#### SHATTERPROOF A NONPROFIT CORPORATION Instructions for Filing Form 8879-TE IRS e-file Signature Authorization for Form 990 For the year ended December 31, 2022

The original IRS E-file Signature Authorization form should be signed (use full name) and dated by an authorized officer of the organization.

Return your signed IRS e-file Signature Authorization Form 8879-TE to:

#### ALVAREZ & MARSAL TAXAND, LLC 655 15TH STREET, NW WASHINGTON DC 20005

There is no tax due with the filing of this return.

Do NOT separately file Form 990 with the Internal Revenue Service. Doing so will delay the processing of your return. We must receive your signed form before we can electronically transmit your return, which is due on or before November 15, 2023. We would appreciate you returning this form as soon as possible as this will expedite the processing of your return. The Internal Revenue Service will notify us when your return is accepted. Your return is not considered filed until the Internal Revenue Service confirms their acceptance, which may occur after the due date of your return.

Form <b>88</b>	79-	ΤE
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### IRS e-file Signature Authorization y

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning and ending Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

2022

Department of the Treasury Internal Revenue Service Name of file

SHATTERPROOF A NONPROFIT CORPORATION

EIN or SSN 45-4619712

Name and title of officer or person subject to tax

#### GARY MENDELL, PRESIDENT Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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.

1a	Form 990 check here	Х	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 22894784	<u>4.</u>
2a	Form 990-EZ check here		b Total revenue, if any (Form 990-EZ, line 9)	
3a	Form 1120-POL check here		b Total tax (Form 1120-POL, line 22)	
4a	Form 990-PF check here		b Tax based on investment income (Form 990-PF, Part V, line 5) 4b	
5a	Form 8868 check here		b Balance due (Form 8868, line 3c)	
6a	Form 990-T check here		b Total tax (Form 990-T, Part III, line 4)	
7a	Form 4720 check here		b Total tax (Form 4720, Part III, line 1)	
8a	Form 5227 check here		b FMV of assets at end of tax year (Form 5227, Item D) 8b	
9a	Form 5330 check here		b Tax due (Form 5330, Part II, line 19)	
10a	Form 8038-CP check here		b Amount of credit payment requested (Form 8038CP, Part III, line 22) .10b	
Part	I Declaration and Signa	ture	Authorization of Officer or Person Subject to Tax	
Under	penalties of perjury, I declare that	Х	I am an officer of the above entity or 🔄 I am a person subject to tax with respect to (name	
of enti	ty)		, (EIN) and that I have examined a copy of the	
compl	ete. I further declare that the amou	nt in F	dules and statements, and, to the best of my knowledge and belief, they are true, correct, and Part I above is the amount shown on the copy of the electronic return. I consent to allow my ectronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an	
ackno the da	wledgement of receipt or reason for te of any refund. If applicable, I aut	rejec horize	tion of the transmission, ( <b>b</b> ) the reason for any delay in processing the return or refund, and ( <b>c</b> ) the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal count indicated in the tax preparation software for payment of the 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

#### PIN: check one box only

X I authorize	ALVAREZ & MARSAL TAXAND,	to enter my PIN	8 1	L 8	3	2	as my signature
		Enter fi	ive nu	mbei	s, bu	ıt	
			do not	enter	all z	eros	

on the tax year 2022 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 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.

Signature of officer or person subject to tax Gary Mendell

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

5	4	2	5	0	5	2	0	1	1	5
Do not enter all zeros										

Date

Date

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return 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.

ERO's	signature

11/15/2023

#### **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form. JSA 2X3008 2.000

4287FM 590X

V22-7.7F 80447

Form 8879-TE (2022)

