Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

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

A F	or th	e 2020	calendar year, or tax year beginning	, 2020	, and ending				, 20		
ь.			C Name of organization				D Employer iden	tifica	tion numbe	ər	
В	Check if a	applicable:	SHATTERPROOF A NONPRO	FIT CORPORATION			45-4619	712	2		
	Addre		Doing business as								
	Name	e change	Number and street (or P.O. box if mail is	not delivered to street address)	Room/suite	E	E Telephone nur	nber			
	Initia	l return	101 MERRITT 7 CORPORAT	ΓE PARK			(203) 849	9 – 2	218		
		return/ inated	City or town, state or province, country, a	and ZIP or foreign postal code							
	Amer	nded	NORWALK, CT 06851				G Gross receipts	\$	9,	673,	887.
		cation	F Name and address of principal officer:	GARY MENDELL		ŀ	H(a) Is this a grou		n for	Yes	X No
	_ ,	9	101 Merritt 7 Corporat	te Park, Norwalk, CT 0	6851	F	H(b) Are all subordi		cluded?	Yes	No
ī	Tax-ex	cempt st	atus: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		If "No," att	ach a	list. See instru	uctions	_
J	Webs	ite: 🕨	WWW.SHATTERPROOF.ORG		' '	H	H(c) Group exemp	tion nu	umber		
K	Form	of organ	nization: X Corporation Trust	Association Other ►	L Year of f	formatio	n: 2012 M s	State	of legal don	nicile:	MA
P	art I	Su	mmary	· ·	'						
	1	Briefly	/ describe the organization's mission or	r most significant activities: ENDIN	G THE STI	GMA	OF ADDIC	rioi	N; PRO	VIDI	NG
ė			ILIES WITH CRITICAL INFO								
Governance		PRE	VENTION, TREATMENT & REC	COVERY; AND CHANGING P	UBLIC POL	JICY					
/ern	2	Check	this box if the organization di	iscontinued its operations or dispos	ed of more than	n 25% d	of its net assets				
ô	3	Numb	er of voting members of the governing	·			1	3			13.
⋖ర	4		er of independent voting members of t					4			13.
Activities	5		number of individuals employed in cale				ľ	5			34.
ξ	6		number of volunteers (estimate if necess					6		2,!	500.
Ac	7a		unrelated business revenue from Part V					7a			0.
	1		nrelated business taxable income from I	. ,,,				7b			
							Prior Year		Curr	ent Yea	ar
	8	Contri	ibutions and grants (Part VIII, line 1h)			1	0,241,00	7.	8,	722,8	877.
nue	9		am service revenue (Part VIII, line 2g)					0.			0.
Revenue	10		ment income (Part VIII, column (A), line				56,19	6.		18,	198.
ď	11		revenue (Part VIII, column (A), lines 5,					0.			0.
	12		revenue - add lines 8 through 11 (must			1	0,297,20	3.	8,	741,	075.
	13		s and similar amounts paid (Part IX, colu					0.	- ,		0.
	14		its paid to or for members (Part IX, colu					0.			0.
	4-		es, other compensation, employee bene				3,213,99	0.	3.:	353,9	955.
Expenses	16 a		ssional fundraising fees (Part IX, column		_			0.			0.
ber	h		fundraising expenses (Part IX, column (I								
Ж	17		expenses (Part IX, column (A), lines 11				5,331,82	7.	4 . :	808,	054.
	18		expenses. Add lines 13-17 (must equal				8,545,81	_		162,0	
	19		nue less expenses. Subtract line 18 from				1,751,38	_		579,	
es	13	IVEVE	ide less expenses. Subtract line to from	111116 12			ing of Current Y	_		of Year	
ets (20	Total	assets (Part X, line 16)				7,398,66	_		109,0	
Ass Bala	21		liabilities (Part X, line 26)				1,487,07	_		618,9	
und/	20 21 22		ssets or fund balances. Subtract line 21				5,911,58	$\overline{}$		490,	
	rt II		qnature Block	Hom line 20			3,711,30		<u> </u>	1007	
			of perjury, I declare that I have examined this	is return, including accompanying sched	ules and stateme	ents and	d to the best of	mv k	nowledge :	and hel	ief it is
tru	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all information of wh	ich preparer has	any kno	wledge.	,			
Sig	jn	5	Signature of officer				Date				
He	re		GARY MENDELL	PRESID	ENT						
		_	ype or print name and title	1112012							
			Type preparer's name	Preparer's signature	Date		Chaol	if P	PTIN		
Paid	t		HARD LOTTENBACH				Check self-employe	"	P0180	11831	1
Pre	parer		. ALLADER C MADCAL	TAXAND T.T.C		Τ.	Firm's EIN > 2				
Use	Only		s name ►ALVAREZ & MARSAL saddress ►655 15TH STREET,		າ 5				$\frac{137030}{729-21}$		
Ma	v the		iscuss this return with the preparer				110110 110.				No
_			Reduction Act Notice, see the separat	· · · · · · · · · · · · · · · · · · ·	<i>,</i>						No (2020)
1 01	rape	WOIK	meduction Act Notice, see the separat	v 11130 UVIIVII3.					LOUI	-	(2020)

Page 2 Form 990 (2020)

