0
AMY AUERBACH 41 GLEN ROAD WELLESLEY MA 02481	FORMER DIREC	5.00	0	0	0
JEFFREY S. TOWERS 2352 MAIN STREET, SUITE 201 CONCORD MA 01742	DIRECTOR	5.00	0	0	0 .
BECKY L KOCH 138 GORDONHURST AVENUE MONTCLAIR NJ 07043	DIRECTOR	5.00	0	0	0
JOHN B. EMORY 4 WINDING CREEK LANE FREEPORT ME 04032	DIRECTOR	5.00	0	0	0

SHAFCHAR THE SHAFMASTER CHARITABLE 81-4504844 Federal Statements

FYE: 10/31/2019

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.

Statement 7 - Form 990-PF, Part IX-A, Line 2 - Summary of Direct Charitable Activities

Description

THEY PROVIDED GIFT CARDS FOR WINTER CLOTHING TO BE USED FOR CHILDREN IN FOSTER CARE IN THE WASHINGTON ADN AROOSTOOK COUNTIES IN MAINE OF THE ADOPTIVE & FOSTER FAMILIES OF MAINE, INC. THIS WILL BE A DIRECT PROGRAM BY WHICH THE BOARD WILL PROVIDED GIFT CARDS FOR ELIGIBLE CHILDREN, RATHER THAN PROVIDING FUNDS TO A GOVERNMENTAL ENTITY TO PURCHASE THE CLOTHING.

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No 1545-0047

2018

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

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

Name of the organization
THE SHAFMASTER CHARITABLE

Employer identification number

FOUNDATION		81-4504844
Organization type (chec	ck one)	-
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	,
	4947(a)(1) nonexempt charitable trust not treated as a private	e foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private fou	indation
	501(c)(3) taxable private foundation	
	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule	e and a Special Rule See
General Rule		
	cion filing Form 990, 990-EZ, or 990-PF that received, during the year, con- ey or property) from any one contributor. Complete Parts I and II. See inst al contributions	-
Special Rules		
regulations unde	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3 er sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form and that received from any one contributor, during the year, total contribut	990 or 990-EZ), Part II, line

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, charitable, 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, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.

\$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II

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, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering)

▶ \$

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)

"N/A" in column (b) instead of the contributor name and address), II, and III

Name of organization
THE SHAFMASTER CHARITABLE

Employer identification number 81-4504844

, Part I	Contributors (see instructions) Use d	uplicate copies of P	art 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 NE	n 03801	\$ 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 Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
	Nume, address, and 211 14		\$	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 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)