Form **990** 

## **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.

Open to Public

OMB No. 1545-0047

	nt of the Treasury evenue Service	Go to www.irs.gov/Form990 for instructions and the lates		-		Open to Pub Inspection	
		endar year, or tax year beginning and ending	stiniorina			Inspection	
		C Name of organization		D	Employ	er identification numb	er
B Check i	if applicable:	SHATTERPROOF A NONPROFIT CORPORATION					
Addr	ress change	Doing business as		4	5-46	519712	
	ie change		Room/suite			one number	
	al return	101 MERRITT 7 CORPORATE PARK		(	203)	849-2218	
	I return/terminated	City or town, state or province, country, and ZIP or foreign postal code			eceipts \$		
Ame	nded return	NORWALK, CT 06851				23,107,543	
Appl	lication pending	F Name and address of principal officer: GARY MENDELL		H(a) Is this a g			
		6 BLUEWATER HILL SOUTH, WESTPORT, CT 06880		subordinate H(b) Are all sub			No
I Tax-	exempt status:		27			a list. See instructions.	_
J Web	site: WV	W.SHATTERPROOF.ORG		H(c) Group ex	emption	number	
K Forn	n of organizatio		of formatio	on: 2012	VI State	e of legal domicile:	MA
Part	Summ			I		-	
1	Briefly des	scribe the organization's mission or most significant activities: ENDING THE S	STIGMA	OF ADD	ICTI	ON; PROVIDIN	JG
8	FAMILI	ES WITH CRITICAL INFO & SUPPORT; BRINGING APPROACH	HES TO	) BEAR (	N		
Jan	PREVEN	TION, TREATMENT & RECOVERY; AND CHANGING PUBLIC PO	OLICY				
Governance 5 2	Check this	s box if the organization discontinued its operations or disposed of	more th	an 25% o	f its	net assets.	
ິຍິ 3	Number o	f voting members of the governing body (Part VI, line 1a)			3		13
<sup>∞0</sup> 4		f independent voting members of the governing body (Part VI, line 1b)					13
Activities &	Total num	ber of individuals employed in calendar year 2022 (Part V, line 2a)			5		90
.≩ 6	Total num	ber of volunteers (estimate if necessary)			6	3,1	00
Ă 7	a Total unre	elated business revenue from Part VIII, column (C), line 12			7a		
	b Net unrela	ated business taxable income from Form 990-T, Part I, line 11	<u></u>		7b		
				Prior Year		Current Year	
<u>ہ</u> 8	Contributi	ons and grants (Part VIII, line 1h)		10,635,	972.	22,779,72	26.
9 <u>e</u>		service revenue (Part VIII, line 2g)		NONE	I N	IONE	
9 9 10		nt income (Part VIII, column (A), lines 3, 4, and 7d)		14,	004.	115,0	58.
- 11	Other reve	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			NONE	l N	IONE
12		nue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,649,	976.	22,894,78	84.
13		d similar amounts paid (Part IX, column (A), lines 1-3)			NONE	l N	IONE
14		aid to or for members (Part IX, column (A), line 4)			NONE		IONE
<sub>ຜູ</sub> 15		other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,918,	945.	7,366,29	99.
e l		nal fundraising fees (Part IX, column (A), line 11e)	•		NONE	I N	IONE
Шхр		Iraising expenses (Part IX, column (D), line 25) 2,579,488.					
17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)	•	4,461,		7,851,30	
18		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,380,		15,217,60	
<u>ا ما</u>	Revenue	ess expenses. Subtract line 18 from line 12		2,269,		7,677,1	<u>17.</u>
ts o				ing of Curre		End of Year	
Fund Balances 57 57 57 57 57 57 57 57 57 57 57 57 57	Total asse	ets (Part X, line 16)	•	11,424,		19,834,84	
	l otal liabi	lities (Part X, line 26)	•	2,665,		3,398,0	
		s or fund balances. Subtract line 21 from line 20.	•	8,759,	/0/.	16,436,82	<u>24.</u>
Part I	Ŭ		omonte an	d to the hes	of my	knowledge and helief	it ie
true, cor	rrect, and com	rjury, I declare that I have examined this return, including accompanying schedules and state plete. Declaration of preparer (other than officer) is based on all information of which preparer h	has any kno	owledge.	. Of my	knowledge and bellel,	11 13
	Gary Men	tell		11	/15/	2002	
Sign	Signature of	of officer		⊥⊥ Date	/15/	2023	
Here							
		IENDELL PRESIDENT nt name and title					
		e preparer's name Preparer's signature / Date		Check	if	PTIN	
Paid			5/202			P00577434	
Prepare	Firm's page			Firm's EIN		20-1157630	
Use Onl	Firm's nam			Phone no.		202-729-2100	
May the		iss this return with the preparer shown above? See instructions				X Yes	No
		uction Act Notice, see the separate instructions.				Form <b>990</b> (2)	<u> </u>