Pa	Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
•	ATTACHMENT 1
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ? X Yes N If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe
	the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$ 3,070,380. including grants of \$) (Revenue \$)
	EDUCATION - IN AN EFFORT TO END THE STIGMA, SHATTERPROOF WILL
	EDUCATE THE PUBLIC SO SOCIETY WILL VIEW THOSE SUFFERING FROM
	ADDICTION WITH COMPASSION AND OFFER SUPPORT.
4b	(Code:) (Expenses \$ 799,292. including grants of \$) (Revenue \$)
	ADVOCACY - ADVOCATE FOR CHANGE, INCLUDING PUBLIC POLICIES THAT
	BETTER ADDRESS THIS PROFOUND PUBLIC HEALTH CRISIS. SHATTERPROOF
	SUPPORTS THE DEVELOPMENT OF POLICIES IN THREE AREAS: PAYMENT
	REFORM FOR ADDICTION TREATMENT, ADDICTION TRAINING AND EDUCATION
	FOR PROFESSIONALS, AND OPIOID LITIGATION SETTLEMENT.
	(Code:) (Expenses \$2,299,277. including grants of \$) (Revenue \$)
	TASK TREATMENT FORCE - SHATTERPROOF DEVELOPED ADDICTION TREATMENT,
	LOCATOR, ASSESSMENT, AND STANDARDS PLATFORM (ATLAS), THE NATION'S
	FIRST QUALITY MEASUREMENT SYSTEM FOR ADDICTION TREATMENT. ATLAS DELIVERS VALUABLE INFORMATION TO STATES, HEALTH INSURERS, AND
	TREATMENT FACILITIES TO ENABLE DATA-DRIVEN AND CONTINUOUS QUALITY
	IMPROVEMENT AND DRIVES DEMAND TO TREATMENT PROGRAMS PROVIDING
	HIGHER QUALITY CARE. ATLAS INCLUDES THE ADDICTION TREATMENT NEEDS
	ASSESSMENT (ATNA) WHICH AIDS CONSUMERS IN DETERMINING THE PROPER
	LEVEL OF ADDICTION TREATMENT.
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 6,168,949.
+¢	Total program service expenses

4e Total program service expenses ► JSA 0E1020 1.000

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Part IV Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			37
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		Х
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		
'''	VII, VIII, IX, or X as applicable.			
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	4.41		Х
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		- 21
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
•	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 If "Yes." complete Schedule I, Parts I and II	21		X

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Form **990** (2020)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	051		v
00	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			v
33	complete Schedule N, Part II	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	22		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		- 21
J- 7	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	- / -		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	• • •	Yes	. No
1 ~	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 72		1 62	140
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
·	reportable gaming (gambling) with backup withholding rules for reportable payments to vehiclis and	1c		

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax						
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 34						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,						
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country ▶						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			ĺ			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
Ju	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х			
h	o If "Yes," did the organization include with every solicitation an express statement that such contributions or						
	gifts were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods						
a	and services provided to the payor?	7a		Х			
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
·	required to file Form 8282?	7c		Х			
Ч	If "Yes," indicate the number of Forms 8282 filed during the year						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х			
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х			
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х			
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		Х			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
	Initiation fees and capital contributions included on Part VIII, line 12			i			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			i			
				i			
	Gross income from members or shareholders			i			
	Gross income from other sources (Do not net amounts due or paid to other sources			i			
	against amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			i			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.			ĺ			
b	Enter the amount of reserves the organization is required to maintain by the states in which			ĺ			
	the organization is licensed to issue qualified health plans			i			
С	Enter the amount of reserves on hand			i			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O · · · · ·	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or						
-	excess parachute payment(s) during the year?	15		Х			
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.						

SHATTERPROOF A NONPROFIT CORPORATION 45-4619712 Page 6 Form 990 (2020) Governance. Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 13 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 13 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 X 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... Χ 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... X 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X 8b Χ Each committee with authority to act on behalf of the governing body?................ Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Χ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Χ 12c describe in Schedule O how this was done X 13 13 X 14 14 Did the organization have a written document retention and destruction policy?........... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X Χ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure ATTACHMENT 2 17 List the states with which a copy of this Form 990 is required to be filed ▶_ Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► ERIKA MITCHELL 101 MERRITT 7 CORPORATE PARK, 1ST FLOOR NORWALK, CT 06851 203-849-2218

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **Independent Contractors**

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)KEVIN ROY	40.00									
CHIEF POLICY OFFICER	0.					Х		302,213.	0.	12,600.
(2)KIRSTEN SECKLER	40.00									
CHIEF MARKETING OFFICER	0.					X		263,492.	0.	9,990.
(3)TIM KOBOSKO	40.00									
CHIEF INFORMATION OFFICER	0.					Х		256,712.	0.	8,250.
(4)MARY MILLER	40.00									
SENIOR VICE PRESIDENT	0.					X		163,636.	0.	3,000.
(5) SARAH SARTORI	40.00									
VP OF DIGITAL MARKETING	0.					X		134,063.	0.	0.
(6) GARY MENDELL	0.									
PRESIDENT/CHAIRMAN	0.	Х		Χ				0.	0.	0.
(7) ANTHONY RUTLEDGE	0.									
TREASURER	0.	X		Χ				0.	0.	0.
(8) GILBERT G. MENNA	0.									
EXECUTIVE ADVISOR	0.	X		Χ				0.	0.	0.
(9) JONATHAN E. FIELDING	0.									
DIRECTOR	0.	X						0.	0.	0.
(10) JEFFREY ASSAF	0.									
DIRECTOR	0.	X						0.	0.	0.
(11) MARK WALLER	0.									
DIRECTOR	0.	Х						0.	0.	0.
(12) GARY HENSON	0.									
DIRECTOR	0.	Х						0.	0.	0.
(13) HOWARD FINKELSTEIN	0.									
DIRECTOR	0.	Х						0.	0.	0.
(14) RUSS MITCHELL	0.									
DIRECTOR	0.	Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Tru	istees, Ke	y ∟n	ıpic			and F	ug			ees (c	•	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	ss pe d a d	ition more rson lirect	e than o	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimate amount other compensa	of ation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	from th organizat and relat organizati	ion ed
15) KEN ZIMMERMAN DIRECTOR	0.	Х						0		0.		0
16) JENNIFER VELEZ DIRECTOR	0.	Х						0		0.		0
17) PAM JENKINS DIRECTOR	0.	Х						0		0.		0
18) CHRIS HOCEVAR DIRECTOR	0.	X						0		0.		0
19) DANA REDD DIRECTOR	0.	Х						0		0.		0
								1,120,116.		0.	22	,840.
1b Sub-total c Total from continuation sheets to Part VII, S	ection A						>	0.		0.		0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not reportable compensation from the organization 	limited to t	hose					o re		\$100,000 o		33	,040.
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo	or, or	tru								Yes	No X
4 For any individual listed on line 1a, is the sorganization and related organizations graindividual	sum of repeater than	ortab \$15	ole c 50,0	om 00?	pen	satior "Yes	n a	nd other compens	sation from	the	4 X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5	X
Section B. Independent Contractors												
 Complete this table for your five highest com compensation from the organization. Report of year. 												
(A) Name and business add	Irocc							(B)	priioos		(C)	

