IRS e-file Signature Authorization Form 8879-EO OMB No. 1545-1878 for an Exempt Organization , 2019, and ending For calendar year 2019, or fiscal year beginning _ ▶ Do not send to the IRS. Keep for your records. Department of the Treasury ▶ Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service Name of exempt organization Employer identification number SHATTERPROOF A NONPROFIT CORPORATION 45-4619712 Name and title of officer GARY MENDELL, PRESIDENT Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I. Form 990 check here ▶ **b Total revenue**, if any (Form 990, Part VIII, column (A), line 12) 1b b Total revenue, if any (Form 990-EZ, line 9) 2b Form 990-EZ check here 2a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part VI, line 5). 4b Form 990-PF check here ▶ Form 8868 check here ▶ **Declaration and Signature Authorization of Officer** Part II Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only Lauthorize ALVAREZ & MARSAL TAXAND, LLC as my signature to enter my PIN ERO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature

Gary Mundull Part || Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 11/16/2020 | 12:19 PM EST **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So For Paperwork Reduction Act Notice, see back of form. Form **8879-EO** (2019)

JSA.

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047 Inspection

A F	or th	e 2019	calendar year, or tax year beginning , 2019,	and ending				, 20)	
			C Name of organization		\Box	D Employer iden	ntificati	ion numb	er	
В с	heck if a	pplicable:	SHATTERPROOF A NONPROFIT CORPORATION			45-4619	712			
	Addre		Doing business as							
	1 '	change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephone nur	nber			
	+	return	101 MERRITT 7 CORPORATE PARK			(203) 849	9 – 22	218		
	Final	return/	City or town, state or province, country, and ZIP or foreign postal code			, , , ,				
	termi Amer		NORWALK, CT 06851			G Gross receipts	\$	11	559	,346.
	returi Appli	n cation	F Name and address of principal officer: GARY MENDELL		_	H(a) Is this a grou			Yes	X No
	pend		6 BLUEWATER HILL SOUTH, WESTPORT, CT 06880			subordinates?	?	_	1	\vdash
						H(b) Are all subordi			Yes	No
		empt st	(1) (1)	or 527		If "No," atta		•	ructions)	
			WWW.SHATTERPROOF.ORG			H(c) Group exemp				
		of orgar	nization: X Corporation Trust Association Other	L Year of t	format	ion: 2012 M s	State o	f legal do	micile:	MA
Pa	art I		ummary							
	1	Briefly	y describe the organization's mission or most significant activities: ${ t ENDING}$	THE STI	GMA	OF ADDIC	rion	; PRO)VIDI	ING
çe		FAM	ILIES WITH CRITICAL INFO & SUPPORT; BRINGING A	PPROACHE	ST	O BEAR ON				
Jan		PRE	VENTION, TREATMENT & RECOVERY; AND CHANGING PU	BLIC POL	JICY					
veri	2	Check	k this box 🕨 🔙 if the organization discontinued its operations or dispose	d of more thar	า 25%	of its net assets	S.			
Governance	3	Numb	per of voting members of the governing body (Part VI, line 1a)				3			12.
∞ ∞	4		per of independent voting members of the governing body (Part VI, line 1b)				4			12.
Activities &	5		number of individuals employed in calendar year 2019 (Part V, line 2a)				5			34.
Ε̈́	6		number of volunteers (estimate if necessary)				6			750.
Ac	_		unrelated business revenue from Part VIII, column (C), line 12				7a			0.
	l		nrelated business taxable income from Form 990-T, line 39				7b			
		1101 01	modated business taxable income norm of the object, line of the control of the co			Prior Year		Cur	rent Ye	
	۰	Contr	ibutions and grants (Part VIII line 1b)			7,949,70	1			007.
Revenue	8		ibutions and grants (Part VIII, line 1h)				0.	10,		0.
ver	9		am service revenue (Part VIII, line 2g)			17,64				,196.
Re	10		tment income (Part VIII, column (A), lines 3, 4, and 7d)				0.			
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			7,967,35	٠.	1.0	207	203.
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .					10,	<u> </u>	
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)				0.			0.
	14		fits paid to or for members (Part IX, column (A), line 4)				0.		010	0.
es	15		ies, other compensation, employee benefits (Part IX, column (A), lines 5–10).			2,804,94		3,	213,	,990.
Expenses	16 a	Profe	ssional fundraising fees (Part IX, column (A), line 11e)				0.			0.
ă	b	Total	fundraising expenses (Part IX, column (D), line 25) ▶2,236,140.	·						
ш	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			4,591,63				827.
	18	Total	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	[7,396,58				817.
	19	Rever	nue less expenses. Subtract line 18 from line 12			570,76	9.	1,	751,	,386.
Net Assets or Fund Balances					Begin	ning of Current Y	ear	End	of Yea	r
sets	20	Total	assets (Part X, line 16)	[5,236,41	2.	7,	398,	667.
AB	21		liabilities (Part X, line 26)			1,076,20	9.	1,	487,	,078.
E E	22		ssets or fund balances. Subtract line 21 from line 20.			4,160,20	3.	5,	911,	,589.
Pa	rt II	Sig	gnature Block							
Und	der pe	nalties o	of perjury, I declare that I have examined this return, including accompanying schedu	les and stateme	ents, a	nd to the best of	my kr	owledge	and be	elief, it is
true	e, corre	ct, and	complete. Declaration of preparer (other than officer) is based on all information of which	ch preparer has	any kr	owledge.				
			Gara Meradell			11/15	5/20	20		
Sig		5	Signature of officer			Date				
Hei	re		GARY MENDELL PRESIDE	INT						
		_	Type or print name and title							
			/Type preparer's name Preparer's signature	Date		Chook	if P1	ΓIN		
Paid	I		NIFER K HICKS GaniPublic	11/16/2	2020	Check 9 P	M ES	P013	8377	9
Prep	oarer		ATTARES C MARCAT MAYAND ITS			Firm's EIN ▶ 2		57621	0	
Use	Only		s name ALVAREZ & MARSAL TAXAND, LLC s address >655 15TH STREET, NW WASHINGTON, DC 2000	5				729-2		
N/a-	, tha	_	iscuss this return with the preparer shown above? (see instructions)							—
_										No (2019)
ror	rape	WOLK	Reduction Act Notice, see the separate instructions.					rorr	□ ラブリ	/ (∠UT9)

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Pa	Statement of Program Service Accomplishments	X
1	Check if Schedule O contains a response or note to any line in this Part III	^_
2	Did the organization undertake any significant program services during the year which were not listed on the	
		X No
3		X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measurexpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$2,329,558. 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.	
	(Code:)(Expenses \$859,690. including grants of \$)(Revenue \$) ADVOCACY - ADVOCATE FOR CHANGE, INCLUDING PUBLIC POLICIES THAT BETTER ADDRESS THIS PROFOUND PUBLIC HEALTH CRISIS.	
4c	(Code:) (Expenses \$2,672,963. including grants of \$) (Revenue \$) TASK TREATMENT FORCE - SHATTERPROOF IS DEVELOPING A RATING SYSTEM)	
	FOR ADDICTION TREATMENT PROGRAMS THAT GIVES CONSUMERS THE KNOWLEDGE THEY NEED TO FIND EFFECTIVE TREATMENT AND DRIVE QUALITY	
	CARE IMPROVEMENTS. SHATTERPROOF IS ALSO WORKING TOWARDS PAYER	
	REFORM TO ENSURE ADDICTION TREATMENT IS PAID FOR BY PRIVATE HEALTH	
	INSURANCE AND THAT SPECIALTY ADDICTION TREATMENT PROGRAMS OFFER	
	ALL THREE FDA-APPROVED MEDICATIONS FOR ADDICTION.	
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 5,862,211.	

4e Total program service expenses ► JSA 9E1020 2.000

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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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		X
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		Х
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			3.5
	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			3.5
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	44-	Х	
	complete Schedule D, Part VI	11a		
D	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	446		Х
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		- 21
C	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		Х
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		- 21
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	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			
u	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	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		X
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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			37
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form **990** (2019)

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Part IV Checklist of Required Schedules (continued)

ı aı	Officerial of Required Officeries (continued)			
	7		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			37
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		3.5	
	employees? If "Yes," complete Schedule J	23	X	
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			37
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	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?			
	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? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	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		X
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
	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,"			
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
_	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			37
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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			3.7
	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		7.7	
_	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	<u> </u>	Yes	. L
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		res	No
		-		
	Enter the number of Fermi W 20 included in line fat. Enter of infect applicable [1,1,1,1,1]	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		Ì

Form 990 (2019) Page 5

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		X
	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
h	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).			
5.2	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
		5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	62		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	66		
_	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			37
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		X
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.			
а	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			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
-	against amounts due or received from them.)			
12 a	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
D				
_	and organization to the quantity of the property of the proper			
	Enter the amount of reserves on hand	140		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<i>1</i> \
	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	4-		
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N.	4.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

SHATTERPROOF A NONPROFIT CORPORATION Page 6 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 12 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. 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 3 Did the organization delegate control over management duties customarily performed by or under the direct X 3 supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 X 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 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," 12c X 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 organization's exempt status with respect to such arrangements?.................. Section C. Disclosure ATTACHMENT 2 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)

17

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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

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

State the name, address, and telephone number of the person who possesses the organization's books and records Parmila Phillips 101 Merritt 7 Corporate Park, 1ST FLOOR NORWALK, CT 06851 203-849-2218 20

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.