For	m 990 (2022)	age <b>2</b>
Ρ	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
	services?	JNO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	hers,
	the total expenses, and revenue, if any, for each program service reported.	
_		
4a	(Code:) (Expenses \$5,884,711. including grants of \$) (Revenue \$)	
	EDUCATION - IN AN EFFORT TO END THE STIGMA ASSOCIATED WITH THOSE AFFLICTED WITH A SUBSTANCE USE DISORDER, AND THEIR FAMILIES,	
	SHATTERPROOF EDUCATES THE PUBLIC SO OUR SOCIETY WILL PROVIDE THEM	
	WITH THE SAME LOVE AND SUPPORT AS THOSE AFFLICTED WITH OTHER	
	DISEASES. WE PROVIDE RESOURCES TO MILLIONS OF FAMILIES WHO ARE	
	LOOKING FOR INFORMATION, TOOLS, AND SUPPORT. WE ALSO OFFER	
	EDUCATION ABOUT ADDICTION AT WORK THROUGH OUR ONLINE LEARNING	
	TOOL, JUST FIVE.	
4b	(Code: ) (Expenses \$ 957,932. including grants of \$ ) (Revenue \$ )	
	ADVOCACY - ADVOCATE FOR CHANGE, INCLUDING PUBLIC POLICIES THAT	
	BETTER ADDRESS THIS PROFOUND PUBLIC HEALTH CRISIS. SHATTERPROOF	
	SUPPORTS THE DEVELOPMENT OF POLICIES IN THREE AREAS: PAYMENT	
	REFORM FOR ADDICTION TREATMENT, ADDICTION TRAINING AND EDUCATION	
	FOR PROFESSIONALS, AND OPIOID LITIGATION SETTLEMENT.	
40	(Code: ) (Expenses \$ 4,210,650. including grants of \$ ) (Revenue \$ )	
40	SHATTERPROOF DEVELOPED THE ADDICTION TREATMENT, LOCATOR,	
	ASSESSMENT, AND STANDARDS PLATFORM (ATLAS), THE NATION'S FIRST	
	QUALITY MEASUREMENT SYSTEM FOR ADDICTION TREATMENT. ATLAS DELIVERS	
	VALUABLE INFORMATION TO STATES, HEALTH INSURERS, AND TREATMENT	
	FACILITIES TO ENABLE DATA-DRIVEN AND CONTINUOUS QUALITY	
	IMPROVEMENT AND DRIVES DEMAND TO TREATMENT PROGRAMS PROVIDING	
	HIGHER QUALITY CARE. ATLAS INCLUDES THE ADDICTION TREATMENT NEEDS	
	ASSESSMENT (ATNA) WHICH AIDS CONSUMERS IN DETERMINING THE PROPER	
	LEVEL OF ADDICTION TREATMENT.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 11,053,293.	

Form 9	90 (2022)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	complete Schedule A	1 2	X	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	Х	
3	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)			Λ
-	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,	<u> </u>		
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
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		Х
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			
	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	10		
44	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,			
2	VII, VIII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	114	21	
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
4.0	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		X
b	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		х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	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	23	х	
24 0	employees? If "Yes," complete Schedule J. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	Å	<u> </u>
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception.	240		
U	to defease any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
	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		х
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		Х
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		Х
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 the 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			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 line 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,"			37
22	<i>complete Schedule N, Part II</i> . Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		v
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		X
34	or IV, and Part V, line 1.	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Jour		
-	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		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u> .	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 70			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
101	reportable gaming (gambling) winnings to prize winners?	1c		Ĺ
JSA 2E1030	2.000	Form	990	(2022)

#### SHATTERPROOF A NONPROFIT CORPORATION

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Par	t V 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 90			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	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		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	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		Х
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.	-		
	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			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
40-	<b>.</b>	12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year	120		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b] Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	<b>Note:</b> 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			
	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes." complete Form 6069.			

Form 990 (2022)

Form 9	90 (2022) SHATTERPROOF A NONPROFIT CORPORATION 45-4619	712	F	Page <b>6</b>
Part	VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below	and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
_	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?.	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			37
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6		X X
6	Did the organization have members or stockholders?	0		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		х
h	one or more members of the governing body?	14		- 21
b	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ū	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	<u>Code</u>		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	4.01		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	v	
-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	124		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
U	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
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?	16b		
Secti	on C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filedSEE_SCHEDULE_O			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-1		tion 5	01(0)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	1990		51(0)
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inter	est c	olicy.
	and financial statements available to the public during the tax year.			<i>,</i> ,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	s		
	MOLLY GRAVHOLT 101 MERRITT 7 CORPORATE PARK, 1ST FLOOR NORWALK, CT 06851			
JSA	203-849-2218	Form	990	(2022)
2 = 1042	1 000			

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Form 990 (2022)

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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than of box, unless person is both officer and a director/truste					an	(D) Reportable compensation from the	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Institutional trustee Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) KEVIN ROY	50.00									
CHIEF POLICY OFFICER	NONE					x		337,188.	NONE	17,163.
(2) KIRSTEN SECKLER	50.00								none	1,7103.
CHIEF MARKETING OFFICER	NONE					x		283,250.	NONE	17,145.
(3) PATRICK REEDY	50.00									· · · · ·
CHIEF DEVELOPMENT OFFICER	NONE					x		275,000.	NONE	17,081.
(4) TIM KOBOSKO	50.00									
CHIEF INFORMATION OFFICER	NONE					X		283,250.	NONE	101.
(5) LISA KUGLER	50.00									
SVP, TREATMENT ATLAS	NONE					Х		250,000.	NONE	NONE
(6) GARY MENDELL	NONE									
PRESIDENT/CHAIRMAN	NONE	Х		Х				NONE	NONE	NONE
(7) ANTHONY RUTLEDGE	NONE									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(8) JONATHAN E. FIELDING	NONE									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(9) JEFFREY ASSAF	NONE									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(10) MARK WALLER	NONE									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(11) GARY HENSON	NONE									
CLERK	NONE	Х		Х				NONE	NONE	NONE
(12) HOWARD FINKELSTEIN	NONE									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(13) RUSS MITCHELL	NONE									
DIRECTOR	NONE	Х						NONE	NONE	NONE
(14) KEN ZIMMERMAN	NONE									
DIRECTOR	NONE	Х						NONE	NONE	NONE

