Form **990-PF** Department of the Treasury Internal Revenue Service

Extended to November 15, 2022 Return of Private Foundation

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

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

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

OMB No. 1545-0047

For	r calendar year 2021 or tax year beginning		, and ending			
Na	ame of foundation			A Employer identification number		
	Thomas D Shaffner Charitab		n	81-616464	5	
	umber and street (or P O box number if mail is not delivered to street a	B Telephone number				
-	c/o Verrill Dana, One Port			207-774-4	000	
	ity or town, state or province, country, and ZIP or foreign po Portland, ME 04112-0586	ostal code		C If exemption application is	pending, check here	
G	Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organization	ns, check here	
	Final return	Amended return		9		
	Address change	Name change		Foreign organizations in check here and attach or	computation lite 85% test	
H	Check type of organization: X Section 501(c)(3) exe			E If private foundation st	atus was terminated	
		Other taxable private founda		under section 507(b)(1)(A), check here	
	Fair market value of all assets at end of year J Accountin		Accrual	F If the foundation is in a		
	from Part II, col. (c), line 16) \$ 9, 281, 589. (Part I, colum)	ner (specify)	e /	under section 507(b)(1)(B), check here	
-	art I Analysis of Revenue and Eynenses				/d\a	
_	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
	1 Contributions, gifts, grants, etc., received	231,464.		N/A		
	2 Check it little foundation is not required to attach Sch. B Interest on savings and temporary cash investments					
	4 Dividends and interest from securities	158,238.	158,238.		Statement 1	
	5a Gross rents					
	b Net rental income or (loss)					
Revenue	6a Net gain or (loss) from sale of assets not on line 10 B Gross sales price for all assets on line 6a 99,585.	4,480.				
	assets on line 6a 99,585.					
	7 Capital gain net income (from Part IV, line 2)		4,480.			
	8 Net short-term capital gain 9 Income modifications			~~~~		
	Gross sales less returns 1					
	10a and allowances D Less Cost of goods sold					
	c Gross profit or (loss)					
	11 Other income					
	12 Total. Add lines 1 through 11	394,182.	162,718.			
	13 Compensation of officers, directors, trustees, etc	0.	0.		0.	
	14 Other employee salaries and wages					
S	15 Pension plans, employee benefits					
enses	16a Legal fees					
xpe	b Accounting fees Stmt 2	7,500.	3,750.		3,750.	
iii o	c Other professional fees Stmt 3	50,404.	28,983.		21,421.	
and Administrative Exp	17 Interest Stmt 4	7,230.	2,130.	·	0.	
istr	19 Depreciation and depletion	7,2301	2,130.		V -	
Ë	20 Occupancy					
Adı	21 Travel, conferences, and meetings				<u> </u>	
and	22 Printing and publications					
ğ	23 Other expenses Stmt 5	92.	92.		0.	
rati	24 Total operating and administrative					
Operating	expenses. Add lines 13 through 23	65,226.	34,955.		25,171.	
_	23 Continuutions, girts, grants paid	450,000.			450,000.	
	26 Total expenses and disbursements.	F1F 006	a. a			
	Add lines 24 and 25	515,226.	34,955.		475,171.	
	27 Subtract line 26 from line 12:	-121,044.				
	a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	-141,044.	127,763.			
	C Adjusted net income (if negative, enter -0-)		141,700.	N/A		
		1	;	41/47	i .	

123501 12-10-21 LHA For Paperwork Reduction Act Notice, see instructions.