Calcal C					(0	C)					
Charlest Chouse	(A)	(B)			Pos	sition			(D)	(E)	(F)
Office Component Compone	Name and title	Average							Reportable	Reportable	Estimated amount
Company Comp									· ·	•	
California Cal		·						'			·
Comparizations below dotted line Section			Indiv	nsti	Offic	ey.	emp High	Form	_	_	
Carry Carr			rect.	tutio	ĕ	emp	est o	let			related organizations
Carry Carr		_	l a E	nal 1		loye	w m				
Carry Carr			stee	rust		Ф	pens				
(1)KEVIN ROY CHIEF POLICY OFFICER 0. X 315,000. 0. 6,300. (2)KIRSTEN SECKLER 40.00 CHIEF COMMUNICATIONS OFFICER 0. X 275,000. 0. 0. (3)MARY MILLER 40.00 EMPLOYEE 0. X 240,000. 0. 800. (4)SAM ARSENAULT EMPLOYEE 0. X 126,500. 0. 4,125. (5)MATTHEW STEFANKO 40.00 EMPLOYEE 0. X 120,000. 0. 0. (6)GARY MENDELL 0. X 120,000. 0. 0. 0. (7)ANTHONY RUTLEDGE 0. X X 0. 0. 0. 0. (8)GILBERT G. MENNA EXECUTIVE ADVISOR DIRECTOR 0. X X 0. 0. 0. 0. (10)JEFFREY ASSAF DIRECTOR 0. X X 0. 0. 0. 0. (11)MARK WALLER DIRECTOR 0. X 0. 0. 0. 0. (12)GARY HENSON DIRECTOR 0. X 0. 0. 0. 0. (13)HOWARD FINKELSTEIN 0. DIRECTOR 0. X 0. 0. 0. 0. (14)RUSS MITCHELL 0. 0. 0. 0. 0. 0.		,		ee			satec				
CHIEF POLICY OFFICER											
C2)KIRSTEN SECKLER	(1)KEVIN ROY	40.00									
CHIEF COMMUNICATIONS OFFICER O. X 275,000. O. O.	CHIEF POLICY OFFICER	0.			Х				315,000.	0.	6,300.
Camployee	(2)KIRSTEN SECKLER	40.00									
EMPLOYEE	CHIEF COMMUNICATIONS OFFICER	0.				Х			275,000.	0.	0.
(4) SAM ARSENAULT 40.00 EMPLOYEE 0. X 126,500. 0. 4,125. (5) MATTHEW STEFANKO 40.00 X 120,000. 0. 0. EMPLOYEE 0. X 120,000. 0. 0. (6) GARY MENDELL 0. X X 0. 0. 0. PRESIDENT/CHAIRMAN 0. X X 0. 0. 0. 0. (7) ANTHONY RUTLEDGE 0. X X 0. 0. 0. 0. TREASURER 0. X X 0. 0. 0. 0. (8) GILBERT G. MENNA 0. X X 0. 0. 0. EXECUTIVE ADVISOR 0. X X 0. 0. 0. Q) JONATHAN E. FIELDING 0. X X 0. 0. 0. DIRECTOR 0. X X 0. 0. 0. 0. (10) JEFFREY ASSAF 0. 0. 0. 0. 0. 0. 0. 0.	(3)MARY MILLER	40.00									
EMPLOYEE	EMPLOYEE	0.					X		240,000.	0.	800.
C5 MATTHEW STEFANKO	(4) SAM ARSENAULT	40.00									
EMPLOYEE	EMPLOYEE	0.					X		126,500.	0.	4,125.
C6 GARY MENDELL	(5) MATTHEW STEFANKO	40.00									
PRESIDENT/CHAIRMAN	EMPLOYEE	0.					X		120,000.	0.	0.
(7) ANTHONY RUTLEDGE	(6) GARY MENDELL	0.									
TREASURER 0.		0.	X		Χ				0.	0.	0.
(8)GILBERT G. MENNA	(7) ANTHONY RUTLEDGE	0.									
EXECUTIVE ADVISOR 0. X X X 0. 0. 0. (9)JONATHAN E. FIELDING 0. X X 0. 0. 0. DIRECTOR 0. X X 0. 0. 0. DIRECTOR 0. X X 0. 0. 0. (11) MARK WALLER 0. DIRECTOR 0. X X 0. 0. 0. 0. (12) GARY HENSON 0. X X 0. 0. 0. 0. 0. 0. DIRECTOR 0. X X 0. 0. 0. 0. 0. 0. (13) HOWARD FINKELSTEIN 0. X X 0. 0. 0. 0. 0. 0. 0. 0. (14) RUSS MITCHELL 0. X X 0. 0. 0. 0. 0. 0. 0. 0. 0.	TREASURER	0.	X		Χ				0.	0.	0.
O	(8) GILBERT G. MENNA	0.									
DIRECTOR 0.	EXECUTIVE ADVISOR	0.	Х		Х				0.	0.	0.
Column	(9) JONATHAN E. FIELDING										
DIRECTOR 0. X 0. 0. 0. (11) MARK WALLER 0. X 0. 0. 0. 0. DIRECTOR 0. X 0. 0. 0. 0. (12) GARY HENSON 0. X 0. 0. 0. 0. DIRECTOR 0. X 0. 0. 0. 0. (13) HOWARD FINKELSTEIN 0. X 0. 0. 0. 0. DIRECTOR 0. X 0. 0. 0. 0. (14) RUSS MITCHELL 0. 0. 0. 0. 0. 0.		0.	X		Χ				0.	0.	0.
MARK WALLER	(10) JEFFREY ASSAF	0.									
DIRECTOR 0. X 0. 0. 0. (12) GARY HENSON 0. X 0. 0. 0. DIRECTOR 0. X 0. 0. 0. (13) HOWARD FINKELSTEIN 0. X 0. 0. 0. DIRECTOR 0. X 0. 0. 0. (14) RUSS MITCHELL 0. 0. 0.		0.	X						0.	0.	0.
(12) GARY HENSON 0. DIRECTOR 0. X 0. 0. 0. (13) HOWARD FINKELSTEIN 0.	(11) MARK WALLER	0.									
DIRECTOR 0. X 0. 0. 0. (13) HOWARD FINKELSTEIN 0. X 0. 0. 0. 0. DIRECTOR 0. X 0. 0. 0. 0. (14) RUSS MITCHELL 0. 0. 0. 0. 0. 0.		0.	X						0.	0.	0.
(13) HOWARD FINKELSTEIN 0. DIRECTOR 0. X 0. 0. 0. (14) RUSS MITCHELL 0.<	(12) GARY HENSON	0.									
DIRECTOR 0. X 0. 0. (14) RUSS MITCHELL 0. 0.		0.	Х						0.	0.	0.
(14) RUSS MITCHELL 0.	(13) HOWARD FINKELSTEIN	0.									
		0.	Х						0.	0.	0.
DIRECTOR 0. X 0. 0.		0.									
	DIRECTOR	0.	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Form 990 (2019) Page **8**

(A)	(B)				C)			(D)	(E)			(F)
Name and title	Average hours per	Position (do not check more than one					ne	Reportable compensation	Reportable compensation from		imated ount of	
	week (list any	box,	unles	ss pe	erson	is both	an	from	related		c	other
	hours for related					tor/trust g <u>∓</u>		the organization	organization (W-2/1099-N			ensation m the
	organizations	divic dire	stitu	Officer	ey er	ghea	Former	(W-2/1099-MISC)	(00-2/1099-1	viisc)		inization
	below dotted line)	lual 1	tiona	,	Key employee	st co yee	~	,				related nizations
		Individual trustee or director	Institutional trustee		/ee	mpei					0.94	
		ě	stee			Highest compensated employee						
15) KEN ZIMMERMAN	0.					8						
DIRECTOR	0 .	X						0.		0.		0
16) JEN VELEZ	0.											
DIRECTOR	0.	Х						0.		0.		0
17) PAM JENKINS	0.											
DIRECTOR	0.	Х						0 .		0.		0
1h Sub-total								1,076,500.		0.		11,225.
1b Sub-total c Total from continuation sheets to Part VII, S	ection A		• •		• •			0.		0.		0.
d Total (add lines 1b and 1c)	-		-				•	1,076,500.		0.		11,225.
2 Total number of individuals (including but not reportable compensation from the organizatio	limited to t	hose					o re	ceived more than	\$100,000 o	f		
												Yes No
3 Did the organization list any former office	er, directo	r, or	tru	ıste	e,	key e	emp	loyee, or highes	t compensa	ted		
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ina	livid	ual							3	X
4 For any individual listed on line 1a, is the	sum of rep	ortab	ole d	com	per	nsatio	n ai	nd other compens	sation from	the		
organization and related organizations gr										uch		X
individual										uol	4	21
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5	Х
Section B. Independent Contractors	, -						<i>p</i>					
1 Complete this table for your five highest com- compensation from the organization. Report of year.												
(A) Name and business add	droce							(B) Description of se	arvicos.		(C)	ation
name and pusiness add	a1 533							Description of Se	N VICES		ompens	auur
2 Total number of independent contractors (in more than \$100,000 in compensation from th				nited	d to		e li	isted above) who	received			

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Part VIII Statement of Revenue

(A) (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 3,520,192 **c** Fundraising events 1c d Related organizations e Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 6.720.815 1f g Noncash contributions included in 130,445 1g \$ 10,241,007 **Business Code** Program Service Revenue е f All other program service revenue 0. Investment income (including dividends, interest, and 56,196 56,196. 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 3,520,192. events (not including \$ ___ of contributions reported on line 1,262,143. 1c). See Part IV, line 18 8a 1,262,143 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 10,297,203. 56,196.

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 foreign 0 individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, 590,000. 590,000. 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) 2,623,990 1,305,366. 267,850 1,050,774. 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 507,708. 507,708. 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 1,971,958. 1,904,298. 67,660. (A) amount, list line 11g expenses on Schedule O.) ATCH - 3269,067. 269,067. 12 Advertising and promotion 58,111. 58,111. 13 Office expenses 338,220. 269,735. 15,144. 53,341. 14 Information technology 0 . 15 Royalties 160,422. 105,982. 35,592 18,848. 16 0 . 17 Travel Payments of travel or entertainment expenses 0 for any federal, state, or local public officials 425,121. 330,311. 3,517 91,293. 19 Conferences, conventions, and meetings 0 Payments to affiliates 277,377. 221,330. 2,888 53,159. 22 Depreciation, depletion, and amortization 19,360. 19,360. 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 7,965. 22,756. 11,378. 3,413. hBAD DEBT EXPENSE -4,097.-4,097CREDIT CARD FEES 144,210. 1,695. 142,515. dEVENT COSTS 480,424. 960,848. 480,424. 36,028. 139,092. 5,646. 180,766. e All other expenses 2,236,140. 8,545,817. 5,862,211. 447,466 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

X

if following SOP 98-2 (ASC 958-720) 13,278,602. 10,950,515. 2,328,087. Form 990 (2019) Page **11**

Part X Balance Sheet

Pa	art 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	2,402,063.	2	4,321,145.
	3	Pledges and grants receivable, net	1,117,791.	3	810,265.
	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.
ets	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
٩	9	Prepaid expenses and deferred charges	222,523.	9	150,120.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,228,223.	272 225		200 120
		Less: accumulated depreciation	372,325. 794,766.		209,130. 1,548,394.
	11	Investments - publicly traded securities	794,766.	11	1,548,394.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13 14	Investments - program-related. See Part IV, line 11	258,386.	13 14	258,386.
	15	Intangible assets	68,558.	15	101,227.
	16	Other assets. See Part IV, line 11	5,236,412.	16	7,398,667.
	17	Accounts payable and accrued expenses	174,234.	17	352,494.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	901,975.	19	1,134,584.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
Ś	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
apil		controlled entity or family member of any of these persons	0.	22	0.
Ξ	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	0.
	26	Total liabilities. Add lines 17 through 25	1,076,209.	26	1,487,078.
Secu		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alaı	27	Net assets without donor restrictions	2,416,961.	27	3,312,292.
B	28	Net assets with donor restrictions	1,743,242.	28	2,599,297.
Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	4,160,203.	32	5,911,589.
_	33	Total liabilities and net assets/fund balances	5,236,412.	33	7,398,667.

Form **990** (2019)

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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			97,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2			45,8	
3	Revenue less expenses. Subtract line 2 from line 1	3			51,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		4,1	60,2	203.
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		5,9	11,5	89.
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	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 cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and 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 aud					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and 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 accounts	int?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e		I			
	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	lergo	the	7		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		

Form **990** (2019)

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

~			00111 01411 1011				10 1017	
Pa	rt I	Reason for Public Cha	rity Status (All o	rganizations must o	omplet	e this pa	art.) See instructions	
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 associa	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		•				
4		A medical research organiz	•	•				(iii). Enter the
		hospital's name, city, and st	•	, , , , , , , , , , , , , , , , , , , ,				, , , , , , , , , , , , , , , , , , , ,
5		An organization operated		a college or universit	v owne	d or ope	rated by a governme	ntal unit described in
-		section 170(b)(1)(A)(iv). (C			,			
6		A federal, state, or local go		rnmental unit describe	d in sect	ion 170/	h)(1)(Δ)(v)	
7	X	An organization that norma						om the general nublic
•		described in section 170(b)	=	· ·	pport in	om a go	verninental unit of the	on the general public
8		A community trust describe		· · · · · · · · · · · · · · · · · · ·	Dart II \			
9		An agricultural research org	-		-		Lin conjunction with a	land-grant college
9			=			-	=	
		or university or a non-land-	grant college of ag	filculture (see instruct	ions). E	niter the i	name, city, and state of	the college of
40		university:	Illy #0.00 is (0.0) (1) mo	are then 221/20/ of ite	0110000	from 00		in food and arose
10		An organization that norma receipts from activities rela support from gross investm acquired by the organization	ted to its exempt f nent income and u n after June 30, 19	unctions - subject to on the subject to one of the subject to subj	certain e able inco (a)(2). (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3% of its
11	_	An organization organized	•	•	-		, , , ,	
12		An organization organized		-	-			
		of one or more publicly su						
	_	Check the box in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g.
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	_	_ supporting organization. `	You must complet	e Part IV, Sections A	and B.			
b		Type II. A supporting org	anization supervise	ed or controlled in co	nnection	with its	supported organization	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e persor	s that control or man	age the supported
		organization(s). You must	complete Part IV	, Sections A and C.				
С		Type III functionally inte	grated. A supporti	ng organization opera	ited in c	onnectio	n with, and functional	ly integrated with,
		its supported organization						
d		Type III non-functionally						ted organization(s)
		that is not functionally inte						= ::
		requirement (see instruct	-	-	-		· ·	
е		Check this box if the orga		-				I, Type III
		functionally integrated, or						. 31
f	En	ter the number of supported			-	_		
g		ovide the following information	_					
		lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
		-		(described on lines 1-10		ur governing	support (see	other support (see
				above (see instructions))	Yes	ment?	instructions)	instructions)
					103			
(A)								
(B)								
(C)								
(D)								
(E)								
Tot	al							

Schedule A (Form 990 or 990-EZ) 2019

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.)