Form 990 (2022)												Page <b>8</b>
Part VII Section A. Officers, Directors,		ey En	nplo			and H	lig	· · · · · · · · · · · · · · · · · · ·		es (cor	,,	
(A) Name and title	<b>(B)</b> Average hours per week (list any	box,	unles	Pos heck ss pe	erson	e than c is both	an	(D) Reportable compensation from	(E) Reportable compensation related		<b>(F)</b> Estimated amount of other	
	hours for related organizations below dotted line)	or director	a Institutional trustee	a Officer	Key employee	tor/true Highest compensated	e) Former	- the organization (W-2/1099-MISC)	organization (W-2/1099-MI		compensation from the organization and related organization	n J
15) PAM JENKINS	NONE											
DIRECTOR	NONE	X						NONE	N	ONE		NONI
16) CHRIS HOCEVAR	NONE	v						NONE	ът	ONTE		νταντι
DIRECTOR 17) DANA REDD	NONE	X						NONE	IN	ONE		NONI
DIRECTOR	NONE NONE	x						NONE	N	ONE		NON
18) SUDA SUVARNA	NONE							INCINE	IN	ONE	-	
DIRECTOR	NONE	x						NONE	N	ONE	1	NON
		-										
1b Sub-total							►	1,428,688.	N	ONE	51,	490
c Total from continuation sheets to Part VI	, Section A						►	NONE		ONE		NONI
<ul><li>d Total (add lines 1b and 1c)</li><li>2 Total number of individuals (including but n</li></ul>	ot limited to t						► o re	1,428,688. eceived more than		ONE	51,	490
reportable compensation from the organiza	tion ►					5					Yes	No
3 Did the organization list any former o employee on line 1a? If "Yes," complete Sch											3	Х
4 For any individual listed on line 1a, is th organization and related organizations	greater than	\$15	50,0	00?	i It	f "Yes	s,"	complete Schedu	le J for suc	:h		
<i>individual</i> <b>5</b> Did any person listed on line 1a receive											4 X	
for services rendered to the organization? If	"Yes," comple	te Sci	hedı	ıle J	l for	such	per	rson		-	5	Х
<ul> <li>Section B. Independent Contractors</li> <li>Complete this table for your five highest c compensation from the organization. Repo year.</li> </ul>											s tax	
(A)	address							(B) Description of se	rvices	Cor	(C)	
SEE SCHEDULE O Name and business										00		
							_					
							-					

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

Form 990 (2022)

#### SHATTERPROOF A NONPROFIT CORPORATION Part VIII Statement of Revenue

Г 

		Check if Schedule O contains a respon	se or note to an	y line in this Part V	/111		
		· · · · · · · · · · · · · · · · · · ·		(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts, ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues					
ŌĔ	с	Fundraising events	3,470,904.				
fts ar A	d	Related organizations					
ij ig	е	Government grants (contributions) 1e					
Sins	f	All other contributions, gifts, grants,					
ēr		and similar amounts not included above . 1f	19,308,822.				
gi	g	Noncash contributions included in					
d		lines 1a-1f	5				
<u>a</u> Ö	h	Total. Add lines 1a-1f		22,779,726.			
			Business Code				
ice	2a						
Program Service Revenue	b						
enu Sr	c						
eve	d						
- B R	е						
P	f	All other program service revenue					
	g	Total. Add lines 2a-2f		NONE			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)		115,058.	115,058.		
	4	Income from investment of tax-exempt bond	proceeds .	NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	с	Rental income or (loss) 6c NONE	NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory <b>7a</b>					
ne	b	Less: cost or other basis					
evenue		and sales expenses 7b					
Rev	c	Gain or (loss) 7c					
_	d	Net gain or (loss)		NONE			
Other	8a	Gross income from fundraising					
0		events (not including \$3,470,487.					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	212,759.				
	b	Less: direct expenses	212,759.				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	С	Net income or (loss) from gaming activities.		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances	NONE				
	b	Less: cost of goods sold	NONE				
	С	Net income or (loss) from sales of inventory.		NONE			
snu			Business Code				
nec	11a						
ven	b						
Miscellaneous Revenue	c						
Mi	d	All other revenue					
	<u>e</u>	Total Add lines 11a-11d		NONE	115 055		
	12	Total revenue. See instructions		22,894,784.	115,058.		1