•		
(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 5

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Membership dues 1,807,146. c Fundraising events 1c d Related organizations e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above . | 1f 6,915,731 g Noncash contributions included in 1g |\$ Total. Add lines 1a-1f 8,722,877 **Business Code** Program Service Revenue е f All other program service revenue Investment income (including dividends, interest, and 18,198 18,198. 0. 4 Income from investment of tax-exempt bond proceeds . 5 0. (ii) Personal (i) Real 6a Gross rents 6a b Less: rental expenses 6b c Rental income or (loss) 6c d Net rental income or (loss)... Gross amount from (i) Securities (ii) Other sales of assets other than inventory 7a b Less: cost or other basis Other Revenue 7b and sales expenses c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising 1,807,146. events (not including \$ ___ of contributions reported on line 932,812 1c). See Part IV, line 18 8a 932,812 8b **b** Less: direct expenses 0. c Net income or (loss) from fundraising events. 9a Gross income from gaming 0. activities. See Part IV, line 19 9a 0. 9b **b** Less: direct expenses \blacktriangleright 0. c Net income or (loss) from gaming activities..... 10a Gross sales of inventory, less Ω returns and allowances 0. b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory. 0. **Business Code** iscellaneous Revenue 11a d All other revenue Total. Add lines 11a-11d 8,741,075. 18,198.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

(C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations 0 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 0 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and 0 foreign individuals. See Part IV, lines 15 and 16 Ω 4 Benefits paid to or for members 5 Compensation of current officers, directors, 0 trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 3,353,955. 2,326,742. 238,788 788,425. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 0 section 401(k) and 403(b) employer contributions) 0 0. 11 Fees for services (nonemployees): 0 a Management 0 0 c Accounting 554,525. 554,525. **d** Lobbying 0 e Professional fundraising services. See Part IV, line 17, 0 f Investment management fees 9 Other. (If line 11g amount exceeds 10% of line 25, column 1,804,738. 2,052,205. 23,642 223,825. (A) amount, list line 11g expenses on Schedule O.) ATCH - 416,018. 179,739. 195,757. 12 Advertising and promotion 58,415. 150,533. 92,118. 13 Office expenses 372,290. 73,806. 461,549. 15,453. 14 Information technology 0 . 15 Royalties 204,756. 148,285. 35,995 20,476. 16 0 . 17 Travel Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 181,706. 157,438. 3,162 21,106. 19 Conferences, conventions, and meetings Interest 0 21 Payments to affiliates 27,772. 143,538. 112,646. 3,120 22 Depreciation, depletion, and amortization 4,614. 4,614. 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) aSUPPLIES 14,249. 6,005. 7,124. 1,120. hBAD DEBT EXPENSE 95,283. 95,283 CREDIT CARD FEES 81,355. 1,283. 80,072. dEVENT COSTS 209,452. 418,904. 209,452. 238,674. 7,236. 3,170. 249,080. e All other expenses 8,162,009. 6,168,949. 527,818 1,465,242. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🕨 🛛 🗓 if following SOP 98-2 (ASC 958-720) 594,920. 716. 1,031,815. 436,179.

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	4,321,145.	2	4,574,619.
	3	Pledges and grants receivable, net	810,265.	3	1,409,550.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
ğ	9	Prepaid expenses and deferred charges	150,120.	9	151,319.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,286,952.			
	b	Less: accumulated depreciation	209,130.	10c	124,319.
	11	Investments - publicly traded securities	1,548,394.	11	1,591,419.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	258,386.	14	258,386.
	15	Other assets. See Part IV, line 11	101,227.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	7,398,667.	16	8,109,612.
	17	Accounts payable and accrued expenses	352,494.	17	694,749.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	1,134,584.	19	340,953.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ige		controlled entity or family member of any of these persons	0.	22	0.
Ë	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	583,255.
	26	Total liabilities. Add lines 17 through 25	1,487,078.	26	1,618,957.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	3,312,292.	27	3,283,960.
Ba	28	Net assets with donor restrictions	2,599,297.	28	3,206,695.
Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
Ϋ́	32	Total net assets or fund balances	5,911,589.	32	6,490,655.
Net	33	Total liabilities and net assets/fund balances	7,398,667.	33	8,109,612.
	00	Total maximiles and flet assets/fully balaffees,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	33	Form 990 (2020)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			41,0	
2	Total expenses (must equal Part IX, column (A), line 25)	2			62,0	
3	Revenue less expenses. Subtract line 2 from line 1	3 579,0				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		5,9	11,5	89.
5	Net unrealized gains (losses) on investments	5				0.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		6,4	90,6	555.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	ı in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?.		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SHATTERPROOF A NONPROFIT CORPORATION