P	art	Balance Sheets Allached schedules and amounts in the description	Beginning of year	End o	f year
		Column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	200.	30,232.	30,232.
	2	Savings and temporary cash investments	830,397.	2,388,828.	2,388,828.
	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			
	7	Other notes and loans receivable			
		Less; allowance for doubtful accounts			
ets	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
٩	10 a	Investments - U.S. and state government obligations			The state of the s
	b	Investments - corporate stock Stmt 6	2,359,328.	4,341,176.	4,341,176.
	C	Investments - corporate bonds Stmt 7	0.	338,626.	338,626.
	11	Investments - land, buildings, and equipment basis			
		Less; accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other Stmt 8	5,753,672.	2,182,727.	2,182,727.
	14	Land, buildings, and equipment: basis ►			
		Less, accumulated depreciation			
ı		Other assets (describe)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	8,943,597.	9,281,589.	9,281,589.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
#	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
	23	Total liabilities (add lines 47 through 00)			
-	23	Total liabilities (add lines 17 through 22) Foundations that follow FASB ASC 958, check here	0.	0.	
,,					
ances	O A	and complete lines 24, 25, 29, and 30.			
lan	24 25	Net assets without donor restrictions			
	20	Net assets with donor restrictions			
or Fund B		Foundations that do not follow FASB ASC 958, check here			
三	ne	and complete lines 26 through 30.	00 065	22 25-	
ls o	26 27	Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund	28,865.	28,865.	
sse		Retained earnings, accumulated income, endowment, or other funds	0.	0.	
⋖	29	Total net assets or fund balances.	8,914,732. 8,943,597.	9,252,724.	····
S		Total not assets of fully paramotes	0,943,397	9,281,589.	
	30	Total liabilities and net assets/fund balances	8,943,597.	9,281,589.	
				9,201,309.	
Pε	rt	II Analysis of Changes in Net Assets or Fund Ba	lances		
1 T	otal	net assets or fund balances at beginning of year - Part II, column (a), line 2	9		
		the second of th	***************************************	1	8,943,597.
-				-121,044.	
3 C	ther	amount from Part I, line 27a increases not included in line 2 (itemize) ▶ Unrealized o	gain on investr	ments 3	459,036.
4 A	dd li	nes 1, 2, and 3			9,281,589.
		ases not included in line 2 (itemize)		5	0.
6 T	otal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b), line 29	6	9,281,589.
					Form 990-PF (2021)

Part IV Capital Gains a	ind Losses for Tax on Inv	estment Income			<u> </u>	O1O19 Tage o
2-story brick war	ne kind(s) of property sold (for exam ehouse; or common stock, 200 shs.	ole, real estate, MLC Co.)	(b)	How acquired - Purchase - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
Publicly Traded Securities				P		
b						
С					****	
d						
e						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale			(h) Gain or (lo: ((e) plus (f) minu	
a 99,585.		95,1	05.			4,480.
b						
C						
d						
e Complete and the control of the co						
Complete only for assets snowing	gain in column (h) and owned by the	foundation on 12/31/69.		(!)	Gains (Col. (h) ga	in minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		col.	(k), but not less th Losses (from col	
a					***************************************	4,480.
Ь						
C						
d						
e						
2 Capital gain net income or (net capi	tal loss) { If gain, also enter in If (loss), enter -0- in	Part I, line 7 Part I, line 7	}	2		4,480.
Net short-term capital gain or (loss)	as defined in sections 1222(5) and	6):				
If gain, also enter in Part I, line 8, co	olumn (c). See instructions. If (loss),	enter -0- in	31			
Part I, line 8	· · · · · · · · · · · · · · · · · · ·	7]]	3	N/2	A
Part V Excise Tax Base	d on investment income	(Section 4940(a), 4	4940(b), or 4948 -	see instruct	ions)
	scribed in section 4940(d)(2), check					
Date of ruling or determination let		h copy of letter if necessar	y - see	instructions)	1	1,776.
D All other domestic foundations er	nter 1.39% (0.0139) of line 27b. Exem	npt foreign organizations,		ſ		
Tax under cention 511 /demontion	col. (b)			J		
2 Tax under Section 5 11 (domestic	section 4947(a)(1) trusts and taxable	e foundations only; others, e	enter -0-	•)	2	0.
	andian 4047/2/14) to the control of				3	1,776.
4 Subtitle A (income) tax (domestic	Section 4947 (a)(1) trusts and taxable	e foundations only; others,	enter -0	-)	4	0.
5 Tax based on investment income6 Credits/Payments;	e. Subtract line 4 from line 3, If zero (or less, enter -0-			5	1,776.
•	2020 overpayment credited to 2021	1.		0		
				0.		
Tay paid with application for autor	x withheld at source	6b		0.		
d Backup withholding arrangement	nsion of time to file (Form 8868)	6c		3,500.	4	
7 Total credits and payments. Add l	withheld			0.		2 -25
		7 : 5 0000 :			7	3,500.
	ent of estimated tax. Check here [] 8 is more than 7, enter amount owe				8	42.
	an the total of lines 5 and 8, enter the				9	
11 Enter the amount of line 10 to be:			600	l notes	10	1,682.
Liner the amount of the 10 to be.	oregined to 2022 estimated tax	<u> </u>	,002	 Refunded 	11	0.