Calendar year (or fiscal year beginning in) ▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membraship fees received. (Do not include any "unusual grants.") 4,245,455. 4,968,600. 6,487,274. 7,849,791. 10,241,807. 33,888,997. 3 The value of services or fraillities furnished by a governmental unit to the organizations benefit and either paid to or expended on its behalf and either paid to or expended either paid to either paid to or expended either paid to either paid	Sec	tion A. Public Support						
membership fees received. (Do not include any "unusual grants") ,	Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
organization's benefit and either paid to or expended on its behalf . 3 The value of services or facilities furnished by a governmental unit to the organization without charge . 4 Total Add lines 1 through 3	1	membership fees received. (Do not	4,246,455.	4,968,600.	6,433,234.	7,949,701.	10,241,007.	33,838,997.
turnished by a governmental unit to the organization without charge	2	organization's benefit and either paid						0.
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 included on line 1 that exceeds 2% of the amount included on line 1 that exceeds 2% of the amount included on line 1 that exceeds 2% of the amount included on line 1 that exceeds 2% of the amount included on line 1 that exceeds 2% of the amount included on line 1 that exceeds 2% of the amount included on line 1 that exceeds 2% of the amount of the amount included on line 1 that exceeds 2% of the amount of	3	furnished by a governmental unit to the						0.
seach person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount of 1,87°E 1, 1. 8 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal year beginning in) 7 Amounts from line 4 4, 246, 455. 4, 968, 600 6, 433, 234. 7, 949, 701 10, 241, 007 13, 838, 997. 8 Gross income from interest, dividends, payments received on securities loans, reents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 14 Public support percentage from 2018 Schedule A, Part II, line 14 15 84, 48 % 16 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box	4	Total. Add lines 1 through 3	4,246,455.	4,968,600.	6,433,234.	7,949,701.	10,241,007.	33,838,997.
Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4	5	each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
Section B. Total Support Calendar year (or fiscal year beginning in) A mounts from line 4								1,898,038.
Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 4, 246, 455, 4, 968, 600, 6, 433, 234, 7, 949, 701, 10, 241, 007, 33, 838, 997. Refrost income from interest, dividends, payments received on securities loans, rents, royatities, and income from similar sources Payments received on securities loans, rents, royatities, and income from unrelated business activities, whether or not the business is regularly carried on Pay Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 33, 920, 668. 11 Total support. Add lines 7 through 10. 33, 920, 668. 12 Gross receipts from related activities, etc. (see instructions). 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)). 15 Bata and 15 Bata and 16 Bata a		• •						31,940,959.
7 Amounts from line 4		•						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on	Cale		` '	` ′		` ,	` ,	
9 Net income from unrelated business activitities, whether or not the business is regularly carried on		Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						
activities, whether or not the business is regularly carried on		similar sources	227.	253.	7,346.	17,649.	56,196.	81,671.
loss from the sale of capital assets (Explain in Part VI.)	9	activities, whether or not the business						0.
12 Gross receipts from related activities, etc. (see instructions)	10	loss from the sale of capital assets						0.
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	11	Total support. Add lines 7 through 10						33,920,668.
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	12	Gross receipts from related activities, etc. (s	see instructions)				12	
Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	13	First five years. If the Form 990 is forganization, check this box and stop here	or the organizat	ion's first, secon	d, third, fourth,	or fifth tax yea	ar as a section	
Public support percentage from 2018 Schedule A, Part II, line 14	Sec							
16a 33 1/3 % support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	14			•				
box and stop here. The organization qualifies as a publicly supported organization. b 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	-							
b 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	16a		_					
this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see								
 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 	b							
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Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see	17a							
b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see							-	-
 b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 					_		· · · · · ·	
15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	D		-					
supported organization		=						-
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see						_	-	
	12	· · ·						
	10							

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.)

				, ,	•	<u>'</u>	
	tion A. Public Support	(2) 2015	(b) 2016	(a) 2017	(4) 2019	(a) 2010	(f) Total
_	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
7 a	Amounts included on lines 1, 2, and 3						
	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support					1	
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 10 a	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
. 2	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	ation's first, seco	nd. third. fourth	or fifth tax v	ear as a section	501(c)(3)
	organization, check this box and stop here.	•			•		` ' ` '
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2019 (line 8,			mn (f))		15	%
16	Public support percentage from 2018 Sche	, ,	•				%
	tion D. Computation of Investment					1	
17	Investment income percentage for 2019 (lir			13. column (f))		17	%
18	Investment income percentage from 2018 S						/ 8
	331/3% support tests - 2019. If the or					•	
u	17 is not more than 331/3%, check thi	-					
b	331/3% support tests - 2018. If the orga		-				
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of		•	•	. ,		
				, ,		555 monda	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c 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.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **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.
- c 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in Part VI.
- 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).
- **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).
- 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**.
 - **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.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit 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 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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3)	3b		
	3с		
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Schedule A (Form 990 or 990-EZ) 2019

Part	V Supporting Organizations (continued)			
			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 (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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.			
Sacti	on C. Type II Supporting Organizations	2		
Jecti	on c. Type ii Supporting Organizations		Yes	No
	Many and the filter and the first of the fir		163	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)? <i>If "No," describe in Part VI how control</i>			
	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 (2), 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).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	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 government entity (see	instru		
2	Activities Test. Answer (a) and (b) below.		Yes	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 (a) 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	24		
-	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	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? Provide details in Part VI	20		
I-	trustees of each of the supported organizations? <i>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? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	a trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	-		•
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		
Section 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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
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 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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-functionally	y integra	ted Type III supporting	g organization (see
instructions).	-		

Schedule A (Form 990 or 990-EZ) 2019

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c. Breakdown of line 7:			
8	Excess from 2015			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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.)

			ATTACHMENT	Г 1
SCHEDULE A, PART II - EXCESS CONTRIBUTIONS	=			
(NOT OPEN TO PUBLIC INSPECTION)	TOTAL	T.E.S.S	2% OF	EXCESS CONTRIBUTION
CONTRIBUTOR NAME	CONTRIBUTION		11(F)	AMOUNT
GARY MENDELL AND RELATED PARTIES	2,376,624.		678,413.	1,698,211.
GORDON AND LLURA GUND FOUNDATION	792,249.		678,413.	113,836.
ROBERT WOOD JOHNSON	764,404.		678,413.	85,991.
TOTAL	3,933,277.			1,898,038.

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

or 990-PF)
Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2019

Employer identification number Name of the organization SHATTERPROOF A NONPROFIT CORPORATION 45-4619712 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule of Contributors

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization SHATTERPROOF A NONPROFIT CORPORATION

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	GARY MENDELL AND RELATED PARTIES 6 BLUEWATER HILL SOUTH WESTPORT, CT 06880	\$476,519.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	ALISON BLOOD 15 CENTRAL PARK WEST, APT 15G NEW YORK, NY 10023	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3_	ANTHONY AND VALERIE RUTLEDGE 530 MAIN ST N SOUTHBURY, CT 06488	\$92,125.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4	ARNE SORENSON 2203 WYOMING AVENUE NW WASHINGTON, DC 20008	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5_	CATHY R. SIEGEL 10375 WILSHIRE BLVD APT 14HK LOS ANGELES, CA 90024	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
6	GARY HENSON 15205 IRON HORSE CIRCLE LEAWOOD, KS 66224	\$88,153.	Person Payroll Noncash (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MARK & MARY MILLER 29 PARK DR S RYE, NY 10580	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	PETER F. TAUCK 272 HILLSPOINT RD WESTPORT, CT 06880	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	RICHARD & SUSAN BARRY 431 WEST BROWN STREET BIRMINGHAM, MI 48009	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 RONALD AND DONNA DOMSCH 7129 NOLAND ROAD	Total contributions	Person X Payroll Noncash (Complete Part II for
10 (a)	Name, address, and ZIP + 4 RONALD AND DONNA DOMSCH 7129 NOLAND ROAD SHAWNEE, KS 66216 (b)	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
10 (a) No.	Name, address, and ZIP + 4 RONALD AND DONNA DOMSCH 7129 NOLAND ROAD SHAWNEE, KS 66216 (b) Name, address, and ZIP + 4 RUSS & KATHY MITCHELL 210 COBBLERS HILL RD	\$ 5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	STEPHEN MENDELL AND RELATED PARTIES 101 MERRITT 7 CORPORATE PARK 1ST FLOOR NORWALK, CT 06851	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	AIMBRIDGE HOSPITALITY 5851 LEGACY CIRCLE, SUITE 400 PLANO, TX 75024	\$35,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	ALKERMES 852 WINTER STREET WALTHAM, MA 02451	\$150,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	ASSOCIATION FOR BEHAVIORAL HEALTHCARE		Person
	251 WEST CENTRAL STREET, SUITE 21 NATICK, MA 01760	\$5,000.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		\$ 5,000. (c) Total contributions	Payroll Noncash (Complete Part II for
(a)	NATICK, MA 01760 (b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	NATICK, MA 01760 (b) Name, address, and ZIP + 4 ATLANTIC REALTY 8150 LEESBURG PIKE, SUITE 1100	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Employer identification number 45-4619712

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	BEST WESTERN HOTELS & RESORTS 6201 N. 24TH PARKWAY PHOENIX, AZ 85016-2023	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	BMC HEALTHNET PLAN 529 MAIN ST, #500 CHARLESTOWN, MA 02129	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	BOSTON MEDICAL CENTER ONE BOSTON MEDICAL CENTER PLACE BOSTON, MA 02118	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 BROTHERS BROOK FUND 201 BROAD STREET	Total contributions	Person X Payroll Noncash (Complete Part II for
No	Name, address, and ZIP + 4 BROTHERS BROOK FUND 201 BROAD STREET STAMFORD, CT 06901 (b)	\$17,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No. 22 (a) No.	Name, address, and ZIP + 4 BROTHERS BROOK FUND 201 BROAD STREET STAMFORD, CT 06901 (b) Name, address, and ZIP + 4 CHOICE HOTELS INTERNATIONAL ONE CHOICE HOTEL CIRCLE	\$	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Employer identification number 45-4619712

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	CHUBB 436 WALNUT STREET WA9C PHILADELPHIA, PA 19106	\$90,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	CIGNA FOUNDATION 2 COLLEGE PARK DRIVE HOOKSETT, NH 03106	\$188,061.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	CITY NATIONAL BANK 555 SOUTH FLOWER STREET LOS ANGELES, CA 90071	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
No. 28	Name, address, and ZIP + 4 FOUR SEASONS 1165 LESLIE STREET TORONTO ONTARIO CANADA M3C 2K8		Person Payroll Noncash (Complete Part II for noncash contributions.)
	FOUR SEASONS 1165 LESLIE STREET TORONTO ONTARIO	Total contributions	Person X Payroll Noncash (Complete Part II for
	FOUR SEASONS 1165 LESLIE STREET TORONTO ONTARIO CANADA M3C 2K8 (b)	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
	FOUR SEASONS 1165 LESLIE STREET TORONTO ONTARIO CANADA M3C 2K8 (b) Name, address, and ZIP + 4 FRANCIS AND ANNMARIE TAYLOR 20 SWIFTS LANE	\$	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Employer identification number 45-4619712

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	GE FOUNDATION 3135 EASTON TPKE FAIRFIELD, CT 06828-0002	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	GILBERT MENNA 100 NORTHERN AVENUE BOSTON, MA 02210	\$12,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	GOODWIN PROCTOR LLP 100 NORTHERN AVENUE BOSTON, MA 02210	\$12,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<i>n</i> >		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 GREENWICH HOSPITAL 5 PERRYRIDGE ROAD	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 34 (a)	Name, address, and ZIP + 4 GREENWICH HOSPITAL 5 PERRYRIDGE ROAD GREENWICH, CT 06830 (b)	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
No. 34 (a) No.	Name, address, and ZIP + 4 GREENWICH HOSPITAL 5 PERRYRIDGE ROAD GREENWICH, CT 06830 (b) Name, address, and ZIP + 4 HIGHGATE HOTELS LP 545 E JOHN CARPENTER FWY	\$ 5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization SHATTERPROOF A NONPROFIT CORPORATION

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	HODGES WARD ELLIOTT, INC. 3344 PEACHTREE ROAD NORTHEAST, 25 FLOOR ATLANTA, GA 30326	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	JASON ALBARELLI MEMORIAL FOUNDATION		Person X Payroll
	324 BARRY SCOTT DRIVE FAIRFIELD, CT 06825	\$12,123.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	JPMORGAN CHASE BANK PO BOX 4521 NEWARK, DE 19714-4521	\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	KEVIN AND PEGGY KIRBY PO BOX 5127 SIOUX FALLS, SD 57117-5127	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	LOEWS CORPORATION 667 MADISON AVE, 6TH FLOOR	\$15,000.	Person Payroll Noncash
	NEW YORK, NY 10065		(Complete Part II for noncash contributions.)
(a) No.	NEW YORK, NY 10065 (b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II for