Employer identification number 45-4619712

_													
Pa	rt I	Reason for Public Cha	rity Status. (All o	organizations must	comple	te this pa	art.) See instructions	3.					
The	org	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)						
1		A church, convention of chu	urches, or associat	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).						
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990)-EZ).)						
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	n 170(b)	(1)(A)(iii).						
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the					
		hospital's name, city, and st	tate:										
5		An organization operated t	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ental unit described in					
		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	Х	X An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
		described in section 170(b)(1)(A)(vi) . (Complete Part II.)											
8		A community trust describe		·	Part II.)								
9		An agricultural research org	-		-		I in conjunction with a	land-grant college					
•		or university or a non-land-	=			-							
		university:	grant concept or ag	grioditaro (oco motraol	.ioiio). L	11101 1110 1	name, ony, and otate o	Title college of					
10		An organization that norma	Illy receives (1) mo	ore than 331/2 % of its	eunnort	from cor	ntributions membersh	in fees, and aross					
		receipts from activities rela	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s; and (2) no more thar	n 331/3 % of its					
		support from gross investm						businesses					
11		acquired by the organization An organization organized a					•						
11 12		An organization organized	•	•	-			corn, out the numero					
12		, ,	•										
		of one or more publicly su											
		Check the box in lines 12a t	=				•	_					
а													
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the												
		$_{_}$ supporting organization. $ ho$	-										
b	L	Type II. A supporting org	•										
		control or management of	of the supporting o	rganization vested in	the sam	e person	s that control or man	age the supported					
		organization(s). You must	complete Part IV	, Sections A and C.									
С		oxdot Type III functionally integ						lly integrated with,					
	_	$_$ its supported organization	n(s) (see instruction	s). You must comple	te Part I	V, Section	ons A, D, and E.						
d		Type III non-functionally	integrated. A supp	porting organization o	perated	in conne	ection with its suppor	ted organization(s)					
		that is not functionally inte	egrated. The orgar	nization generally mus	st satisfy	a distrib	ution requirement and	d an attentiveness					
	_	requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, and	d Part V.						
е		Check this box if the orga	anization received	a written determinatio	n from t	he IRS th	nat it is a Type I, Type I	I, Type III					
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	ion.						
f		iter the number of supported											
g	Pr	ovide the following information	on about the suppo	orted organization(s).									
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization	(v) Amount of monetary	(vi) Amount of					
				above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)					
				, , , , , , , , , , , , , , , , , , , ,	Yes	No		,					
(A)													
													
(B)													
													
(C)													
(
(D)													
- -													
(E)						'							
(E)													

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,968,600.	6,433,234.	7,949,701.	10,241,007.	8,722,877.	38,315,419.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	4,968,600.	6,433,234.	7,949,701.	10,241,007.	8,722,877.	38,315,419.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). ATCH 1						1,164,010.
6	Public support. Subtract line 5 from line 4						37,151,409.
	tion B. Total Support						37713171031
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	4,968,600.	6,433,234.	7,949,701.	10,241,007.	8,722,877.	38,315,419.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	253.	7,346.	17,649.	56,196.	18,198.	99,642.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						38,415,061.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup	•					
14	Public support percentage for 2020 (li		•			14	96.71%
15	Public support percentage from 2019					15	94.16%
16a	331/3% support test - 2020. If the org	_					
	box and stop here. The organization q			-			
b	331/3% support test - 2019. If the org						
	this box and stop here. The organization			_			
17a	10%-facts-and-circumstances test - 2	_					
	10% or more, and if the organization					-	
	Part VI how the organization meets			•	•		ipported
	organization						and line
p	10%-facts-and-circumstances test - 2	_	-				
	15 is 10% or more, and if the organization most					-	•
	in Part VI how the organization meets			•	•		
10	organization						
18	Private foundation. If the organization						
	instructions						<u> – </u>

Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
, a	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year Add lines 7a and 7b						
8 8	Public support. (Subtract line 7c from						
Ū	line 6.)						
Sec	tion B. Total Support						1
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	(1)	(1)	(-, -	(1)	(1)	(,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	,						
_	acquired after June 30, 1975						
	Add lines 10a and 10b						
11							
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizat	ion's first secon	d third fourth	or fifth tay ve	ar as a section	501(c)(3)
	organization, check this box and stop here .	-					
Sec	tion C. Computation of Public Sup						
<u> </u>	Public support percentage for 2020 (line 8,			mn (f))		15	%
16	Public support percentage from 2019 Sche	, ,	•			16	<u> </u>
	tion D. Computation of Investmen					, , ,	70
<u>360</u> 17	Investment income percentage for 2020 (lin			13 column (f))		17	%
18	Investment income percentage for 2020 (iii					18	<u>%</u>
	331/3% support tests - 2020. If the or						
134	17 is not more than 331/3%, check this	-					
b	331/3% support tests - 2019. If the orga	anization did no	t check a box on	line 14 or line	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than 331/3 %, check		•	•			
20	Private foundation. If the organization of	did not check	a box on line 1	4, 19a, or 19b,	check this box	and see instru	ctions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		

c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

supporting organizations)? If "Yes," answer line 10b below.

determine whether the organization had excess business holdings.)