	otatements regarding Activities			
1	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	T	Yes	No
	any political campaign?	1 a		X
	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	15		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.			
•	c Did the foundation file Form 1120-POL for this year?	1 c		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. ► \$ 0.			
1	e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			İ
	managers. ► \$O.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
	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		Х
4	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
1	olf "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	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 language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
	remain in the governing instrument?	6	Х	
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 XIV	7	X	
88	Enter the states to which the foundation reports or with which it is registered. See instructions. 🕨			
	ME			
t	off 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	86	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes," complete Part XIII	9	ļ	Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
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 application?	13	X	
	Website address N/A N/A		L	
	The books are in care of ▶ Verrill Dana Telephone no. ▶ 207-77	4-4	000	
	Located at ▶ One Portland Square, Portland, ME ZIP+4 ▶04	112		86
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		>	П
	and enter the amount of tax-exempt interest received or accrued during the year	N,	Ä	
16	At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank,	T	Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country >		1	
		~ 000	DE	0004

Part VI-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):		İ	
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)		Х
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
a disqualified person?	1a(2)		Х
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	+	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X	****
(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"	1a(5)		Х
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.)	1a(6)		X
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	16		Х
c Organizations relying on a current notice regarding disaster assistance, check here	- 🗌		
d 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 2021?	1d		Х
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
defined in section 4942(j)(3) or 4942(j)(5)):			
a At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines			
6d and 6e) for tax year(s) beginning before 2021?	2a		X
If "Yes," list the years			***************************************
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.)	/A 2b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
, <u> </u>			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
during the year?	3a		X
b If "Yes," did it have excess business holdings in 2021 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 the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,			
Schedule C, to determine if the foundation had excess business holdings in 2021.)	/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 2021?	4b		Х
	Earm OOC	DE	2024)

5a During the year, did the foundation pay or incur any amount to:					Yes	No			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?									
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,									
any voter registration drive?									
(3) Provide a grant to an individual for travel, study, or other similar purposes?									
(4) Provide a grant to an organization other than a charitable, etc., organization described in section									
4945(d)(4)(A)? See instructions									
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for									
the prevention of cruelty to children or animals?									
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations									
section 53.4945 or in a current notice regarding disaster assistance? See instructions N/A									
c Organizations relying on a current notice regarding disaster assistance, check here d If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained									
			NT / N						
expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).			N/A	5d					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	nav premiume on								
a personal benefit contract?	pay premiums on			6a		Х			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a				6b		X			
If "Yes" to 6b, file Form 8870.	poroonal bollont continuot:			00					
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?			7a		Х			
b If "Yes," did the foundation receive any proceeds or have any net income attrib	utable to the transaction?		N/A	7b					
8 Is the foundation subject to the section 4960 tax on payment(s) of more than	\$1,000,000 in remuneration of)r							
excess parachute payment(s) during the year?				8	1	Х			
Tark the Hillorination About Officers, Directors, Trust	ees, Foundation Ma	anagers, Highl	V		1				
Paid Employees, and Contractors									
1 List all officers, directors, trustees, and foundation managers and	·								
(a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to complexe the position (lf not paid, enter -0-) (d) Contributions to complexe the paid, enter -0-)						ense other			
Kurt E. Klebe	to position Trustee	enter'-0-)	compensation		allowan	ices			
c/o Verrill Dana; One Portland Sq.	ii uscee								
Portland, ME 04112-0586	1.00	0.	0			0.			
Joseph W. Shaffner	Trustee	ļ · · ·	0			0.			
c/o Verrill Dana; One Portland Sq.	11 45000								
Portland, ME 04112-0586	1.00	0.	0			0.			
Michael T. Shaffner	Trustee	 		;──					
c/o Verrill Dana; One Portland Sq.									
Portland, ME 04112-0586	1.00	0.	0	_		0.			
				+					
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."							
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deterred	(6	e) Expe	nse other			
MONE	devoted to position	(C) Compondation	and deterred compensation	a	llowan	ces			
NONE									
				 					
	The state of the s								
otal number of other employees paid over \$50,000	L	1	>	1		0			
				990-	.PF				
			1 0111			- 4 - 11			

A

Total. Add lines 1 through 3

P	art IX Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a -	6.520.713.
b	Average of monthly cash balances	1b	6,520,713. 2,464,021.
C	Fair market value of all other assets (see instructions)	1c	
đ	Total (add lines 1a, b, and c)	1d	8,984,734.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 .		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	8,984,734.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	134,771.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	8,849,963.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	442,498.
P	art X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
	foreign organizations, check here 🕨 🔃 and do not complete this part.)		
1	Minimum investment return from Part IX, line 6	1	442,498.
2a	Tax on investment income for 2021 from Part V, line 5 2a 2, 776.		
b	Income tax for 2021. (This does not include the tax from Part V.)		
C	Add lines 2a and 2b	2c	1,776.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,776. 440,722.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	440,722.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	440,722.
P	art XI Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	475,171.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	475,171.