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	MARINER WEALTH ADVISORS 4200 W 115TH ST SUITE 100 LEAWOOD, KS 66211	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	MEGAN FLANIGAN 220 ANDERSON HILL RD PURCHASE, NY 10577	\$37,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	MERRITT HOSPITALITY 101 MERRITT 7, STE 3 NORWALK, CT 06851-1060	\$68,384.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	M K REICHERT STERNLICHT FOUNDATION 121 OLD MILL ROAD	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 46 (a)	M K REICHERT STERNLICHT FOUNDATION 121 OLD MILL ROAD GREENWICH, CT 06831 (b)	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No. 46 (a) No.	M K REICHERT STERNLICHT FOUNDATION 121 OLD MILL ROAD GREENWICH, CT 06831 (b) Name, address, and ZIP + 4 NEWMAN'S OWN FOUNDATION ONE MORNINGSIDE DRIVE NORTH	\$	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	OPTUM SERVICES INC. PO BOX 1459 MN008-W235 MINNEAPOLIS, MN 55440-1459	\$111,110.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50	PACIRA PHARMACEUTICALS 5 SYLVAN WAY STE 300 PARSIPPANY, NJ 07054	\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51	R.S. EVANS FOUNDATION, INC. 100 FIRST STAMFORD PLACE STAMFORD, CT 06902	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
Νο.	Name, address, and ZIP + 4	Total contributions	Type of contribution
No.	Name, address, and ZIP + 4 RESSLER/GERTZ FAMILY FOUNDATION 16130 VENTURA BLVD., STE. 320	Total contributions	Person X Payroll Noncash (Complete Part II for
52 (a)	Name, address, and ZIP + 4 RESSLER/GERTZ FAMILY FOUNDATION 16130 VENTURA BLVD., STE. 320 ENCINO, CA 91436-2531 (b)	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
No. 52 (a) No.	Name, address, and ZIP + 4 RESSLER/GERTZ FAMILY FOUNDATION 16130 VENTURA BLVD., STE. 320 ENCINO, CA 91436-2531 (b) Name, address, and ZIP + 4 ROBERT WOOD JOHNSON FOUNDATION 50 COLLEGE ROAD EAST	\$ 5,000.	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	THE GEORGE LINK JR CHARITABLE TRUST P.O. BOX 160 MILLTOWN, NJ 08550-1212	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56_	THE JACK & LINDA MITCHELL CHARITY FUND 86 MIDDLEBROOK FARM ROAD WILTON, CT 06897	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57	THE LADD FOUNDATION 10-271 CENTURY WOODS DRIVE LOS ANGELES, CA 90067	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 THE LIZZIE & JONATHON M. TISCH FAMILY 655 MADISON AVENUE	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 58	Name, address, and ZIP + 4 THE LIZZIE & JONATHON M. TISCH FAMILY 655 MADISON AVENUE NEW YORK, NY 10065 (b)	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
No. 58 (a) No.	Name, address, and ZIP + 4 THE LIZZIE & JONATHON M. TISCH FAMILY 655 MADISON AVENUE NEW YORK, NY 10065 (b) Name, address, and ZIP + 4 THE MERIDIAN GROUP 3 BETHESDA METRO CENTER, SUITE 1400	\$	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	TISBEST PHILANTHROPY 13751 LAKE CITY WAY, SUITE 122 SEATTLE, WA 98125	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62_	WARREN CROSS CHARITABLE FOUNDATION C/O CROSS SERV GROUP, 19 TECH CIRCLE NATICK, MA 01760-0000	\$7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63	WELLS FARGO 1750 H STREET NW, SUITE 550 WASHINGTON, DC 20006	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
No. 64	Name, address, and ZIP + 4 WHEELOCK STREET CAPITAL LLC 660 STEAMBOAT ROAD, 3RD FLOOR GREENWICH, CT 06830		Person Payroll Noncash (Complete Part II for noncash contributions.)
-	WHEELOCK STREET CAPITAL LLC 660 STEAMBOAT ROAD, 3RD FLOOR	Total contributions	Person X Payroll Noncash (Complete Part II for
64 (a)	WHEELOCK STREET CAPITAL LLC 660 STEAMBOAT ROAD, 3RD FLOOR GREENWICH, CT 06830 (b)	\$ 40,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	WHEELOCK STREET CAPITAL LLC 660 STEAMBOAT ROAD, 3RD FLOOR GREENWICH, CT 06830 (b) Name, address, and ZIP + 4 SEAVIEW INVESTORS LLC 3334 EAST COAST HIGHWAY	\$ 40,000.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	AETNA, INC. 151 FARMINGTON AVENUE HARTFORD, CT 06156	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68_	AETNA PO BOX 67103 HARRISBURG, PA 17106	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69_	ALLMED HEALTHCARE MANAGEMENT, INC 111 SW 5TH AVE, SUITE 1400 PORTLAND, OR 97204	\$18,750.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 BAKER HOSTETLER 1050 CONNECITUT AVENUE SUITE 1100 NW	Total contributions	Person X Payroll Noncash (Complete Part II for
70 (a)	Name, address, and ZIP + 4 BAKER HOSTETLER 1050 CONNECITUT AVENUE SUITE 1100 NW WASHINGTON, DC 20036 (b)	\$ 5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
70 (a) No.	Name, address, and ZIP + 4 BAKER HOSTETLER 1050 CONNECITUT AVENUE SUITE 1100 NW WASHINGTON, DC 20036 (b) Name, address, and ZIP + 4 BANK OF AMERICA - GLOBAL COMM BANKING 301 TRESSER BLVD, 11TH FLOOR	\$ 5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	BILL MITCHELL 670 POST ROAD EAST WESTPORT, CT 06880	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
74	BLUE CROSS NC PO BOX 2291 DURHAM, NC 27707	\$333,333.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>75</u>	BLUM SHAPIRO 29 SOUTH MAIN STREET PO BOX 272000 WEST HARTFORD, CT 06127	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 BOROUGHS FAMILY FOUNDATION 15 TWIN WALLS LANE	Total contributions	Person X Payroll Noncash (Complete Part II for
76 (a)	Name, address, and ZIP + 4 BOROUGHS FAMILY FOUNDATION 15 TWIN WALLS LANE WESTON, CT 06883 (b)	\$12,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
76 (a) No.	Name, address, and ZIP + 4 BOROUGHS FAMILY FOUNDATION 15 TWIN WALLS LANE WESTON, CT 06883 (b) Name, address, and ZIP + 4 BRAD AND KIM BLEVINS 1205 CANTERBURY DR	\$ 12,500.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	BRUCE AND VICKI HEYMAN 2035 NORTH MAGNOLIA CHICAGO, IL 60614	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80	CHICAGO TITLE INSURANCE CO - NY 711 THIRD AVENUE #500 NEW YORK, NY 10017	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81	CANTOR FITZGERALD RELIEF FUND ADMIN 110 E. 59TH STREET, FLOOR 5 NEW YORK, NY 10022	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 CAPSTAR HOTEL COMPANY LLC 10901 TARA ROAD	Total contributions	Person X Payroll Noncash (Complete Part II for
82 (a)	Name, address, and ZIP + 4 CAPSTAR HOTEL COMPANY LLC 10901 TARA ROAD POTOMAC, MD 20854 (b)	\$ 10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
No. 82 (a) No.	Name, address, and ZIP + 4 CAPSTAR HOTEL COMPANY LLC 10901 TARA ROAD POTOMAC, MD 20854 (b) Name, address, and ZIP + 4 COLEMAN FAMILY FOUNDATION 121 CONTINENTAL DR STE 107	\$ 10,000. (c) Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	CURTIS AND STACEY 101 CENTRAL PARK WEST APT 5C NEW YORK, NY 10023	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86	DAVID A. STEINBERG FAMILY FOUNDATION 1000 WISCONSIN AVE NW WASHINGTON, DC 20007	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87	DELTA GALIL, USA - MAURICE REZNIK 2ND PARK AVENUE, 17TH FLOOR NEW YORK, NY 10016	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88	DEBBIE BERNSTEIN 18 FAR HILL LANE PLEASANTVILLE, NY 10570	\$6,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	18 FAR HILL LANE	\$6,000. (c) Total contributions	Payroll Noncash (Complete Part II for
(a)	18 FAR HILL LANE PLEASANTVILLE, NY 10570 (b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	18 FAR HILL LANE PLEASANTVILLE, NY 10570 (b) Name, address, and ZIP + 4 DOUGLAS AND SHARON BECKER 19 DANIEL COURT	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	EILEEN YOUNG CHARITABLE FUND 41 DEVON STREET MASHPEE, MA 02649	\$6,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92_	ELAINE MADONNA APT 6M BOCA RATON, FL 33434	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93_	ELDONA HAMEL 620 MOUNTAIN HOME ROAD WOODSIDE, CA 94062	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 EMERGENT BIO SOLUTIONS 100 MATSONFORD ROAD, BLDG 4, #201	Total contributions	Person X Payroll Noncash (Complete Part II for
94 (a)	Name, address, and ZIP + 4 EMERGENT BIO SOLUTIONS 100 MATSONFORD ROAD, BLDG 4, #201 CONSHOHOCKEN, PA 19428 (b)	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
94 (a) No.	Name, address, and ZIP + 4 EMERGENT BIO SOLUTIONS 100 MATSONFORD ROAD, BLDG 4, #201 CONSHOHOCKEN, PA 19428 (b) Name, address, and ZIP + 4 EMINDFUL INC. 11315 CORPORATE BLVD. SUITE 210	\$	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97_	EVENT 360 55 EAST JACKSON BLVD SUITE 1010 CHICAGO, IL 60604	\$89,301.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98	FIRST REPUBLIC BANK 947 SW BROADWAY PORTLAND, OR 97205	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99_	FONTAINBLEAU RESORT 4441 COLLINS AVENUE MIAMI BEACH, FL 33140	\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100_	GEOFFREY BALLOTTI		Person X Payroll
	LONG VALLEY, NJ 07853	\$10,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.		\$	(Complete Part II for
	LONG VALLEY, NJ 07853	(c)	(Complete Part II for noncash contributions.)
No.	LONG VALLEY, NJ 07853 (b) Name, address, and ZIP + 4 GOLDMAN SACHS GIVES PO BOX 15203	(c) Total contributions	(Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	GOLDMAN SONNENFELDT FOUNDATION 146 CENTRAL PARK WEST SUITE 10D NEW YORK, NY 10023	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
104	GORDON AND LLURA GUND FOUNDATION 14 NASSAU STREET PRINCETON, NJ 08542	\$742,249.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
105	GREATER KANSAS CITY COMMUNITY FOUNDATION 1055 BROADWAY BLVD SUITE 130 KANSAS CITY, MO 64105	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
I			
No.	Name, address, and ZIP + 4 HEI HOSPITALITY 101 MERRITT 7 CORPORATE PARK, 1ST FLOOR	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 106	Name, address, and ZIP + 4 HEI HOSPITALITY 101 MERRITT 7 CORPORATE PARK, 1ST FLOOR NORWALK, CT 06851 (b)	\$ 30,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
No. 106 (a) No.	Name, address, and ZIP + 4 HEI HOSPITALITY 101 MERRITT 7 CORPORATE PARK, 1ST FLOOR NORWALK, CT 06851 (b) Name, address, and ZIP + 4 HIGHMARK HEALTH 120 FIFTH AVENUE PLACE	\$ 30,000.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	HRH FOUNDATION 936 OLIVE STREET MENLO PARK, CA 94025	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110	IHG-INTERCONTINENTAL HOTELS GROUP 3 RAVINIA DRIVE SUITE 100 ATLANTA, GA 30346	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111_	ICG ADVISORS - JEFF ASSAF 11111 SANTA MONICA BLVD SUITE 2100 LOS ANGELES, CA 90025	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 INTERSTATE HOTELS & RESORTS 4501 N. FAIRFAX DRIVE	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 112 (a)	Name, address, and ZIP + 4 INTERSTATE HOTELS & RESORTS 4501 N. FAIRFAX DRIVE ARLINGTON, VA 22203 (b)	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4 INTERSTATE HOTELS & RESORTS 4501 N. FAIRFAX DRIVE ARLINGTON, VA 22203 (b) Name, address, and ZIP + 4 JACIE & SCOTT WALKER 3117 AMHERST AVENUE	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	JANNOTTA - PEARSALL FAMILY FUND PO BOX 514 TETON VILLAGE, WY 83025	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_116	JEFF NIXON 34 JENNIE LANE WESTPORT, CT 06880	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117_	JIM HIMES FOR CONGRESS 857 POST ROAD #312 FAIRFIELD, CT 06824	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_118	JOHN AND ELIZABETH ANDERSON CHARITABLE 157 HICKORY KINGDOM ROAD BEDFORD, NH 10506	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	157 HICKORY KINGDOM ROAD	\$	Payroll Noncash (Complete Part II for
(a)	157 HICKORY KINGDOM ROAD BEDFORD, NH 10506 (b)	(c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	157 HICKORY KINGDOM ROAD BEDFORD, NH 10506 (b) Name, address, and ZIP + 4 JOHN LEPORE 167 OLD HYDE ROAD	(c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	KIMBERLY ELLIOT 12854 PICCADILLY CIRCLE FISHERS, IN 46037	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122	LABOR ASSISTANCE PROFESSIONALS Q505 KELLOM PL MINEOLA, NY 11501	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
123	LA COUNTY DEPARTMENT OF PUBLIC HEALTH 5050 COMMERENCE DRIVE BALDWIN PARK, CA 91706	\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 LEMONDADE INSURANCE COMPANY 5 CROSBY STREET	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 124 (a)	Name, address, and ZIP + 4 LEMONDADE INSURANCE COMPANY 5 CROSBY STREET NEW YORK, NY 10013 (b)	\$ 5,180.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No. 124 (a) No.	Name, address, and ZIP + 4 LEMONDADE INSURANCE COMPANY 5 CROSBY STREET NEW YORK, NY 10013 (b) Name, address, and ZIP + 4 LIVE OAK BANK 1741 TIBURON DRIVE	\$ 5,180.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	MADISON ENTERTAINMENT ASSOCIATES - DJ D. 39 E58TH STREET NEW YORK, NY 10022	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
128_	MAGELLAN HEALTH 55 NOD ROAD AVON, CT 06001	\$160,100.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
129_	MANAGED MARKETS INSIGHT & TECHNOLOGY 1040 STONY HILL DRIVE SUITE 300 YARDLY, PA 19067	\$12,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	MARINER WEALTH ADVISORS 5700 W. 112TH STREET SUITE 200	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 130 (a)	MARINER WEALTH ADVISORS 5700 W. 112TH STREET SUITE 200 OVERLAND PARK, KS 66211 (b)	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No. 130 (a) No.	MARINER WEALTH ADVISORS 5700 W. 112TH STREET SUITE 200 OVERLAND PARK, KS 66211 (b) Name, address, and ZIP + 4 MARK WOODWORTH 3110 KINGSCLIFF WAY	\$ 25,000. (c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_133	MEDECISION LIBERATION 11 COWBOYS WAY FRISCO, TX 75034	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_134	MOVADO GROUP FOUNDATION 650 FROM ROAD SUITE 375 PARAMUS, NJ 07652	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
135_	NANCY BOSSIDY 452 W MOUNTAIN ROAD RIDGEFIELD, CT 06877	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
136	O'DONNELL GIVING FUND 144 GREEN BAY ROAD WINNETKA, IL 60093	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
137	OPTUM PO BOX 9472 MINNEAPOLIS, MN 55440	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
138	OPTUM RX 1600 MCCONNOR PARKWAY SCHAUMBURG, IL 60173	\$20,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139	PEBBLEBROOK HOTEL TRUST 4747 BETHESDA AVENUE SUITE 1100 BETHESDA, MD 20814	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_140	PETER FRIEDMAN 38 HIGH MEADOW ROAD CAMPBELL HALL, NY 10916	\$18,336.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
141_	PM-D'ANTONIO FAMILY FUND 18 WESTBURY ROAD GARDEN CITY, NY 11530	\$100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(-)	(4)
No.	Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
I			
No.	Name, address, and ZIP + 4 RANDY EISNMAN 220 LA JOLA COVE	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 142 (a)	Name, address, and ZIP + 4 RANDY EISNMAN 220 LA JOLA COVE WESTWORTH VILLAGE, TX 76114 (b)	\$25,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No. 142 (a) No.	Name, address, and ZIP + 4 RANDY EISNMAN 220 LA JOLA COVE WESTWORTH VILLAGE, TX 76114 (b) Name, address, and ZIP + 4 RIZE MASSACHUSETTS 101 HUNTINGTON AVENUE SUITE 1300 MS 0116	\$ 25,500.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145_	RUSSELL MAGUIRE FOUNDATION 16 DOVERTON DRIVE GREENWICH, CT 06831	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
146_	S & A INDUSTRIES P.O. BOX 307 GARNERVILLE, NY 10923	\$6,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
147	SEABREEZE FOUNDATION P.O. BOX 1501, NJ2-130-03/31 PENNINGTON, NJ 08534	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
I			
No.	Name, address, and ZIP + 4 SHEP MURRAY 181 HARBOR DRIVE	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 148	Name, address, and ZIP + 4 SHEP MURRAY 181 HARBOR DRIVE STAMFORD, CT 06902 (b)	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No. 148 (a) No.	Name, address, and ZIP + 4 SHEP MURRAY 181 HARBOR DRIVE STAMFORD, CT 06902 (b) Name, address, and ZIP + 4 STEPHEN MENDELL FAMILY DONOR ADVISED FUN 1521 GEORGETOWN ROAD SUITE 104	\$ 5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	STEVE MADDEN 5216 BARRNETT AVENUE LONG ISLAND CITY, NY 11104	\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
152	TEACH A MAN TO FISH FOUNDATION 17595 HAVARD AVENUE, SUITE C511 IRVINE, CA 92614	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
153_	THE ARNOLD FOUNDATION (LIAF) 1717 WEST LOOP SOUTH SUITE 1800 HOUSTON, TX 77027	\$464,404.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(-)	/L\		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
I	· ·		
No.	Name, address, and ZIP + 4 THE BARRY S. STERNLICHT FOUNDATION 501 SILVERSIDE ROAD, SUITE 123	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 154 (a)	Name, address, and ZIP + 4 THE BARRY S. STERNLICHT FOUNDATION 501 SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE 19809 (b)	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No. 154 (a) No.	Name, address, and ZIP + 4 THE BARRY S. STERNLICHT FOUNDATION 501 SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE 19809 (b) Name, address, and ZIP + 4 THE BIRZER FAMILY FOUNDATION 1055 BROADWAY BLVD, SUITE 130	\$	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Employer identification number 45-4619712