JSA 0E1229 1.010 9c

10a

10b

Part	V Supporting Organizations (continued)			- 3
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Casti	detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations		Voc	No
			162	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ons).	
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	$\overline{}$	T .
2	Activities Test. Answer lines 2a and 2b below.		1 62	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3h		

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s						
1									
	instructions. All other Type III non-functionally integrated supporting organi	zations r	nust complete Sectio	ns A through E.					
Se	Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional)								
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3.	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):								
а	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
С	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
_ е	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e							
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Se	ection C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
2	Enter 0.85 of line 1.	2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4	Enter greater of line 2 or line 3.	4							
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6							
7	Check here if the current year is the organization's first as a non-functional		ited Type III supporting	organization					
-	(see instructions).								

Schedule A (Form 990 or 990-EZ) 2020

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions				Current Year			
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1				
2	Amounts paid to perform activity that directly furthers exer	ed						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2020 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020			
1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020							
	(reasonable cause required - explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2020							
а	From 2015							
b	From 2016							
С	From 2017							
d	From 2018							
е	From 2019							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2020 distributable amount							
i	Carryover from 2015 not applied (see instructions)							
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from							
	Section D, line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2020 distributable amount							
С	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, if							
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2016							
b	Excess from 2017							
С	Excess from 2018							
d	Excess from 2019							
е	Excess from 2020							

Schedule A (Form 990 or 990-EZ) 2020

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

		ATTACHMEN:	Г 1
SCHEDULE A, PART II - EXCESS CONTRIBUTIONS	=		
(NOT OPEN TO PUBLIC INSPECTION)	TOTAL	LESS 2% OF	EXCESS CONTRIBUTION
CONTRIBUTOR NAME	CONTRIBUTION	LINE 11(F)	AMOUNT
GARY MENDELL AND RELATED PARTIES	1,861,664.	768,301.	1,093,363.
ARNOLD VENTURES	815,000.	768,301.	46,699.
GORDON AND LLURA GUND FOUNDATION	792,249.	768,301.	23,948.
TOTAL	3,468,913.		1,164,010.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

-	(See separate instructions), ther Section 501(c)(4), (5), or (6) orga				
	e of organization	anzationo. Compieto i art ini		Employer ide	ntification number
	TTERPROOF A NONPROFI	T CORPORATION		45-4619	
		organization is exempt under	section 501(c) or		
	-	organization's direct and indirect p			
	definition of "political campa		, , , , , , , , , , , , , , , , , , , ,	(222	
2		xpenditures (See instructions)		▶ \$	
3		campaign activities (See instruction			
Par	t I-B Complete if the c	organization is exempt under s	section 501(c)(3).		
b	Enter the amount of any exc If the organization incurred a Was a correction made? If "Yes," describe in Part IV.	rise tax incurred by the organization makes tax incurred by organization makes tax incurred by organization makes tax, did it file Form organization is exempt under	anagers under secti 4720 for this year?	on 4955 ▶ \$	Yes No
1		xpended by the filing organization			,
-					
2	Enter the amount of the filin	g organization's funds contributed	to other organization	ons for section	
3	line 17b	enditures. Add lines 1 and 2. Ent		▶\$	
5	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numb s. For each organization listed, en ributions received that were prom and or a political action committee (I	er (EIN) of all section ter the amount paic aptly and directly de	on 527 political organization from the filing organization livered to a separate po	ations to which the filing ation's funds. Also ente plitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2020

Page 2

Pa	art II-A Complete if the organiz section 501(h)).	ation is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under					
Α		Check ▶ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).							
В	Check ▶ if the filing organization	checked box A and "limited control" provisions app	oly.						
		bbying Expenditures means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals					
18	a Total lobbying expenditures to influer	ce public opinion (grassroots lobbying)	21,485.						
k	b Total lobbying expenditures to influer	ce a legislative body (direct lobbying)	533,040.						
(c Total lobbying expenditures (add line	s 1a and 1b)	554,525.						
(d Other exempt purpose expenditures		7,536,919.						
•	e Total exempt purpose expenditures (add lines 1c and 1d)	8,091,444.						
f	f Lobbying nontaxable amount. Enter columns.	the amount from the following table in both	554,572.						
	If the amount on line 1e, column (a) or (b	is: The lobbying nontaxable amount is:							
	Not over \$500,000	20% of the amount on line 1e.							
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.							
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.							
	Over \$1,500,000 but not over \$17,000,0	90 \$225,000 plus 5% of the excess over \$1,500,000.							
	Over \$17,000,000	\$1,000,000.							
ç	g Grassroots nontaxable amount (ente	[.] 25% of line 1f)	138,643.						
ł	h Subtract line 1g from line 1a. If zero	or less, enter -0	0.	0.					
i	i Subtract line 1f from line 1c. If zero of	r less, enter -0-	0.	0.					
j	j If there is an amount other than ze	ro on either line 1h or line 1i, did the organiza	tion file Form 4720						
	reporting section 4911 tax for this ye	ar?		Yes X No					
		4-Year Averaging Period Under Section 501(h)							
	(Some organizations that mad	e a section 501(h) election do not have to compl	ete all of the five columi	ns below.					

See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period										
	Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total					
2a	Lobbying nontaxable amount	438,622.	514,339.	562,318.	554,572.	2,069,851.					
b	Lobbying ceiling amount (150% of line 2a, column (e))					3,104,777.					
С	Total lobbying expenditures	268,366.	262,996.	507,709.	554,526.	1,593,597.					
d	Grassroots nontaxable amount	109,656.	128,585.	140,580.	138,643.	517,464.					
е	Grassroots ceiling amount (150% of line 2d, column (e))					776,196.					
f	Grassroots lobbying expenditures	98,686.	90,185.	131,014.	21,485.	341,370.					