Part XII Undistributed Income (see instructions)

	(a)	(b)	(c)	(d)
	Corpus	Years prior to 2020	2020	2021
1 Distributable amount for 2021 from Part X, line 7				440,722.
2 Undistributed income, if any, as of the end of 2021				
a Enter amount for 2020 only			0.	
b Total for prior years:		_		
Constant distribution in the constant of the c		0.		
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
bFrom 2017				
c From 2018				
dFrom 2019 eFrom 2020 28,907.				
1 Total of lines 22 through a	28,907.			
f Total of lines 3a through e 4 Qualifying distributions for 2021 from	20,907.			
Part XI, line 4: ►\$ 475, 171.				
a Applied to 2020, but not more than line 2a				
b Applied to undistributed income of prior			0.	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2021 distributable amount				440,722.
e Remaining amount distributed out of corpus	34,449.			440,722.
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount		=		
6 Enter the net total of each column as	0.			0.
indicated below; 8 Corpus Add lines 3f, 4c, and 4e Subtract line 5	63 356			
b Prior years' undistributed income. Subtract	63,356.			
line 4b from line 2b		0.		
c Enter the amount of prior years'		U •		
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously		_		
assessed		0.		
d Subtract line 6c from line 6b. Taxable		2		
amount - see instructions e Undistributed income for 2020. Subtract line		0.		
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2021. Subtract			0.	
lines 4d and 5 from line 1. This amount must				
be distributed in 2022				0
7 Amounts treated as distributions out of				0.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2016				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2022.				
Subtract lines 7 and 8 from line 6a	63,356.			
O Analysis of line 9:				
a Excess from 2017				
b Excess from 2018				
c Excess from 2019				
d Excess from 2020 28,907.				
e Excess from 2021 34,449.				

123581 12-10-21

Part XIV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation status of recipient show any relationship to Purpose of grant or any foundation manager or substantial contributor Amount Name and address (home or business) contribution a Paid during the year Eastern Slope Aviation Academy N/A PC General operating 2018 W. Side Road support North Conway, NH 03860 15,000. Eckerd College N/A PC General operating 4200 54th Avenue South support St. Petersburg, FL 33711 20,000. Elon University N/A PC General operating P.O. Box 398 support Elon, NC 27244 20,000. Maine Recovery Fund N/A PC General operating 494 Forest Avenue support Portland, ME 04103 100,000. Memorial Hospital N/A PC General operating 3073 White Mountain Highway support North Conway, NH 03860 25,000. See continuation sheet(s) ➤ 3a 450,000. b Approved for future payment None Total 0. 3b

Part XV-A	Analysis of	Income-Producing	Activities
-----------	-------------	------------------	------------

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income	Exclu	ided by section 512, 513, or 514	(e)
	(a) Business	(b)	(C)	(d)	Related or exempt
1 Program service revenue;	code	Amount	sion	Amount	function income
a					
b					
C			1		
đ					
e					
1			†		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	158,238.	
5 Net rental income or (loss) from real estate:	Sharp hade				
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property		***************************************			
7 Other investment income			1		
8 Gain or (loss) from sales of assets other than inventory			18	4,480.	
9 Net income or (loss) from special events			1 1	4,400.	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue;					
a					
b					
C					
đ					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		162,718.	
13 Total. Add line 12, columns (b), (d), and (e)	LL			104,/10•	0. 162,718.
(See worksheet in line 13 instructions to verify calculations.)				13	104,710.
construction and to motivotions to vormy calculations.)					

Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

▼	the foundation's exempt purposes (other than by providing funds for such purposes).