#### SHATTERPROOF A NONPROFIT CORPORATION

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). Check if Schedule O contains a response or note to any line in this Part IX \_ X (C) Management and (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . NONE 2 Grants and other assistance to domestic NONE individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and NONE foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members NONE Compensation of current officers, directors, 5 trustees, and key employees NONE 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and NONE persons described in section 4958(c)(3)(B) 7 Other salaries and wages 7,366,299. 680,578. 1,630,273. 5,055,448. NONE 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) NONE NONE Payroll taxes 10 11 Fees for services (nonemployees): NONE a Management NONE b Legal NONE c Accounting 651,946. 651,946 d Lobbying NONE e Professional fundraising services. See Part IV, line 17. NONE f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 1,373,860. 1,293,270. 70,652. 9,938. (A), amount, list line 11g expenses on Schedule O.) Advertising and promotion 1,226,388. 1,076,295. 150,093. 12 . . . . 682,041 15,016. 697,057. 13 Office expenses 14 Information technology 663,873. 499,143. 35,814. 128,916. NONE 15 Royalties Occupancy 6,823 5,800 341 682. 16 NONE 17 Travel Payments of travel or entertainment expenses 18 NONE for any federal, state, or local public officials 422,635 353,975 63,728. Conferences, conventions, and meetings 4,932 19 Interest NONE 20 NONE Payments to affiliates 21 Depreciation, depletion, and amortization 44,349 37,697 6,652. 22 23,084 23,084. Insurance 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.) a SUPPLIES 14,368 7,183. 7,185 72,064 72,064 BAD DEBT EXPENSE b 110,461. CREDIT CARD FEES 110,461 С 810,116. 436,216. d EVENT COSTS 1,246,332. 1,298,128. 1,262,420. 8,195 27,513. e All other expenses Total functional expenses. Add lines 1 through 24e 15,217,667. 11,053,293. 1,584,886. 2,579,488. 25 Joint costs. Complete this line only if the 26 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)

1,260,932.

1,869,269.

607,332.

1,005

Form 990 (2022)

Page	1	1	

			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	NONE	1	NON
	2	Savings and temporary cash investments	8,279,586.	2	3,520,765
	3	Pledges and grants receivable, net	1,101,058.	3	3,777,820
	4	Accounts receivable, net	NONE	4	NON
	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	NONE	5	NON
	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).	NONE	6	NON
its	7	Notes and loans receivable, net	NONE	7	NON
ASSetS	8	Inventories for sale or use	NONE	8	NON
Ž	9	Prepaid expenses and deferred charges	234,457.	9	383,700
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 2,622,054.			
	b	Less: accumulated depreciation	74,879.	10c	1,301,845
	11	Investments - publicly traded securities SEE SCHEDULE .O	1,476,491.	11	10,592,326
	12	Investments - other securities. See Part IV, line 11	NONE	12	NON
	13	Investments - program-related. See Part IV, line 11	NONE	13	NON
	14	Intangible assets	258,386.	14	258,386
	15	Other assets. See Part IV, line 11	NONE	15	NON
	16	Total assets. Add lines 1 through 15 (must equal line 33)	11,424,857.	16	19,834,842
	17	Accounts payable and accrued expenses	477,153.	17	1,054,030
	18	Grants payable	NONE	18	NON
	19	Deferred revenue	1,540,525.	19	2,343,988
	20	Tax-exempt bond liabilities	NONE	20	NON
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON
ŝ	22	Loans and other payables to any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
aDI		controlled entity or family member of any of these persons	NONE	22	NON
	23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NON
	24	Unsecured notes and loans payable to unrelated third parties	NONE	24	NON
	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	647,472.	25	NON
	26	Total liabilities. Add lines 17 through 25	2,665,150.	26	3,398,018
seou		Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
alai	27	Net assets without donor restrictions	6,533,729.	27	9,138,795
ñ	28	Net assets with donor restrictions.	2,225,978.	28	7,298,029
Assets of Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
o l	29	Capital stock or trust principal, or current funds		29	
ers	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
-				••	
	32	Total net assets or fund balances	8,759,707.	32	16,436,824