Schedule C (Form 990 or 990-EZ) 2020

Par	Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	Γ file	d For	m 5768	3		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	1)		(b)		
	ription of the lobbying activity.	Yes	No		Amou	ınt	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.						
С	Media advertisements?						
d	Mailings to members, legislators, or the public?						
е	Publications, or published or broadcast statements?						
f	Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?						
i	Other activities?						
j	Total. Add lines 1c through 1i						
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
b	If "Yes," enter the amount of any tax incurred under section 4912						
ч С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
	till-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	or s	ection			
ı a	501(c)(6).	(0)(0)	, or s	ection			
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			ſ	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures fro				3		
Pai	Complete if the organization is exempt under section 501(c)(4), section 501					. :-	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes."	JR (L) Pai	T III-A,	iine .), IS	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	nts	of				
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due	es ·		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo	•	_				
_	and political expenditure next year?			5			
5 Por	Taxable amount of lobbying and political expenditures (See instructions)	• • •		<u> </u>			
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d arou	ın liet)· Part I	I_Δ li		and
	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	a groc	ip iist), I alt I	. , , , , ,	103 1	ana
- (0	5 monationo, and 1 are n 2, mile 117 most, comprise the part of any additional milennation.						
_							

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number SHATTERPROOF A NONPROFIT CORPORATION 45-4619712 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) С Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1. ▶ \$

Schedule D (Form 990) 2020 Page 2

Pa	rt III Organizations Maintaini	ng Colle	ctions of	Art, Histo	rical Tre	asures	, or	Other	Similar Asse	ets (co	ontinue	d)	_
3	Using the organization's acquisition	n, access	sion, and o	ther recor	ds, check	any of	f the	follow	ing that make	signi	ficant us	e of its	s
	collection items (check all that app	ly):			_								
а	Public exhibition			d _	Loan	or excha	inge	prograr	n				
b	Scholarly research			е	Other								
С	Preservation for future gene	rations											
4	Provide a description of the organ	nization's	collections	and expla	ain how t	hey furt	ther	the org	ganization's ex	empt	purpose	in Par	rt
	XIII.												
5	During the year, did the organization	n solicit o	r receive d	lonations o	of art, histo	orical tre	easur	es, or o	other similar		_		
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No												
Pa	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.												
1a	Is the organization an agent, trus	tee, custo	odian or ot	ther interm	nediary fo	r contr	ibutio	ons or	other assets	not			
	included on Form 990, Part X?										Yes	No	0
b	If "Yes," explain the arrangement i												
									Am	ount			
С	Beginning balance					[1c						
d	Additions during the year					[1d						
е	Distributions during the year						1e						
f	Ending balance						1f						
	Did the organization include an am		•		•				,		Yes	∐ No	0
	If "Yes," explain the arrangement i	n Part XIII	. Check he	ere if the e	xplanation	has bee	en pro	ovided o	on Part XIII				_
Pa	rt V Endowment Funds.		1 113 7		200 5			4.0					
	Complete if the organiza												_
		(a) Curi	rent year	(b) Pric	or year	(c) Two	years	back	(d) Three years b	oack	(e) Four y	ears back	<u>د</u>
1 a	Beginning of year balance												_
b	Contributions												_
С	Net investment earnings, gains,												
	and losses												_
d	Grants or scholarships												_
е	Other expenditures for facilities												
	and programs												_
f	Administrative expenses												_
g	End of year balance												_
2	Provide the estimated percentage				e (line 1g,	column	(a)) I	neld as:					
a	Board designated or quasi-endown			_%									
	Permanent endowment	<u></u> %											
С	Term endowment ▶	.%											
_	The percentages on lines 2a, 2b, a		-										
3a	Are there endowment funds not in	the posse	ession of th	ne organiza	ation that	are held	and	admin	istered for the		V	es No	_
	organization by:										$\overline{}$	es inc	_
	(i) Unrelated organizations									• •	3a(i)		—
	(ii) Related organizations									• •	3a(ii) 3b		—
	If "Yes" on line 3a(ii), are the related	•					·			• •	30		—
4	rt VI Land, Buildings, and Equ		e organizat	uon's endo	wment fur	ius.							_
Га	Land, Buildings, and Equ Complete if the organize	ation ans	wered "Ye	es" on Fo	rm 990, F	Part IV,	line	11a. S	See Form 990), Par	t X, line	10.	
	Description of property		(a) Cost or	other basis	(b) Cost of	or other ba		(c) Acc	umulated		Book valu		_
12	Land		(invest	ment)	(0)	ther)		aepre	eciation				_
_	Land	-											_
b	Buildings	Г					-						_
c C	Leasehold improvements				1	78,65	1	1.	41,509.		3,	7,142	_
d	Equipment	Г				56,83			69,662.			7,142 7,177	
<u>e</u> Tota	Other		egual Forn	n 990 Part					.,			4.319	_

Schedule D (Form 990) 2020 Page 3

Part VII	Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	Part IV line 11h See Form 990	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	ion:
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII		\frac{1}{2} \cdot \bar{\text{F}} \cdot \text	D. 1.11/1 14 0 5 10 000	D : (1)/ 15 : 40
	Complete if the organization answered			
	(a) Description of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨			
Part IX	Other Assets. Complete if the organization answered	"Yes" on Form 990), Part IV, line 11d. See Form 990	Part X, line 15.
	(a) Des	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	ware (b) result assult Farms 2000 Bort V and (B) II	- 45 \		
	umn (b) must equal Form 990, Part X, col. (B) li	ne 15.)		
Part X	Other Liabilities. Complete if the organization answered	"Yes" on Form 990), Part IV, line 11e or 11f. See For	m 990, Part X,
	line 25.			
1.	`,'	tion of liability		(b) Book value
	ral income taxes			502 055
_ ` '	OLL PROTECTION LOAN			583,255.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	// / IF 222 5 // / Fire			E02 0EE
i otal. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)			583,255.