123621 12-10-21

Form 99					naritable Fo		81-	6164645	P	age 1
Part	XVI	Information R Exempt Organ	legarding Tra	ansfers to	and Transactions	and Relations	ships With Nor	ncharitable)	
1 Di	d the o			ny of the follow	ng with any other organiza	ation described in sec	tion 501(c)		Yes	No
(0	ther th	an section 501(c)(3) orga	inizations) or in sec	ction 527, relatin	ng to political organizations	s?	311011 00 1(0)			+
		s from the reporting found				-				
								1a(1)		X
(2) Othe	r assets			***************************************			1a(2)		X
b Ot	her tra	nsactions;			***************************************	************************				
(1) Sale	s of assets to a noncharita	able exempt organ	ization	••••••			1b(1)		X
(2) Purc	hases of assets from a no	oncharitable exemp	ot organization				1b(2)		X
(3) Rent	al of facilities, equipment,	, or other assets			*************************		1b(3)		X
(4) Rein	nbursement arrangements	5		•••••			1b(4)		X
(5) Loar	s or loan guarantees			***************************************			1b(5)		X
(6) Perfe	ormance of services or me	embership or fund	raising solicitati	ons			1b(6)		X
c Sh	aring o	of facilities, equipment, ma	ailing lists, other as	ssets, or paid en	nployees	*****************************		1c		X
d If t	the ans	wer to any of the above is	s "Yes," complete th	ne following sch	edule. Column (b) should	always show the fair	market value of the o	oods, other ass	ets.	
or	service	es given by the reporting f	foundation. If the fo	oundation receiv	ed less than fair market va	alue in any transactio	n or sharing arranger	ment, show in	,	
co	lumn (d) the value of the goods,	other assets, or se	ervices received	•	·		,		
(a)Line i	or	(b) Amount involved	(c) Name	of noncharitabl	e exempt organization	(d) Description	on of transfers, transaction	ns, and sharing an	angeme	ents
				N/A				***************************************		
								· · · · · · · · · · · · · · · · · · ·		
										