	SHATTERPROOF A NONPROFIT CORPORATION 45-4	6197	12			
Form 99	90 (2022)				Pa	ge <b>12</b>
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		22,8	94,	784.
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>15,2</u>	17,	<u>667</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		7,6	77,	<u>117</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		8,7	59,	<u>707</u> .
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O).	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	<u>32,</u> column (B))	10		<u>16,4</u>	36,	<u>824</u> .
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
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," Schedule O.	explain	on		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were of			2a	Х	
	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 as separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	idited c	on a			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for a	oversigh	nt of			
	the audit, review, or compilation of its financial statements and selection of an independent account	ntant?.		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year,	explair	n on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not u	ndergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such	audits		3b	Х	

Form **990** (2022)

SCHEDULE	A
(Form 990)	

### **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

OMB No. 1545-0047 20

		nt of the Treasury evenue Service		Go to www.irs.gov	//Form990 for instruction	ons and t	he latest i	nformation.	Inspection
lam	e of th	ne organization						Employer identit	fication number
SH	ATTI			CORPORATION					619712
	rt I			•	organizations must			,	ns.
	orga		-		is: (For lines 1 throug	-	-		
1					tion of churches desc			70(b)(1)(A)(i).	
2					. (Attach Schedule E				
3		-	-		rganization described				
4			-	-	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A	)(iii). Enter the
_		hospital's nam							
5		-	-	for the benefit of Complete Part II.)	a college or universit	y ownee	d or ope	rated by a governme	ental unit described in
6					rnmental unit describe	d in <b>sect</b>	ion 170(	b)(1)(A)(v).	
7	x								om the general public
		-		(1)(A)(vi). (Compl			0		0 1
8					<b>)(1)(A)(vi).</b> (Complete	Part II.)			
9		An agricultura	I research or	ganization describe	ed in section 170(b)(1	)(A)(ix)	operated	l in conjunction with a	a land-grant college
		or university o	r a non-land-	grant college of ag	riculture (see instruct	ions). E	nter the i	name, city, and state c	of the college or
		university:							
0		receipts from support from	activities rela gross investm	ted to its exempt f nent income and u	ore than 331/3 % of its unctions, subject to c nrelated business tax 975. See <b>section 509</b>	ertain ex able inco	ceptions	s; and (2) no more tha s section 511 tax) from	n 331/3 % of its
11		An organizatio	on organized	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
2		-	-	-	-	-			rry out the purposes o
		-		-			-		ction 509(a)(3). Check
	_	the box on line	es 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines '	12e, 12f, and 12g.
а				-	, supervised, or contr	-			
			-		regularly appoint or e		ajority of	the directors or truste	ees of the
			-	-	e Part IV, Sections A				
b				-	ed or controlled in co				
			-		rganization vested in	the sam	e persor	is that control or mai	hage the supported
				-	, Sections A and C.	tod in a	onnoctio	n with and functions	Illy intograted with
С					ng organization opera is). <b>You must comple</b>				iny integrated with,
d			-		porting organization c				rtod organization(s)
u			-		nization generally mus	-			- · ·
			-		omplete Part IV, Sect	-		-	
е					a written determinatio				II. Type III
•			•		ionally integrated sup				,,
f	En				· · · · · · · · · · · · · ·				
g	Pro	ovide the follow	ving information	on about the suppo	orted organization(s).				
	(i) N	ame of supported of	organization	<b>(ii)</b> EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))	-	ur governing ment?	support (see instructions)	other support (see instructions)
						Yes	No	,	,
(A)									
В)									
(C)									
D)									
Έ)									
(E)									
Γot	al								

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Schedule A (Form 990) 2022

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,949,701.	10,241,007.	8,722,877.	10,635,972.	22,779,726.	60,329,283.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	7,949,701.	10,241,007.	8,722,877.	10,635,972.	22,779,726.	60,329,283.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						/
c	shown on line 11, column (f) SEE SUPP PAGE						7,799,407.
$\frac{6}{800}$	Public support. Subtract line 5 from line 4 tion B. Total Support						52,529,876.
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
_	Amounts from line 4	7,949,701.	10,241,007.	8,722,877.	10,635,972.	22,779,726.	60,329,283.
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	17,649.	56,196.	18,198.	14,004.	115,058.	221,105.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						NONE
11	Total support. Add lines 7 through 10						60,550,388.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here			, third, fourth,	or fifth tax yea	r as a section	501(c)(3)
Sec	tion C. Computation of Public Supp		-				
14	Public support percentage for 2022 (lir					14	86.75 <b>%</b>
15	Public support percentage from 2021					15	94.41 %
16a	331/3% support test - 2022. If the org						
_	box and <b>stop here.</b> The organization qu	•		•			
b	331/3% support test - 2021. If the org						
4 7 .	this box and <b>stop here.</b> The organization			-			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization					-	-
	Part VI how the organization meets t			•	•		
h	organization						
D			-				
	15 is 10% or more, and if the organiz in Part VI how the organization meets					-	-
	organization			•			
18	Private foundation. If the organization						
	-						
	instructions						<u>· · · · · · · · · · · · · · · · · · · </u>