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2020 Page **4**

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	12,169,971.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	3,428,896.
3	Subtract line 2e from line 1	3	8,741,075.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)	-	
С	Add lines 4a and 4b	4c	0 741 075
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,741,075.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		11 500 005
1	Total expenses and losses per audited financial statements	1	11,590,905.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	-	
b	Prior year adjustments	-	
С	Other losses	-	
d	Other (Describe in Part XIII.)	-	2 420 006
е	Add lines 2a through 2d	2e	3,428,896. 8,162,009.
3	Subtract line 2e from line 1	3	0,102,009.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)	4c	
С 5	Add lines 4a and 4b	5	8,162,009.
	XIII Supplemental Information.	<u> </u>	0/102/0001
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5	Part V,	line 4; Part X, line

Page 5

Part XIII Supplemental Information (continued)

PART XII, LINE 2A

RENT EXPENSE, LEGAL SERVICES EXPENSE & ADVERTISING EXPENSE - 3,428,896 RELATES TO DONATED SERVICES AND DONATED USE OF FACILITIES THAT WERE RECORDED AS BOTH REVENUE AND EXPENSES FOR AUDITED FINANCIAL STATEMENTS PURPOSES.

PART X, LINE 2

SHATTERPROOF IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE IRC. IN ACCORDANCE WITH FASB ASC 740, INCOME TAXES, THE ORGANIZATION HAS APPLIED THE "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION AND DERECOGNITION OF TAX POSITIONS FOR ITS 2020 FINANCIAL STATEMENTS. USING THAT GUIDANCE, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS AS OF DECEMBER 31, 2020.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

	e organization					Employer identification	on number
	RPROOF A NONPROFIT CORE					45-4619712	
Part I	Fundraising Activities. Com Form 990-EZ filers are not re				Yes" on Form 99	90, Part IV, line 1	7.
1 Ind	icate whether the organization ra	ised funds through	any of the	following	activities. Check	all that apply.	
а	Mail solicitations	е	Solid	citation of i	non-government g	grants	
b	Internet and email solicitations	f			government grant		
С	Phone solicitations	g			ising events		
d	In-person solicitations	ū			3		
or l b lf "	I the organization have a written of key employees listed in Form 990 Yes," list the 10 highest paid ind mpensated at least \$5,000 by the), Part VII) or entity ividuals or entities	in connec	ction with p	rofessional fundra	ising services?	Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				▶			
	t all states in which the organization or licensing.	ation is registered o	or licensed	d to solicit	contributions or	has been notified	it is exempt from

Pa	rt l	Fundraising Events. Complete more than \$15,000 of fundrate events with gross receipts greaters.	aising event contribut			
			(a) Event #1 5K RACE EVENT	(b) Event #2 GOLF EVENT	(c) Other events 4.	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	1,076,389.	135,221.	1,528,348.	2,739,958
ď	2	Less: Contributions	338,615.	101,273.	1,367,258.	1,807,146
	3	Gross income (line 1 minus line 2)	737,774.	33,948.	161,090.	932,812
	4	Cash prizes				
	5 Noncash prizes					
sesue	6	Rent/facility costs	8,920.	30,101.		39,021
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment	2,545.			2,545
	9	Other direct expenses	726,309.	3,847.	161,090.	891,246
	10 11	Direct expense summary. Add lin Net income summary. Subtract lii	es 4 through 9 in colu ne 10 from line 3, colu	ımn (d) ımn (d)		932,812
Pa	rt I	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "			reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u></u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	ımn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	<u></u> ▶	
9	l	Enter the state(s) in which the orgalis the organization licensed to con	duct gaming activities	in each of these state	es?	Yes No
k	•	If "No," explain:				
10a		Were any of the organization's gaming	g licenses revoked, sus		uring the tax year?	Yes No

SHATTERPROOF A NONPROFIT CORPORATION

Sched	ule G (Form 990 or 990-EZ) 2020 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
1 J a	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year 🕨 \$
Part	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

SHATTERPROOF A NONPROFIT CORPORATION

Inspection Employer identification number

45-4619712

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2020

SHATTERPROOF A NONPROFIT CORPORATION 45-4619712

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
KEVIN ROY	(i)	302,213.	0.	0.		12,600.	314,813.	
1 ^{CHIEF POLICY OFFICER}	(ii)	0.	0.	0.				
MARY MILLER	(i)	163,636.	0.	0.		3,000.	166,636.	
SENIOR VICE PRESIDENT	(ii)	0.	0.	0.				
KIRSTEN SECKLER	(i)	263,492.	0.	0.		9,990.	273,482.	
3 ^{CHIEF MARKETING OFFICER}	(ii)	0.	0.	0.				
TIM KOBOSKO	(i)	256,712.	0.	0.		8,250.	264,962.	
4 ^{CHIEF} INFORMATION OFFICER	(ii)	0.	0.	0.				
	(i)							
_ 5	(ii)							
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

SHATTERPROOF A NONPROFIT CORPORATION 45-4619712

Schedule J (Form 990) 2020

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Inspection

45-4619712

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

FORM 990, PART III, LINE 2 SEE DESCRIPTION OF ATLAS IN PART III, LINE 4C.