							······································			

								** *** * *** ***		
								· · · · · · · · · · · · · · · · · · ·		************
2a Ist	he fou	ndation directly or indirec	tly affiliated with, o	r related to, one	or more tax-exempt organ	nizations described				
in s	section	501(c) (other than sectio	n 501(c)(3)) or in	section 527?				Yes	X	No
b If "	Yes," co	omplete the following sch	edule.							
		(a) Name of org	janization		(b) Type of organization		(c) Description of rela	ationship		
		N/A	***							
	~~~~		············	***************************************						
			**************************************							
O	and be	penalties of periuty. Lifectare : ellef, it is true, correct, and con	that I have examined t Declaration of i	lhis return, includir preparer (other tha	ig accompanying schedules an n taxpayer) is based on all infor	d statements, and to the	best of my knowledge	May the IHS di	scuss I	nis
Sign Here	<b>A</b>		)_	proporti (ottor tila		<b>.</b>	r nas any knowledge.	return with the shown below?	prepare	er e
nere		/			11/24/2	7 Pruste	ee .	X Yes		No
	Sign	lature of officer or trustee			Date	Title		<u> </u>	**********	
		Print/Type preparer's na	ıme	Preparer's si		Date	L	PTIN		
ם: מ				Cemo			self- employed			
Paid		Connor Sma		Connor		10/14/22		P022855		
Prepa Use 0		Firm's name ▶ Bak	er Newma	n & Noy	es		Firm's EIN ▶ 01	-049452	26	
Joe (	Jiiiy	Firm's address > T	<u> </u>	07						
		Firm's address P.	O. BOX 2	U /			1			

Portland, ME 04112

3 Grants and Contributions Paid During the		T		
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	OF SUDSTANTIAL COULLIDATOR	recipient		
Partnership to End Addiction	N/A	PC	General operating	
711 Third Avenue, 5th Floor			support	
New York, NY 10017				157,00
Pequawket Valley Health Initiatives				
15 Stuart Street	N/A	PC	General operating support	
Fryeburg, ME 04037			Support	65,00
University of Maine 1703 Alumni Hall, Suite 101	N/A	GOV	General operating	
Orono, ME 04469			support	48,00
				***************************************
				•
Total from continuation sheets				270,000

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Schedule B (Form 990) (2021)

Name of the organization

Employer identification number

	T	homas D Shaffner Charitable Foundation	81-6164645					
Organi	ization type (check	one);						
Filers	s of: Section:							
Form 9	90 or 990-EZ	501(c)( ) (enter number) organization						
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
		527 political organization						
Form 9	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	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> )(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.					
X	For an organization property) from an	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor's	\$5,000 or more (in money or stotal contributions.					
Special	l Rules							
	sections 509(a)(1) contributor, during	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support is and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) F I, line 1. Complete Parts I and II.	d that received from any one					
	contributor, during literary, or educati	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a graph that the second in the second in the second in the prevention of cruelty to children or animals. Complete Parts I (erop) instead of the contributor name and address), II, and III.	entific,					
	year, contributions is checked, enter purpose. Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a seculusively for religious, charitable, etc., purposes, but no such contributions totaled mothere the total contributions that were received during the year for an exclusively religious, mplete any of the parts unless the <b>General Rule</b> applies to this organization because it rele, etc., contributions totaling \$5,000 or more during the year	re than \$1,000. If this box charitable, etc., eceived <i>nonexclusively</i>					
answer	"No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Foes 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, for g requirements of Schedule B (Form 990).	rm 990), but it <b>must</b> ² art I, line 2, to certify					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Employer identification number

#### Thomas D Shaffner Charitable Foundation

81-6164645

Bestate of Thomas D. Shaffner   C/O Verrill Dana LLP; One Portland   Square   Portland, ME 04112-0586   Complete Part Il or noncesh contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions   Payori   Total contributions	Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
C/O Verrill Dana LLP; One Portland Square   Payroll   Noneash   Portland, ME 04112-0586   Port		, ,		(d) Type of contribution
No. Name, address, and ZIP + 4    Total contributions   Type of contributions   Type of contributions   Payroll   Noncash   No		c/o Verrill Dana LLP; One Portland Square	\$ 231,464.	Payroll Noncash
S Payroll   Payroll   Complete Part II for noncash contributions.  (a) No. Name, address, and ZIP + 4				(d) Type of contribution
No. Name, address, and ZIP + 4  Total contributions  Type of contribution  Person			- - \$	Payroll Noncash
Payroll   Noncash   Nonc	1		1	(d) Type of contribution
No. Name, address, and ZIP + 4  Total contributions  Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions)  (a) No. Name, address, and ZIP + 4  No. Name, address, and ZIP + 4  Total contributions  Person Complete Part II for noncash contributions  Person Payroll Type of contributions  Person Complete Part II for noncash contributions)  (b) Noncash Complete Part II for noncash contributions)  (a) Name, address, and ZIP + 4  Total contributions  Person Complete Part II for noncash contributions  Person Complete Part II for noncash contributions  Person Complete Part II for noncash contributions  Person Complete Part II for noncash contributions  Complete Part II for noncash contributions  Person Complete Part II for noncash contributions  Complete Part II for noncash contributions			-	Payroll Noncash