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
157	THE CAREY FAMILY FUND 685 POST ROAD DARIEN, CT 06820	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
158_	THE CARL MARKS FOUNDATION / ANDY BOAS 575 RIVERSIDE AVENUE, SUITE 202A WESTPORT, CT 06880	\$34,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
159	THE CONNOR SCOTT ZIEKY FUND 5 PEMBROKE DRIVE AVON, CT 06001	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 THE CROWLEY FAMILY FUND 20 ISLAND DRIVE	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 160 (a)	Name, address, and ZIP + 4 THE CROWLEY FAMILY FUND 20 ISLAND DRIVE RYE, NY 10580 (b)	\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No. 160 (a) No.	Name, address, and ZIP + 4 THE CROWLEY FAMILY FUND 20 ISLAND DRIVE RYE, NY 10580 (b) Name, address, and ZIP + 4 THE D & P BAYLY FAMILY FOUNDATION P.O. BOX 226	\$ 8,000. (c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Employer identification number 45-4619712

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
163	THE ELIZABETH MORSE GENIUS CHARITABLE TR 135 SOUTH LASALLE STREET CHICAGO, IL 60603	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
164	THE ETRAVELER CHARITABLE FUND 5 SPRING STREET RIVERSIDE, CT 06878	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
165_	THE FIELDING FAMILY CHARITABLE FUND 12735 HANOVER STREET LOS ANGELES, CA 90049	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 THE GANEK FAMILY FOUNDATION 757 3RD AVENUE FI 20	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 166	Name, address, and ZIP + 4 THE GANEK FAMILY FOUNDATION 757 3RD AVENUE FI 20 NEW YORK, NY 10017 (b)	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
No. 166 (a) No.	Name, address, and ZIP + 4 THE GANEK FAMILY FOUNDATION 757 3RD AVENUE FI 20 NEW YORK, NY 10017 (b) Name, address, and ZIP + 4 THE GEORGE LINK, JR. FOUNDATION, INC. 200 PARK AVENUE, 54TH FLOOR	\$ 5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Employer identification number 45-4619712

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
169	THE JOSEPH F. STEIN FAMILY FOUND. INC. 30 GLENN STREET WHITE PLAINS, NY 10603	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
170	THE JOYCE & IRVING GOLDMAN FAMILY FOUND. 417 FIFTH AVENUE, 4TH FLOOR NEW YORK, NY 10016	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
171	THE KLEEMAN FAMILY FUND 40 RICHARDS AVENUE NORWALK, CT 06854	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 THE LEEDS FAMILY FOUNDATION/LARRY LEEDS 1016 FIFTH AVENUE, APT 10A	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 172 (a)	Name, address, and ZIP + 4 THE LEEDS FAMILY FOUNDATION/LARRY LEEDS 1016 FIFTH AVENUE, APT 10A NEW YORK, NY 10028 (b)	\$ 20,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
No. 172 (a) No.	Name, address, and ZIP + 4 THE LEEDS FAMILY FOUNDATION/LARRY LEEDS 1016 FIFTH AVENUE, APT 10A NEW YORK, NY 10028 (b) Name, address, and ZIP + 4 THE LEONA M. & HARRY B. HELMSLEY CHAR TR 230 PARK AVENUE, SUITE 659	\$	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Employer identification number 45-4619712

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
175	THE PETER FLANIGAN MEMORIAL FUND 211 MAIN STREET SAN FRANCISCO, CA 94105	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
176	THE REINER FUND 86 COLEYTOWN ROAD WESTPORT, CT 06880	\$5,700.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
177_	THE REZNIK FAMILY CHARITY FUND 8 BALDWIN PLACE WESTPORT, CT 06880	\$5,300.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
178	THE RICHARD & ROBIN PZENA CHARITABLE FUN 791 PARK AVENUE, APT 5B NEW YORK, NY 10021	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
179	THE RONALD D. DEFFENBAUGH FOUNDATION		Person X
	P.O. BOX 482146 KANSAS, MO 64146	\$50,000.	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		\$ 50,000. (c) Total contributions	Payroll Noncash (Complete Part II for

Employer identification number 45-4619712

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181	THE SAUNDERS FAMILY CHARITABLE FUND 36 GALLEON STREET MARINA DEL RAY, CA 90292-5903	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
182_	THE VARVEL FAMILY CHARITABLE FUND 253 ROUND HILL ROAD GREENWICH, CT 06831	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
183_	THE WARWICK FAMILY FUND 1921 COUNTRY CLUB LANE LITTLE ROCK, AR 72207	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4 THE WIGGINS FOUNDATION, INC. 12 NORTH ROAD	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 184 (a)	Name, address, and ZIP + 4 THE WIGGINS FOUNDATION, INC. 12 NORTH ROAD DARIEN, CT 06820 (b)	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No. 184 (a) No.	Name, address, and ZIP + 4 THE WIGGINS FOUNDATION, INC. 12 NORTH ROAD DARIEN, CT 06820 (b) Name, address, and ZIP + 4 THE WILENS/LONGACRE FAMILY FUND 2 RIVER LANE	\$ 5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Employer identification number 45-4619712

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187	THOMAS M JUTERBOCK 9 NYLKED TERRACE NORWALK, CT 06853	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_188	TOM AND ROBBIE HALES 207 PACER LANE TRAPPE, PA 19426	\$6,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
189_	UHG / OPTUM 4 WALNUT GROVE DRIVE HORSHAM, PA 19044	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	· · · · · · · · · · · · · · · · · · ·	Total Continuations	Type of contribution
190	USI INSURANCE SERVICES, LLC 4605 COLUMBUS STREET VIRGINIA BEACH, VA 23462	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
	USI INSURANCE SERVICES, LLC 4605 COLUMBUS STREET		Person X Payroll Noncash (Complete Part II for
	USI INSURANCE SERVICES, LLC 4605 COLUMBUS STREET VIRGINIA BEACH, VA 23462 (b)	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
190 (a) No.	USI INSURANCE SERVICES, LLC 4605 COLUMBUS STREET VIRGINIA BEACH, VA 23462 (b) Name, address, and ZIP + 4 VIRGINIA B. TOULMIN FOUNDATION 530 FIFTH AVENUE, 24TH FLOOR	\$ 5,000. (c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Employer identification number 45-4619712