Schedule A (Form 990) 2022

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# Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e)	<b>)</b> 2022	(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							
7a	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.)							
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e)	) 2022	(f) Total
9	Amounts from line 6							
10 a	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 on line 10b, whether							
	or not the business is regularly carried on.							
12	Other income. Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)							
14	First 5 years. If the Form 990 is for	r the organizati	ion's first, secon	d, third, fourth,	or fifth tax ye	ear as	a section	501(c)(3)
	organization, check this box and stop here						<u>.</u>	
Sec	tion C. Computation of Public Sup							
15	Public support percentage for 2022 (line 8		•			15		%
16	Public support percentage from 2021 Sche					16		%
Sec	tion D. Computation of Investmen					, , , , , , , , , , , , , , , , , , ,		
17	Investment income percentage for 2022 (li					17		%
18	Investment income percentage from 2021		= = =			18		%
19 a	331/3% support tests - 2022. If the or	-						
	17 is not more than 331/3%, check thi	-	-			•••	-	
b	331/3% support tests - 2021. If the org							
	line 18 is not more than 331/3%, check		•	0		•••	0	
20	Private foundation. If the organization	did not check	a box on line '	14, 19a, or 19b	, check this bo	x and		
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(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 10b below.* 
  - **b** 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

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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Yes No

2

			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the examination operate for the henefit of any supported examination other than the supported	

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.

#### Section C. Type II Supporting Organizations

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

#### Section 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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If</i> "Yes," <i>describe in Part VI the role the organization</i> 's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Che	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructio	ns).	
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 governmental entity (se	e instru	ctions	s).
				Yes	N
2	Activ	ities Test. Answer lines 2a and 2b below.			í

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 <b>Part VI identify those supported organizations and explain</b> 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 on line 2a, above, constitute activities that, but for the organization's		

D Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

#### 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*

- **a** 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? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

2b

3a

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#### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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>b</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 <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
Charly here if the surrent user is the experimetion is first as a new functional			

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Schedu	le A (Form 990) 2022				Page
Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)		
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1	1	10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022				
	(reasonable cause required - <i>explain in <b>Part VI</b>).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7					
r	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
 	Excess from 2018				
 b	Excess from 2019				
	Excess from 2020				
d	Excess from 2021				
e	Excess from 2022				

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EXCESS

Part VI 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.)

#### SCHEDULE A, PART II - EXCESS CONTRIBUTIONS

	TOTAL	LESS 2% OF	CONTRIBUTION
CONTRIBUTOR NAME	CONTRIBUTION	LINE 11(F)	AMOUNT
GARY MENDELL AND RELATED PARTIES	1,897,198.	1,211,008.	686,190.
ARNOLD VENTURES	2,165,000.	1,211,008.	953,992.
ELEVANCE HEALTH FOUNDATION	1,800,000.	1,211,008.	588,992.
GORDON AND LLURA GUND FOUNDATION	2,992,249.	1,211,008.	1,781,241.
MACKENZIE SCOTT	5,000,000.	1,211,008.	3,788,992.
TOTALS	13,854,447.		7,799,407.

	e of organization			Employer ide	entification number
SHA	ATTERPROOF A NONPROF	IT CORPORATION		45-4	619712
Pa	rt I-A Complete if the	organization is exempt under	section 501(c) or	is a section 527 orga	nization.
1	definition of "political camp	the organization's direct and ind paign activities." expenditures. See instructions			
2		l campaign activities. See instructions			
		organization is exempt under			
		cise tax incurred by the organization			
1 2	Enter the amount of any ex	cise tax incurred by the organization m	anagore under cost	ion 1055 Φ	
		a section 4955 tax, did it file Form			
	-				Yes No
	rt I-C Complete if the	organization is exempt under	section 501(c), e	cept section 501(c)(?	3).
1	•	expended by the filing organization	· /·	• • • • • •	<i>.</i>
•		expended by the ming organization			
2		ng organization's funds contributed			
2	527 exempt function activity	ties		\$	
3	line 17b	enditures. Add lines 1 and 2. En		\$	
4 5	Enter the names, addresse organization made paymer the amount of political cor	ile <b>Form 1120-POL</b> for this year? s and employer identification numb nts. For each organization listed, er ntributions received that were pron	per (EIN) of all section of the amount pain aptly and directly de	on 527 political organiz d from the filing organiz elivered to a separate po	ations to which the filir zation's funds. Also ent
	as a separate segregated fu	ind of a political action committee (		Jace is needed, provide	information in Part IV.
	as a separate segregated fu	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	information in Part IV. (e) Amount of political
)		· · · · · · · · · · · · · · · · · · ·		(d) Amount paid from filing organization's	information in Part IV. (e) Amount of political contributions received an promptly and directly delivered to a separate political organization.
		· · · · · · · · · · · · · · · · · · ·		(d) Amount paid from filing organization's	information in Part IV. (e) Amount of political contributions received ar promptly and directly delivered to a separate political organization.
2)		· · · · · · · · · · · · · · · · · · ·		(d) Amount paid from filing organization's	information in Part IV. (e) Amount of political contributions received an promptly and directly delivered to a separate political organization.
2) 3)		· · · · · · · · · · · · · · · · · · ·		(d) Amount paid from filing organization's	information in Part IV. (e) Amount of political contributions received an promptly and directly delivered to a separate political organization.
2) 3) 4)		· · · · · · · · · · · · · · · · · · ·		(d) Amount paid from filing organization's	information in Part IV. (e) Amount of political contributions received an promptly and directly delivered to a separate political organization.
2) 3) 4) 5)		· · · · · · · · · · · · · · · · · · ·		(d) Amount paid from filing organization's	information in Part IV. (e) Amount of political contributions received an promptly and directly delivered to a separate political organization.
1) 2) 3) 4) 5) 6)		· · · · · · · · · · · · · · · · · · ·		(d) Amount paid from filing organization's	information in Part IV. (e) Amount of political contributions received ar promptly and directly delivered to a separate political organization.