\$   Payroll   Noncash   (Complete Part II for noncash contributions)  (a) No. Name, address, and ZIP + 4   Total contributions   Person   Payroll   Noncash   (Complete Part II for noncash contributions)  (a) No. Name, address, and ZIP + 4   Total contributions   (Complete Part II for noncash contributions)  (a) No. Name, address, and ZIP + 4   Total contributions   Person   Payroll   Noncash   Payroll   Noncash    - 1	• •		(d) Type of contribution	
No. Name, address, and ZIP + 4  Total contributions  Person Payroll Noncash (Complete Part II for noncash contributions)  (a) No. Name, address, and ZIP + 4  Person Payroll Noncash (Complete Part II for noncash contributions)  Type of contributions.)  (b) No. Name, address, and ZIP + 4  Person Payroll Total contributions  Person Payroll Noncash (Complete Part II for noncash contributions.)			\$	Payroll Noncash
Payroll   Noncash   (Complete Part II for noncash contributions.)   (a) No. Name, address, and ZIP + 4   Total contributions   Person   Payroll   Noncash   Noncash   (Complete Part II for noncash contributions.)   **Total contributions**   Payroll   Noncash   (Complete Part II for noncash contributions.)	1			(d) Type of contribution
No. Name, address, and ZIP + 4  Total contributions  Person Payroll Noncash (Complete Part II for noncash contributions.)				Payroll Noncash (Complete Part II for noncash contributions.)
\$ Payroll Noncash (Complete Part II for noncash contributions.)	i i		1	(d) Type of contribution
23452 11-11-21	23452 11-11	21	\$	Payroll Noncash (Complete Part II for

Employer identification number

### Thomas D Shaffner Charitable Foundation

81-6164645

Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given	Description of noncash property given  (b)  Description of noncash property given  (c)  FMV (or estimate) (See instructions.)  (b)  Description of noncash property given  (c)  FMV (or estimate) (See instructions.)  (c)  FMV (or estimate) (See instructions.)  (d)  Description of noncash property given  (b)  Description of noncash property given  (c)  FMV (or estimate) (See instructions.)  (d)  Description of noncash property given  (d)  FMV (or estimate) (See instructions.)  (e)  FMV (or estimate) (See instructions.)

Name of organization Employer identification number Thomas D Shaffner Charitable Foundation 81-6164645 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc. contributions of \$1,000 or less for the year (Enter this miter once) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

OMB No. 1545-0123 2021

Department of the Tressun Internal Revenue Service

► Go to www.irs.gov/Form2220 for instructions and the latest information.

Thomas D Shaffner Charitable Foundation

Employer identification number

81-6164645

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220. Required Annual Payment 1 Total tax (see instructions) 1,776. 2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method 2b c Credit for federal tax paid on fuels (see instructions) d Total. Add lines 2a through 2c 2d 3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation 1,776. 4 Enter the tax shown on the corporation's 2020 income tax return. See instructions. Caution; If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 3,770. 5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4. enter the amount from line 3 1,776. Part II | Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty. See instructions. 6 The corporation is using the adjusted seasonal installment method. The corporation is using the annualized income installment method. The corporation is a "large corporation" figuring its first required installment based on the prior year's tax. Part III | Figuring the Underpayment (a) (b) (c) (d) 9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 05/15/21 06/15/21 09/15/21 6th, 9th, and 12th months of the corporation's tax year 12/15/21 10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38, If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column 444. 444. 444. 444. 11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions 11 Complete lines 12 through 18 of one column before going to the next column. 12 Enter amount, if any, from line 18 of the preceding column 12 13 Add lines 11 and 12 13 14 Add amounts on lines 16 and 17 of the preceding column 444. 888. 14 15 Subtract line 14 from line 13. If zero or less, enter -0-0. 15 0. 0. 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-444. 888. 16 17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 444 444 17 444. 18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column ..... 18

For Paperwork Reduction Act Notice, see separate instructions.

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Form 2220 (2021)

Form 2220 (2021)

	,	
Part IV	Figuring	the Penalty

		(a)	(b)	(c)	(d)
9 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19				
Number of days from due date of installment on line 9 to the					
date shown on line 19	20				
1 Number of days on line 20 after 4/15/2021 and before 7/1/2021	21				
2 Underpayment on line 17 x Number of days on line 21 x 3% (0.03)	22	\$ '	\$	\$	\$
3 Number of days on line 20 after 6/30/2021 and before 10/1/2021	23				
4 Underpayment on line 17 x Number of days on line 23 x 3% (0 03)	24	\$	\$	\$	\$
Number of days on line 20 after 9/30/2021 and before 1/1/2022	25				