SHATTERPROOF A NONPROFIT CORPORATION

FORM 990, PART VI, SECT. A, LINE 2 GARY MENDELL IS THE CONTROLLING OWNER IN PARTNERSHIPS IN WHICH ANTHONY RUTLEDGE PARTICIPATES. GILBERT MENNA IS THE LEGAL ADVISOR TO THESE PARTNERSHIPS.

FORM 990, PART VI, SECT. B, LINE 11 THE FOUNDATION CHIEF FINANCIAL AND PEOPLE OFFICER REVIEWS A DRAFT OF THE FORM 990 WITH THE INDEPENDENT CPA AND LEGAL COUNSEL. A COPY OF THE FINAL FORM 990 IS PROVIDED TO BOARD MEMBERS IN ADVANCE OF FILING.

FORM 990, PART VI, SECT. B, LINE 12C THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY. THIS FORM ADDRESSES NOT JUST THE ACKNOWLEDGEMENT OF RECEIVING AND READING THE FORM, BUT REQUIRES EACH INDIVIDUAL TO AFFIRMATIVELY REPORT POTENTIAL CONFLICTS. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE LEAVES THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS DECIDE IF A CONFLICT EXISTS.

FORM 990, PART VI, SECT. B, LINE 15 ANALYTICAL RESEARCH IS PERFORMED AND DATA IS OBTAINED ON COMPENSATION AT Name of the organization
SHATTERPROOF A NONPROFIT CORPORATION

Employer identification number 45-4619712

ALL LEVELS OF EMPLOYMENT WITHIN THE ORGANIZATION UTILIZING MULTIPLE SOURCES. SUCH ANALYSIS INCLUDES COMPARABILITY DATA BASED ON GEOGRAPHIC AREA, NON-PROFIT CLASSIFICATION AND BUDGET OF THE ORGANIZATION. BOARD MEMBERS ARE PROVIDED WITH THE ANALYSIS PRIOR TO THE BOARD MEETING AT WHICH TIME PROPOSED COMPENSATION IS DELIBERATED AND FINALIZED FOR THE YEAR.

FORM 990, PART VI, SECT. C, LINE 19
SHATTERPROOF MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,
AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

FORM 990, PART X - SFAS 117

THE ORGANIZATION FOLLOWS THE GUIDELINES PROVIDED BY SFAS 117 AND PRESENTS UNRESTRICTED, TEMPORARILY RESTRICTED, AND PERMANENTLY RESTRICTED ASSETS SEPARATELY.

FORM 990, PART XII, LINE 2C

THE FOUNDATION CHIEF FINANCIAL AND PEOPLE OFFICER REVIEWS A DRAFT OF THE AUDITED FINANCIAL STATEMENTS AND PROVIDES A COPY TO THE BOARD OF DIRECTORS PRIOR TO FINALIZATION.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE ORGANIZATION'S MISSION IS AIMED AT PROTECTING CHILDREN AND YOUNG
ADULTS FROM ADDICTION TO ALCOHOL OR OTHER DRUGS AND ENDING THE STIGMA
AND SUFFERING OF THOSE AFFECTED BY THIS DISEASE BY EDUCATING,
EMPOWERING AND EQUIPPING PARENTS, FAMILIES, EDUCATORS, HEALTH CARE
PROVIDERS, LEGISLATORS, AND OTHERS TO ADDRESS ADDICTION HEAD ON.

Name of the organization

SHATTERPROOF A NONPROFIT CORPORATION

Employer identification number

45-4619712

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,

DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,

 $\mathtt{MN}, \mathtt{MS}, \mathtt{NH}, \mathtt{NJ}, \mathtt{NM}, \mathtt{NY}, \mathtt{NC}, \mathtt{ND}, \mathtt{OH}, \mathtt{OK}, \mathtt{OR}, \mathtt{PA},$

RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
RESEARCH TRIANGLE INSITUTE 3040 EAST CORNWALLIS ROAD RESEARCH TRIANGLE PARK, NC 27709	RESEARCH	717,093.
CENTRETEK 8318 FORREST ST ELLICOTT CITY, MD 21043	MARKETING	188,385.
EVENT 360 55 E JACKSON BLVD #1010 CHICAGO, IL 60604	FUNDRAISING	151,326.
AKIN GUMP STRAUSS HAUER & FELD LLP 20001 K STREET NW WASHINGTON, DC 20006	LEGAL SERVICES	110,032.
50 STATE LLC 1401 H ST NW #550 WASHINGTON, DC 20005	PUBLIC RELATIONS	110,000.

ATTACHMENT 4

FORM 990, PART IX - OTHER FEES

	(A) TOTAL	(B) PROGRAM	(C) MANAGEMENT	(D) FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
LEGAL AND ACCOUNTING FEES	88,944.	65,302.	23,642.	
CONSULTING AND OUTSIDE SERVICE	1,963,261.	1,739,436.		223,825.

Name of the organization			Employer identific	ation number
SHATTERPROOF A NONPROFIT CORPORATION			45-4619	712
			ATTACHMENT	4 (CONT'D)
FORM 990, PART IX - OTHER FEES				
DESCRIPTION	(A) TOTAL <u>FEES</u>	(B) PROGRAM SERVICE EXP	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
TOTALS	2,052,205.	1,804,738	. 23,642.	223,825.
		:	ATTACHMENT 5	
FORM 990, PART X - INVESTMENTS - PUBLI	CLY TRADED SE	CURITIES		
DESCRIPTION			ENDING BOOK VALUE	COST OR FMV
MARKETABLE SECURITIES			1,591,419.	FMV

TOTALS

1,591,419.