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193	WBZ-TV - CBS CHANNEL 4 BOSTON 1170 SOLDIERS FIELD ROAD BOSTON, MA 02134	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
194	WEIL, GOTSHAL & MANGES LLP 767 FIFTH AVENUE NEW YORK, NY 10153	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
195	WEST COAST UNIV-CATALYSIS CAP MGMT INC. 151 INNOVATION DRIVE IRVINE, CA 92617	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
I			
No.	Name, address, and ZIP + 4 WEWORK HQ 115 W. 18TH STREET	Total contributions	Person X Payroll Noncash (Complete Part II for
No. 196	Name, address, and ZIP + 4 WEWORK HQ 115 W. 18TH STREET NEW YORK, NY 10011 (b)	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
No. 196 (a) No.	Name, address, and ZIP + 4 WEWORK HQ 115 W. 18TH STREET NEW YORK, NY 10011 (b) Name, address, and ZIP + 4 WILLIAM RAVEIS 2525 POST ROAD	\$ 7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

Employer identification number 45-4619712

art I	Contributors (see inst	ructions). Use duplicate	e copies of Part I if add	ditional space is needed.
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(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
199	YALE NEW HAVEN HEALTH 789 HOWARD AVENUE NEW HAVEN, CT 06519	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 45-4619712

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
198	GOLF CLUB TRIPS		
		\$19,650.	09/23/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
199	GIFT CERTIFICATES		
		\$3,205.	09/23/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
200	CLOTHING AND HOUSEHOLD GOODS		
		\$	09/23/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
201	TICKETS TO GAMES AND SHOWS		
		\$3,985.	09/23/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
202	SPORTS CLASSES		
		\$973.	09/23/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
203_	STAYCATION/TRIPS		
		\$5,700.	09/23/2019

Employer identification number 45-4619712

r art ii	Trondant reporty (600 mondono). 600 daphoato copioc	or rare in in additional opaco to moo	aoa.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
204	FOOD/BEVERAGE INVENTORY		
		\$500.	09/23/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
205	COOKING CLASSES		
		\$800.	09/23/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
206	MILLIE RAE'S PACKAGE - MARY ZUBRINSKY		
		\$175.	09/23/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
207	TINY DROPS OF LOVE - ELLEN MENDELL		
		<u> </u>	09/23/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\	

Name of organization SHATTERPROOF A NONPROFIT CORPORATION **Employer identification number** 45-4619712 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

•	Section 501(c)(4), (5), or (6) orga				
	e of organization	anzatorio. Compieto i art in.		Employer ide	ntification number
	TTERPROOF A NONPROFI	TT CORDORATION		45-4619	
		organization is exempt under	section 501(c) or i		
	•	organization's direct and indirect p			
1	•		onitical campaign at	stivities in Part IV. (See if	ISH UCHOTIS TO
_	definition of "political campa			. Φ	
2		xpenditures (see instructions)			
3	Volunteer hours for political	campaign activities (see instruction	ns)		
Par	-	organization is exempt under s			
1		cise tax incurred by the organizatio			
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
					Yes No
	If "Yes," describe in Part IV.				
Par	t I-C Complete if the c	organization is exempt under	section 501(c), ex	cept section 501(c)(3).
1		xpended by the filing organization			
2	Enter the amount of the filin	g organization's funds contributed	to other organization	ons for section	
	527 exempt function activities	es		▶\$	
3	Total exempt function expe	enditures. Add lines 1 and 2. Ent	er here and on For	m 1120-POL,	
	line 17b			▶\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5		and employer identification numb			
		s. For each organization listed, en			
		tributions received that were prom nd or a political action committee (I			
		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				ranas ir none, enter o .	delivered to a separate
					political organization. If
					none, enter -0
(1)					
(-,					
(2)					
(-,					
(3)					
(0)					
(4)					
(*)					
(5)					
(3)					
(6)					
(0)					

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

Schedule C (Form 990 or 990-EZ) 2019

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Pa	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
Α		longs to an affiliated group (and list in Part IV eand share of excess lobbying expenditures).	ach affiliated group memb	er's name,
В	Check ▶ if the filing organization ch	ecked box A and "limited control" provisions app	oly.	
		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
18	a Total lobbying expenditures to influence	public opinion (grassroots lobbying)	131,014.	
k	b Total lobbying expenditures to influence	a legislative body (direct lobbying)	376,695.	
(c Total lobbying expenditures (add lines 1	a and 1b)	507,709.	
(d Other exempt purpose expenditures		7,738,652.	
•	e Total exempt purpose expenditures (ad	d lines 1c and 1d) [8,246,361.	
f	f Lobbying nontaxable amount. Enter the columns.	e amount from the following table in both	562,318.	
	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 \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
		5% of line 1f)	140,580.	
	-	ess, enter -0	0.	0.
i		ess, enter -0-	0.	0.
j		on either line 1h or line 1i, did the organiza		Yes X No
_		4-Year Averaging Period Under Section 501(h)		Yes X No
		a section 501(h) election do not have to compl		se bolow
	(Some organizations that made a	a section 30 (ii) election do not have to compi	ete an or the rive column	is neigw.

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

	Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total		
2a Lobbying nontaxable amount	377,673.	438,622.	514,339.	562,318.	1,892,952.		
b Lobbying ceiling amount (150% of line 2a, column (e))					2,839,428.		
c Total lobbying expenditures	263,858.	268,366.	262,996.	507,709.	1,302,929.		
d Grassroots nontaxable amount	94,418.	109,656.	128,585.	140,580.	473,239.		
e Grassroots ceiling amount (150% of line 2d, column (e))					709,859.		
f Grassroots lobbying expenditures	91,148.	98,686.	90,185.	131,014.	411,033.		

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019

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Page 1

Page 3

Pai	Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 5768			
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 2a	Total. Add lines 1c through 1i						
∠a b	If "Yes," enter the amount of any tax incurred under section 4912						
C	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?						
	Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection			
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				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 from				3		
	till-B 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."	OR (b) Pai	rt III-A, li	ne 3	s, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amor political expenses for which the section 527(f) tax was paid).	unts (of				
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) du	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 I	•	•	4			
5	and political expenditure next year?			5			
	Supplemental Information			<u> </u>			
Pro۱	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	d grou	ıp list); Part II-	A, Iir	nes 1	and

Schedule C (Form 990 or 990-EZ) 2019

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection 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 historic structure listed in the National Register 2d 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 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: (i) Revenue included on Form 990, Part VIII, line 1.............................. 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) 2019 Page **2**

a Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection tense (check all that apply): a Public exhibition b Poter Using the year and the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	3. Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection tems (check all that apply): a	Pa	rt III Organizations Maintaini	ng Collection	ons of Art, I	Historical Tre	easures, o	r Other Similar	Assets (c	ontinuec	1)
collection items (check all that apply): a Public avhibition d Loan or exchange program b Scholarly research College Other Freservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Ecrow 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, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1e	collection items (check all that apply): a										<u>, </u>
a Public exhibition de	a Public exhibition d Control					., .	,	5 · •••	- 3		
b Scholarly research e	b Scholarly research Preservation for future generations Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. 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 answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21, If the organization of the arrangement in Part XIII and complete the following table: c Beginning balance 1 d Additions during the year 1 f Ending balance 1 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part YIII. Check here if the explanation has been provided on Part XIII. Part Y Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part Y = No IV (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	а		•	d	Loan	or exchang	e program			
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## Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	С		rations							
XIII.	XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is less the organization the arrangement in Part XIII and complete the following table: Beginning balance Geginning balance Beginning of year balance Contributions Beginning of year balance Beginning of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ % Bend of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ % Bend of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ % Bend of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ % Bend of year balance Provide the estimated percentage of the current year end bal	4			ections and	explain how	they furthe	r the organization	n's exempt	purpose	in Part
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Escrow and Custodial Arrangements. Complete if the organization an aswered "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, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b f "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	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, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No. If "Yes," explain the arrangement in Part XIII and complete the following table: Amount									Yes	No
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1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Complete the provided by the organization and programs. Complete the following table: Amount Complete the following table: Complete the	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?					n Form 990, F	Part IV, line	e 9, or reported a	an amour	nt on For	m
included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table:	included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance .		990, Part X, line 21.								
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1t 1t 1t 1t 1t 1t 1t 1	b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance	1a	Is the organization an agent, truste	e, custodian	or other inte	rmediary for c	ontribution	s or other assets n	ot		
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance 1t 1t 1t 1t 1t 1t 1t 1	b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance		included on Form 990, Part X?						[Yes	No
c Beginning balance . 1d	c Beginning balance	b	If "Yes," explain the arrangement in	n Part XIII an	d complete t	the following tal	ble:				
d Additions during the year . 1d	d Additions during the year. e Distributions during the year. f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No I' Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Beginning of year balance Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back of Contributions. c Net investment earnings, gains, and losses. d Grants or scholarships e Other expenditures for facilities and programs. f Administrative expenses. g End of year balance. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment \(\bigcup \) % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment Funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. (iii) Related organizations. (iv) Complete if the organizations issed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value (d) Bo								Amount		
e Distributions during the year 16 17 18 18 19 19 19 19 19 19	e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses. d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment y Permanent endowment y Permanent endowment y Permanent endowment tunds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations Description of property (a) Cart or other basis (b) Cost or other basis (c) Accumulated (depreciation depreciation depreciation (d) Book value 1a Land.	С	Beginning balance				1c	:			
Ending balance 11	f Ending balance	d	Additions during the year				1d				
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Complete if the organization answered "Yes" on Form 990, Part IV, line 10. The percentages on lines 2a, 2b, and 2c should equal 100%. Sate 1 Sate 1 Sate 2a Sate 1 Sate 2a	Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back beginning of year balance b Contributions	b	If "Yes," explain the arrangement is	n Part XIII. C	heck here if	the explanatior	n has been p	provided on Part X	II		
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a Beginning of year balance	1a Beginning of year balance		Complete if the organiza	tion answer	ed "Yes" or	n Form 990, F					
b Contributions	b Contributions			(a) Current	year (b) Prior year	(c) Two yea	ars back (d) Three	years back	(e) Four ye	ears back
b Contributions	b Contributions	1a	Beginning of year balance								
and losses d Grants or scholarships	and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	b									
d Grants or scholarships	d Grants or scholarships e Other expenditures for facilities and programs	С	Net investment earnings, gains,								
e Other expenditures for facilities and programs	e Other expenditures for facilities and programs		and losses								
and programs	and programs	d	Grants or scholarships								
f Administrative expenses	f Administrative expenses	е	Other expenditures for facilities								
g End of year balance. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	g End of year balance		and programs								
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶	f	Administrative expenses								
a Board designated or quasi-endowment ▶	a Board designated or quasi-endowment ▶	g	End of year balance								
b Permanent endowment	b Permanent endowment ▶	2			t year end b	alance (line 1g	, column (a)) held as:			
Term endowment ▶	Term endowment ▶	а			%						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iii) Related organizations listed as required on Schedule R?. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land. b Buildings. c Leasehold improvements. d Equipment. 167,173. 91,447. 75,726.	The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. (iii) Related organizations. (iii) Residence organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (c) Accumulated depreciation (d) Book value	b									
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(i) Unrelated organizations. (ii) Related organizations. (ii) Related organizations. b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (investment) (investme	(i) Unrelated organizations. (ii) Related organizations. (ii) Related organizations. (iii) Related organizations. (iii) Related organizations. (iv) In related organizations. (iv) Related organizations. (iv) Related organizations. (iv) Related organizations. (iv) Acian, Buildings, and Equipment. (iv) Cost or other basis (other) (iv) Cost or other basis (other) (iv) Accumulated depreciation (iv) Book value	3a		the possessi	on of the org	janization that	are held ar	nd administered fo	r the	V	oo No
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment. 167,173. 91,447. 75,726.	(ii) Related organizations										es No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?										
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (o	Describe in Part XIII the intended uses of the organization's endowment funds. Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (other) Land (d) Book value		`,								
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (e) Accumulated depreciation (f) Accumulated depreciation (g) Accumulated depreciation (h) Cost or other basis (other) (n) Accumulated depreciation (n) Book value	Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value	_		•						30	
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 167,173. 91,447. 75,726.	Description of property (a) Cost or other basis (investment) (b) Cost or other basis (c) Accumulated depreciation (d) Book value										
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 167,173. 91,447. 75,726.	Description of property (a) Cost or other basis (investment) (b) Cost or other basis (c) Accumulated depreciation (d) Book value	Pa	Complete if the organization	ation answe	red "Yes" o	n Form 990,	Part IV, lin	e 11a. See Forn	n 990, Pa	rt X, line	10.
1a Land	1a Land		Description of property		Cost or other b	asis (b) Cost	or other basis	(c) Accumulated			
b Buildings		4 -	Lond		(investment)	(c	otner)	depreciation			
c Leasehold improvements 167,173 91,447 75,726 d Equipment 167,173 91,447 75,726	D. DUNONUS	_									
d Equipment											
	165 150 01 115		-				167 172	01 447		7.	726
e Other											
	e Other 1,109,369. 976,165. 133,404. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ≥ 209,130.				ıal Form 00∩				+		