6 Underpayment on line 17 x Number of days on line 25 x 3% (0.03)	26	\$	\$	\$	\$
7 Number of days on line 20 after 12/31/2021 and before 4/1/2022	27	See	Attached	Worksheet	
8 Underpayment on line 17 x Number of days on line 27 x 3% (0 03)	28	\$	\$	\$	\$
9 Number of days on line 20 after 3/3 1/2022 and before 7/1/2022	29				
Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$
1 Number of days on line 20 after 6/30/2022 and before 10/1/2022	31				
2 Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$
Number of days on line 20 after 9/30/2022 and before 1/1/2023	33				
Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$
Number of days on line 20 after 12/31/2022 and before 3/16/2023	35				
Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$
7 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
Penalty. Add columns (a) through (d) of line 37. Enter the t	otal her	e and on Form 1120, lin	e 34; or the comparab	le	
ling for other income to return			•	i	\$ 42

^{*} Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form 2220 (2021)

# Form 990-PF UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

lame(s)				Identifying Num	per
Thomas D Sh	naffner Charit	able Foundat:	ion	81-6164	1645
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	(E) Daily Penalty Rate	(F) Penalty
		-0-			
05/15/21	444.	444.	31	.000082192	
06/15/21	444.	888.	92	.000082192	
09/15/21	444.	1,332.	91	.000082192	1
12/15/21	444.	1,776.	106	.000082192	1.
03/31/22	0.	1,776.	45	.000109589	
			***************************************		
					The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
			······································		
					· · · · · · · · · · · · · · · · · · ·
					Total de la companya de la companya de la companya de la companya de la companya de la companya de la companya
alty Due (Sum of Colum	nn F).				42

^{*} Date of estimated tax payment, withholding credit date or installment due date.

112511 04-01-21

Form 990-PF	Dividends	s and Inter	est from Secu	rities St	tatement 1
Source	Gross Amount	Capital Gains Dividend	Revenue	(b) Net Invest- ment Income	(c) Adjusted Net Income
Promissory Notes Verrill Dana	131,397	•	0. 131,397	. 131,397.	**************************************
Portfolios	26,841	•	0. 26,841	. 26,841.	
To Part I, line 4	158,238		0. 158,238	. 158,238.	
Form 990-PF		Accounti	ng Fees	St	catement 2
Description		(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Tax Preparation Fees	-	7,500.	3,750.		3,750.
To Form 990-PF, Pg 1	, ln 16b	7,500.	3,750.		3,750.
Form 990-PF	Ot	ther Profes	sional Fees	St	tatement 3
Description		(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes
Advisory Fees Trustee Fees			7,561. 21,422.		0. 21,421.
To Form 990-PF, Pg 1	. ln 16c	50,404.	28,983.		21,421.

Form 990-PF	Tax	es	Statement 4		
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	(c) Adjusted Net Income	(d) Charitable Purposes	
Investment Income Foreign Taxes Excise Taxes	2,130. 5,100.	2,130.		0.	
To Form 990-PF, Pg 1, ln 18	7,230.	2,130.		0.	
Form 990-PF	Other E	xpenses		Statement 5	
Description	(a) Expenses Per Books		(c) Adjusted Net Income	(d) Charitable Purposes	
ADR and Processing Fees	92.	92.	***************************************	. 0.	
To Form 990-PF, Pg 1, ln 23	92.	92.		0.	
Form 990-PF	Corporat	e Stock		Statement 6	
Description		Вос	k Value	Fair Market Value	
55 shs Alphabet Inc. C 800 shs Disney Walt Holdings 2500 shs New York Times Co 800 shs T-Mobile US Inc 25 shs Amazon.com 860 shs Nike 50 shs Tesla Motors 1365 shs L'Oreal SA ADR 680 shs Nestle S A Sponsored 785 shs Sysco Corp 2000 shs Unilever PLC ADR 800 shs Kerry Group PLC A 130 shs Market Axess Holdings 350 shs Mastercard 1110 shs Abbott Laboratories 240 shs Becton Dickinson & Co 415 shs Danaher Corp 300 shs Illumina Inc 450 shs Stryker Corp	ADR		159,147. 123,912. 120,750. 92,784. 83,359. 143,336. 52,839. 130,248. 95,452. 61,662. 107,580. 103,031. 53,465. 125,762. 156,221. 60,355. 136,539. 114,132.	159,147. 123,912. 120,750. 92,784. 83,359. 143,336. 52,839. 130,248. 95,452. 61,662. 107,580. 103,031. 53,465. 125,762. 156,221. 60,355. 136,539. 114,132.	

Thomas D Shaffner Charitable	Foundat	ion		81-6164645
385 shs Teladoc Health 700 shs Medtronic 740 shs Canadian National 1900 shs Carrier Global 455 shs Rockwell Automation 760 shs Waste Management Inc 700 shs Xylem 550 shs Schneider Electric Se 1250 shs Amphenol Corporation 825 shs Analog Devices 950 shs Apple 500 shs Automatic Data Process 400 shs Microsfot Corp 920 shs Nvidia Corp 650 shs Paypal Holdings 2750 shs Halma PLC 850 shs AptarGroup Inc 655 shs Koninklijke DSM 4000 shs Billerudkorsnas AB		h	35,351. 72,415. 90,916. 103,056. 158,727. 126,844. 83,944. 108,839. 109,325. 145,010. 168,692. 123,290. 134,528. 270,581. 122,577. 119,103. 104,108. 147,484. 75,473.	35,351. 72,415. 90,916. 103,056. 158,727. 126,844. 83,944. 108,839. 109,325. 145,010. 168,692. 123,290. 134,528. 270,581. 122,577. 119,103. 104,108. 147,484. 75,473.
rotal to form 950 ff, fait ff,	TIME IO	-	4,341,1/0.	4,341,1/6.
Form 990-PF	Corpor	ate Bonds		Statement 7
Description			Book Value	Fair Market Value
100000 shs Laboratory Corp 75000 shs McCormick & Co Inc. 75000 shs Broadridge Financial 75000 shs Oracle Corp	Solutio	ns Inc.	102,511. 79,218. 79,727. 77,170.	102,511. 79,218. 79,727. 77,170.
Total to Form 990-PF, Part II,	line 10	- C =	338,626.	338,626.
Form 990-PF	Other I	nvestments		Statement 8
Description		Valuation Method	Book Value	Fair Market Value
Promissory Note - SBB Holding Promissory Note - PH Main Stree	- - <del>+</del>	FMV FMV	979,893.	979,893.
Holdings		± 4/4 ¥	1,202,834.	1,202,834.
Total to Form 990-PF, Part II,	line 13	===	2,182,727.	2,182,727.
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