Schedule D (Form 990) 2019 Page **3**

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part	X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financia	al derivatives			
	held equity interests			
	, ,			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	(1) 15 000 5 17 1/5 10 1			
Part VIII	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11c. See Form 990, Part	X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(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	l "Yes" on Form 990	, Part IV, line 11d. See Form 990, Part	X, line 15.
	(a) De	scription	(k) Book value
(1)				
(2)				
(3)				
(4)				
<u>(5)</u>				
(6) (7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) l	ine 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990), Part X,
1.	(a) Descrip	tion of liability	(k) Book value
(1) Feder	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(h)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		•	
2. Liability fo	r uncertain tax positions. In Part XIII, provide the	text of the footnote to	tne organization's financial statements that rep	orts the

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) 2019 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	22,978,011.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	2e	12,680,808.
3	Subtract line 2e from line 1	3	10,297,203.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,297,203.
Part		ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	21,226,625.
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.)		
е	Add lines 2a through 2d	2e	12,680,808.
3	Subtract line 2e from line 1	3	8,545,817.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	8,545,817.
	XIII Supplemental Information.		
Provide 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	Part V, nation	line 4; Part X, line .
SEE	PAGE 5		

Page 5

Part XIII Supplemental Information (continued)

PART XII, LINE 2A

RENT EXPENSE, LEGAL SERVICES EXPENSE & ADVERTISING EXPENSE - 12,680,808 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 2019 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, 2019.

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 Inc	dicate whether the organization ra	ised funds through	any of the	following	activities. Check	all that apply.	
а	Mail solicitations	е	Solid	itation of	non-government g	rants	
b	Internet and email solicitations	f			government grant		
С	Phone solicitations	g			ising events		
d	In-person solicitations	9	Оро	Jiai ramara	ionig ovorno		
2a Die or b If	d 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	tion 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	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
			Yes	No		col. (i)	organization
1							
2							
3							
4							
6							
7							
8							
9							
10							
	st all states in which the organiza				contributions or	has been notified	it is exempt from

Schedule G (Form 990 or 990-EZ) 2019

Pa	rt l	Fundraising Events. Complete more than \$15,000 of fundrate events with gross receipts great the second seco	aising event contribut			
			(a) Event #1 5K RACE EVENT	(b) Event #2 GOLF EVENT	(c) Other events	(d) Total events (add col. (a) through col. (c))
<u>o</u>			(event type)	(event type)	(total number)	0011 (0))
Revenue	1	Gross receipts	2,401,231.	421,700.	1,959,404.	4,782,335
X		Less: Contributions	1,467,968.	215,490.	1,836,734.	3,520,192
	3	Gross income (line 1 minus line 2)	933,263.	206,210.	122,670.	1,262,143
	4	Cash prizes				
	5	Noncash prizes		130,445.		130,445
nses	6	Rent/facility costs	97,608.	60,484.	22,959.	181,051
Direct Expenses	7	Food and beverages			32,586.	32,586
Direct	8	Entertainment	28,103.	5,567.	10,200.	43,870
	9	Other direct expenses	807,552.	9,714.	56,925.	874,191
	11	Direct expense summary. Add lin Net income summary. Subtract li Gaming. Complete if the org	ne 10 from line 3, colu	ımn (d)		1,262,143
		\$15,000 on Form 990-EZ, lin			art IV, IIIIC 13, Of	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	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	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)		
9 a b		Enter the state(s) in which the org Is the organization licensed to con If "No," explain:		in each of these state	es?	Yes No
10a k		Were any of the organization's gaming If "Yes," explain:	g licenses revoked, susp	pended, or terminated du	uring the tax year?	Yes No

SHATTERPROOF A NONPROFIT CORPORATION

Sched	ule G (Form 990 or 990-EZ) 2019
11	Does the organization conduct gaming activities with nonmembers? Yes No
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
	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? Yes No
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 ▶ \$
Par	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 G (Form 990 or 990-EZ) 2019

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► 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

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 1b 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 2 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 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: Χ Х **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Х c Participate in, or receive payment from, an equity-based compensation arrangement?..... 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. 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: Χ 5a Х 5b If "Yes" on line 5a or 5b, describe in Part III. 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: Χ 6a Χ 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed Χ payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 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 X 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2019

SHATTERPROOF A NONPROFIT CORPORATION 45-4619712

Schedule J (Form 990) 2019

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.

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(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)	315,000.	0.	0.		6,300.	321,300.	
1 CHIEF POLICY OFFICER	(ii)	0.	0.	0.				
MARY MILLER	(i)	240,000.	0.	0.		800.	240,800.	
2 ^{EMPLOYEE}	(ii)	0.	0.	0.				
KIRSTEN SECKLER	(i)	275,000.	0.	0.			275,000.	
3 ^{CHIEF} COMMUNICATIONS OFFICER	(ii)	0.	0.	0.				
	(i)							
4	(ii)							
	(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) 2019

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 M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

SHATTERPROOF A NONPROFIT CORPORATION

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 45-4619712

Par	Types of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amour	nts
1	Art - Works of art			-		
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household					
J	goods	Х		4,074.	COMPARABLE SALES	
•	Cars and other vehicles			2,071		
6						
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded					
10	Securities - Closely held stock					
11	Securities - Partnership, LLC,					
	or trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation					
	contribution - Historic					
	structures					
14	Qualified conservation					
	contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory	X		500.	COMPARABLE SALES	
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25			53.	35,038.		
26	Other ►(ATCH 1) Other ►()					
27	Other ►()					
28	Other ►(
29	Number of Forms 8283 received	by the ora	anization during the tax v	ear for contributions for		
	which the organization completed F				29	
	, , , , , , , , , , , , , , , , , , ,	,	, , , , , , , , , , , , , , , , , , , ,		Yes N	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rtv reported in Part I. line	s 1 through	
	28, that it must hold for at least the				-	
	to be used for exempt purposes for	-			·	Х
b	If "Yes," describe the arrangement i					
31	Does the organization have a		tance policy that require	es the review of any	nonstandard	
٠.	contributions?	-				Х
322	Does the organization hire or use					
JZa	contributions?	-		•		
h	If "Yes," describe in Part II.				, , , , , , , , , , , , , , , , , , ,	
	•	amount in a	valuma (a) for a time of area	norty for which column (c)	vic chocked	
33	If the organization didn't report an describe in Part II.	amount in C	olumni (c) for a type of pro	perty for writeri column (a	is checked,	

Schedule M (Form 990) (2019) Page **2**

Part II Supplem

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, LINE 32A

ALL NONCASH CONTRIBUTIONS WERE VALUED AND SOLD BY THIRD PARTY 501

AUCTIONS, LLC.

Schedule M (Form 990) (2019)

Schedule M (Form 990) (2019) Page 2

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
GIFT CERTIFICATES	X	13.	3,205.	COMPARABLE SALES
TICKETS TO SPORTS GAMES	A X	9.	3,985.	COMPARABLE SALES
SPORTS CLASSES	X	6.	973.	COMPARABLE SALES
GOLF CLUB TRIPS	X	20.	19,650.	COMPARABLE SALES
STAYCATION/TRIPS	X	2.	5,700.	COMPARABLE SALES
COOKING CLASSES	X	1.	800.	COMPARABLE SALES
MILLIE RAE'S PACKAGE -	MA X	1.	175.	COMPARABLE SALES
TINY DROPS OF LOVE - EL	LE X	1.	550.	COMPARABLE SALES
TOTALS	-	53.	35,038.	

Schedule M (Form 990) (2019)

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.

2019
Open to Public Inspection

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.

at www.irs.gov/form990. Inspection

45-4619712

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 MANAGER OF FINANCE AND ACCOUNTING 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

ALL LEVELS OF EMPLOYMENT WITHIN THE ORGANIZATION UTILIZING MULTIPLE

SOURCES. SUCH ANALYSIS INCLUDES COMPARABILITY DATA BASED ON GEOGRAPHIC

Name of the organization

SHATTERPROOF A NONPROFIT CORPORATION

Employer identification number

45-4619712

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 MANAGER OF FINANCE AND ACCOUNTING 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

SHATTERPROOF A NONPROFIT CORPORATION

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,

MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

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

ATTACHMENT 3

FORM 990, PART IX - OTHER FEES

DESCRIPTION	(A) TOTAL FEES	(B) PROGRAM SERVICE EXP.	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING EXPENSES
LEGAL AND ACCOUNTING FEES	84,252.	60,180.		24,072.
CONSULTING AND OUTSIDE SERVICE	1,887,706.	1,844,118.		43,588.
TOTALS	1,971,958.	1,904,298.		67,660.

ATTACHMENT 4

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION

MARKETABLE SECURITIES

TOTALS

ENDING
COST
OR FMV

1,548,394.

FMV

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me- thod	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
EQUIPMENT	11/25/2013	348.	100.000			348.	348.	348.	SL		3.000			·	
FILM MEDIA	07/23/2014	48,535.	100.000			48,535.	48,535.	48,535.	SL		3.000				
WEBSITE	06/15/2015	29,250.	100.000			29,250.	29,250.	29,250.	SL		3.000				
WEBSITE	06/15/2015	114,670.	100.000			114,670.	114,670.	114,670.	SL		3.000				
EQUIPMENT	07/15/2015	4,278.	100.000			4,278.	4,278.	4,278.	SL		3.000				
WEBSITE	09/15/2015	143,191.	100.000			143,191.	143,191.	143,191.	SL		3.000				
EQUIPMENT	02/09/2016	1,124.	100.000			1,124.	1,093.	1,124.	SL		3.000				31.
EQUIPMENT	02/29/2016	1,180.	100.000			1,180.	1,114.	1,180.	SL		3.000				66.
EQUIPMENT	03/31/2016	1,414.	100.000			1,414.	1,296.	1,414.	SL		3.000				118.
EQUIPMENT	04/30/2016	1,438.	100.000			1,438.	1,278.	1,438.	SL		3.000				160.
EQUIPMENT	10/31/2016	3,228.	100.000			3,228.	2,331.	3,228.	SL		3.000				897.
WEBSITE	05/31/2016	13,000.	100.000			13,000.	11,194.	13,000.	SL		3.000				1,806.
WEBSITE	12/01/2016	322,669.	100.000			322,669.	224,075.	322,669.	SL		3.000				98,594.
WEBSITE	12/01/2016	64,780.	100.000			64,780.	44,985.	64,780.	SL		3.000				19,795.
EQUIPMENT	01/31/2017	3,026.	100.000			3,026.	1,934.	2,943.	SL		3.000				1,009.
EQUIPMENT	02/28/2017	628.	100.000			628.	383.	592.	SL		3.000				209.
EQUIPMENT	04/30/2017	6,354.	100.000			6,354.	3,530.	5,648.	SL		3.000				2,118.
EQUIPMENT	05/31/2017	1,396.	100.000			1,396.	736.	1,201.	SL		3.000				465.
EQUIPMENT	06/30/2017	2,236.	100.000			2,236.	1,118.	1,863.	SL		3.000				745.
Less: Retired Assets															
Subtotals															
Listed Property															
Less: Retired Assets									•						
Subtotals															
TOTALS															
AMORTIZATION															
Asset description	Date placed in service	Cost or basis					Accumulated amortization	Ending Accumulated amortization	Code	Life				_	Current-year amortization
														-	
TOTALS															

^{*}Assets Retired

Description of Property

DEPRECIATION

SOUTHWENT 1,140 1,165 1,000	Asset description	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-	Conv.	Life	ACRS class	Current-year 179 expense	Current-year depreciation
## BOST PRINKEN 1/10/2017 4,964 100.000 4,964 1,793 3,448 51 3,000 1 1 1 1 1 1 1 1 1	'							<u> </u>	<u> </u>				0.000	, , , , ,	439
MURBELTE		10/10/2017		100.000				819.		SL		3.000			655
WERSITE	EQUIPMENT 1	10/30/2017	7,775.	100.000			7,775.	3,024.	5,616.	SL		3.000			2,592.
WEBSITE	EQUIPMENT 1	11/30/2017	4,964.	100.000			4,964.	1,793.	3,448.	SL		3.000			1,655.
MEBSITE	WEBSITE C	05/31/2017	25,301.	100.000			25,301.	13,354.	21,788.	SL		3.000			8,434.
NEBSITE	WEBSITE C	05/31/2017	21,501.	100.000			21,501.	11,348.	18,515.	SL		3.000			7,167.
WEBSITE	WEBSITE C	05/31/2017	46,711.	100.000			46,711.	24,653.	40,223.	SL		3.000			15,570.
MEBSITE	WEBSITE C	05/31/2017	25,203.	100.000			25,203.	13,302.	21,703.	SL		3.000			8,401.
MEBSITE	WEBSITE C	06/30/2017	28,714.	100.000			28,714.	14,357.	23,928.	SL		3.000			9,571.
NEBSITE	WEBSITE C	09/30/2017	12,781.	100.000			12,781.	5,325.	9,585.	SL		3.000			4,260.
EQUIP-9 THINKPADS 0/09/2018 1,6957. 100.000 1,487. 454. 950. 51. 3.000 1 EQUIP-4 THINKPADS 0/01/2018 1,487. 100.000 7,796. 2,166. 4,765. 51. 3.000 1 EQUIP-4 THINKPADS 0/01/2018 7,796. 100.000 7,796. 2,166. 4,765. 51. 3.000 1 EQUIP-5H COMPUTER 0/01/2018 1,517. 100.000 1 1,517. 379. 885. 51. 3.000 1 EQUIP-TIJ. THINKPAD 0/01/2018 1,517. 100.000 1 1,517. 379. 885. 51. 3.000 1 EQUIP-5H ASSETS 0/01/2018 1,517. 100.000 1 1,517. 379. 885. 51. 3.000 1 EQUIP-5H ASSETS 0/01/2018 54,541. 100.000 1 1,976. 439. 1,098. 51. 3.000 1 EQUIP-5H ASSETS 0/01/2018 54,541. 100.000 1 1,976. 439. 1,098. 51. 3.000 1 EQUIP-5H ASSETS 0/01/2018 54,541. 100.000 1 1,976. 439. 1,098. 51. 3.000 1 EQUIP-5H ASSETS 0/01/2018 54,541. 100.000 1 1,976. 439. 1,098. 51. 3.000 1 EQUIP-5H ASSETS 0/01/2018 54,541. 100.000 1 1,976. 439. 1,098. 51. 3.000 1 EQUIP-5H ASSETS 0/01/2018 54,541. 100.000 1 1,976. 439. 1,098. 51. 3.000 1 EQUIP-5H ASSETS 0/01/2018 54,541. 100.000 1 1,976. 439. 1,098. 51. 3.000 1 EQUIP-5H ASSETS 0/01/2018 54,541. 100.000 1 1,976. 439. 1,098. 51. 3.000 1 EQUIP-5H ASSETS 0/01/2018 54,541. 100.000 1 1,976. 439. 1,098. 51. 3.000 1 EQUIP-5H ASSETS 0/01/2018 54,541. 100.000 1 1,976. 439. 1,098. 51. 3.000 1 EQUIP-5H ASSETS 0/01/2018 54,541. 100.000 1 1,976. 439. 1,098. 51. 3.000 1 EQUIP-5H ASSETS 0/01/2018 54,541. 100.000 1 1,976. 439. 1,098. 51. 3.000 1 EQUIP-5H ASSETS 0/01/2018 54,541. 100.000 1 1,976. 439. 1,098. 51. 3.000 1 EQUIP-5H ASSETS 0/01/2018 54,541. 100.000 1 1,976. 439. 1,098. 51. 3.000 1 EQUIP-5H ASSETS 0/01/2018 54,541. 100.000 1 1,976. 439. 1,098. 51. 3.000 1 EQUIP-5H ASSETS 0/01/2018 54,541. 100.000 1 1,976. 439. 1,098. 51. 3.000 1 EQUIP-5H ASSETS 0/01/2018 54,541. 100.000 1 1,976. 439. 1,098. 51. 3.000 1 EQUIP-5H ASSETS 0/01/2018 54,541. 100.000 1 1,976. 439. 1,098. 51. 3.000 1 EQUIP-5H ASSETS 0/01/2018 54,541. 100.000 1 1,976. 439. 1,098. 51. 3.000 1 EQUIP-5H ASSETS 0/01/2018 54,541. 100.000 1 1,976. 439. 1,098. 51. 3.000 1 EQUIP-5H ASSETS 0/01/2018 54,541. 100.000 1 1,976. 439. 1,098. 51. 3.000 1 EQUIP-5H ASSETS 0/01/201	WEBSITE 1	10/31/2017	39,433.	100.000			39,433.	15,335.	28,479.	SL		3.000			13,144.
EQUIP-9 THINKPADS 01/09/2018 16,957. 100.000 16,957. 5,652. 11,304. SL 3.000 EQT-LAPTOP, TRAVIS 02/01/2018 1,487. 100.000 1,487. 454. 950. SL 3.000 EQUIP-4 THINKPADS 03/01/2018 7,796. 100.000 7,796. 2,166. 4,765. SL 3.000 EQUIP-5H COMPUTER 03/01/2018 2,280. 100.000 2,280. 633. 1,393. SL 3.000 EQUIP-TJ. COMPUTER 04/01/2018 1,517. 100.000 1,517. 379. 885. SL 3.000 EQUIP-TJ. THINKPAD 05/01/2018 1,976. 100.000 1,976. 439. 1,098. SL 3.000 EQUIP-5K ASSETS 06/01/2018 54,541. 100.000 54,541. 10,605. 28,785. SL 3.000 Less: Retired Assets	WEBSITE 1	11/30/2017	43,483.	100.000			43,483.			SL		3.000			14,494.
EQUIP-4 THINKPADS 03/01/2018 7,796. 100.000 7,796. 2,166. 4,765. SL 3.000	EQUIP-9 THINKPADS	01/09/2018	16,957.	100.000			16,957.	5,652.	11,304.	SL		3.000			5,652.
EQUIP-4 THINKPADS 03/01/2018 7,796. 100.000 7,796. 2,166. 4,765. SL 3.000 3 3.0	EQT-LAPTOP, TRAVIS	02/01/2018	1,487.	100.000			1,487.	454.		SL		3.000			496.
EQUIP-SH COMPUTER 03/01/2018 2,280. 100.000 2,280. 633. 1,393. SL 3.000 3		03/01/2018	7,796.	100.000			7,796.	2,166.	4,765.	SL		3.000			2,599.
EQUIP-TJ, THINKPAD 05/01/2018 1,976. 100.000 1,976. 439. 1,098. SL 3.000 EQUIP-SK ASSETS 06/01/2018 54,541. 100.000 54,541. 10,605. 28,785. SL 3.000 Less: Retired Assets.	EQUIP-SH COMPUTER 0	03/01/2018		100.000				633.		SL		3.000			760.
EQUIP-5K ASSETS 06/01/2018 54,541. 100.000 54,541. 10,605. 28,785. SL 3.000 Less: Retired Assets.	EQUIP-JI COMPUTER 0	04/01/2018	1,517.	100.000			1,517.	379.	885.	SL		3.000			506.
Less: Retired Assets	EQUIP-TJ, THINKPAD	05/01/2018	1,976.	100.000			1,976.	439.	1,098.	SL		3.000			659.
Subtotals Image: Cost placed in plac	EQUIP-5K ASSETS	06/01/2018	54,541.	100.000			54,541.	10,605.	28,785.	SL		3.000			18,180.
Subtotals Image: Cost placed in plac	Less: Retired Assets														
Listed Property				-											
Current			•					•							
Subtotals															
Subtotals															
Subtotals															
Subtotals															
Subtotals	Less: Retired Assets													1	
TOTALS				-]					
AMORTIZATION Date Cost Ending Accumulated Accumulated Accumulated Accumulated Accumulated Accumulated Course				-											
Date Cost Ending Independent or Accumulated Accumulated Accumulated Accumulated Course															
Asset description service basis amortization code Life amortization code code code code code code code code								Accumulated	Accumulated						Current-year
	Asset description	service	basis	_				amortization	amortization	Code	Life				amortization
TOTALS	TOTALS			-											

^{*}Assets Retired

Description of Property

DEPRECIATION

	Date placed in service	Unadjusted Cost or basis	Bus.	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me-	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
· ·	./01/2018		100.000	III baolo	reduction	17,096.	5,699.	11,398.	SL	001111	3.000	Ciass	Oldoo	ОДРОПОС	5,699.
	/01/2018		100.000			2,700.	900.	1,800.	SL		3.000				900.
SOFTWARE 01	/01/2018	12,060.	100.000			12,060.	4,020.	8,040.	SL		3.000				4,020.
SOFTWARE 06	5/12/2018	13,770.	100.000			13,770.	2,678.	7,268.	SL		3.000				4,590.
SOFTWARE 06	5/01/2018	8,505.	100.000			8,505.	1,654.	4,489.	SL		3.000				2,835.
EQT - LAPTOP, GM 02	2/28/2019	2,559.	100.000			2,559.		711.	SL		3.000				711.
EQT - LAPTOP, AL 04	/28/2019	1,274.	100.000			1,274.		319.	SL		3.000				319.
EQT - LAPTOP, DM 05	5/07/2019	2,271.	100.000			2,271.		505.	SL		3.000				505.
EQT - LAPTOP MC/MH 05	/14/2019	4,472.	100.000			4,472.		994.	SL		3.000				994.
EQUIP - IPAD 05	/22/2019	1,393.	100.000			1,393.		310.	SL		3.000				310.
EQUIP - LAPTOP, KS 06	/30/2019	2,416.	100.000			2,416.		470.	SL		3.000				470.
EQT - LAPTOP SD/SB 08	3/23/2019	4,084.	100.000			4,084.		567.	SL		3.000				567.
EQT - LAPTOP MS/RB 09	/10/2019	3,684.	100.000			3,684.		409.	SL		3.000				409.
EQT - LAPTOP VS/MB 09	/24/2019	4,484.	100.000			4,484.		498.	SL		3.000				498.
EQT - LAPTOP SG/SS 11	/26/2019	3,784.	100.000			3,784.		210.	SL		3.000				210.
EQT - LAPTOPS 11	/26/2019	7,528.	100.000			7,528.		418.	SL		3.000				418.
WEBSITE 03	3/01/2019	3,000.	100.000			3,000.		833.	SL		3.000				833.
WEBSITE 04	/01/2019	15,941.	100.000			15,941.		3,985.	SL		3.000				3,985.
WEBSITE 06	/01/2019	1,000.	100.000			1,000.		222.	SL		3.000				222.
Less: Retired Assets														'	
Subtotals															
Listed Property							•								
. ,															
Less: Retired Assets															
Subtotals															
TOTALS									1						
AMORTIZATION							1								
p	Date placed in	Cost or					Accumulated	Ending Accumulated							Current-year
Asset description	service	basis					amortization	amortization	Code	Life	-			-	amortization
											_				
TOTALS															
· · · · · · · · · · · · · · · · · · ·								l .							

^{*}Assets Retired

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Me- thod	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
WEBSITE	06/12/2019		100.000			15,941.		3,100.			3.000				3,100
WEBSITE	08/01/2019	13,200.	100.000			13,200.		1,833.	SL		3.000				1,833
WEBSITE	09/05/2019	15,941.	100.000			15,941.		1,771.	SL		3.000				1,771
WEBSITE	10/02/2019	11,213.	100.000			11,213.		934.	SL		3.000				934
Logo: Detired Appets															
Less: Retired Assets		1 276 762	-			1,276,762.	790,252.	1,067,632.	1						277,380
Listed Property		1,2/0,/02.				1,270,702.	790,252.	1,067,632.							277,380
Listed Floperty									1						
									-						
									1						
Less: Retired Assets			-						٦ .						
Subtotals									-						
TOTALS		1,276,762.				1,276,762.	790,252.	1,067,632.							277,380
AMORTIZATION	Date	Cost						Ending	1	_					
	placed in	l or					Accumulated amortization	Accumulated							Current-year
Asset description	service	basis	-				amortization	amortization	Code	Life	_			-	amortizátion

^{*}Assets Retired