## **Political Campaign and Lobbying Activities**

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

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.

Internal Revenue Service 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.

SCHEDULE C

Department of the Treasury

(Form 990)

mplete Part II-B.

not complete Part II-A.

<ul> <li>Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.</li> </ul>
<ul> <li>Section 527 organizations: Complete Part I-A only.</li> </ul>
If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), th
• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not co
• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do
If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990 Tax) (See separate instructions), then
<ul> <li>Section 501(c)(4), (5), or (6) organizations: Complete Part III.</li> </ul>

JSA

OMB No. 1545-0047

2 **Open to Public** Inspection

Sch	nedule C (Fo	rm 990) 2022 SHATTE	RPROOF A NONPROFIT CORPORATION	45-	-4619712 Page <b>2</b>
Pa	art II-A	Complete if the organizat section 501(h)).	on is exempt under section 501(c)(3) and	l filed Form 5768 (elec	ction under
Α	Check		elongs to an affiliated group (and list in Part IV e of excess lobbying expenditures).	ach affiliated group mem	ber's name, address
В	Check	if the filing organization ch	ecked box A and "limited control" provisions ap	ply.	
			oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	a Total lol	obying expenditures to influence	public opinion (grassroots lobbying)	46,219.	
b	o Total lol	obying expenditures to influence	a legislative body (direct lobbying)	605,727.	
C	: Total lol	obying expenditures (add lines ?	a and 1b)	651,946.	
c	d Other e	xempt purpose expenditures		14,831,619.	
e	e Total ex	empt purpose expenditures (ad	d lines 1c and 1d)	15,483,565.	
f	Lobbyin	g nontaxable amount. Enter th	he amount from the following table in both		
	columns	S.		924,178.	
	If the am	ount 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 \$50	00,000 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	7,000,000	\$1,000,000.		
g	g Grassro	ots nontaxable amount (enter 2	5% of line 1f)	231,045.	
h	n Subtrac	t line 1g from line 1a. If zero or	ess, enter -0-		
i	Subtrac	t line 1f from line 1c. If zero or le	ess, enter -0-		
j			on either line 1h or line 1i, did the organiza		
	reporting section 4911 tax for this year?			Yes X No	

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

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

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> Total	
2a	Lobbying nontaxable amount	562,318.	554,572.	578,520.	924,178.	2,619,588.	
b	Lobbying ceiling amount (150% of line 2a, column (e))					3,929,382.	
с	Total lobbying expenditures	507,709.	554,526.	498,379.	651,946.	2,212,560.	
d	Grassroots nontaxable amount	140,580.	138,643.	144,630.	231,045.	654,898.	
е	Grassroots ceiling amount (150% of line 2d, column (e))					982,347.	
f	Grassroots lobbying expenditures	131,014.	21,485.	46,491.	46,219.	245,209.	

Schedule C (Form 990) 2022

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed		(a)		(b)	
	description of the lobbying activity.			Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local				
	legislation, including any attempt to influence public opinion on a legislative matter or				
	referendum, through the use of:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pa	t III-A Complete if the organization is exempt under section $501(c)(A)$ section $501$	(~)(5)	ore	ection	

T GI	501(c)(6).						
	Ware substantially all (000/ as mare) dues resaived new deductible by members?		I				

			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 the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
•		2a	
	Carryover from last year.		
С	Total	20	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditures next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions.	5	

#### Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEE	DULE D
(Form	990)

4 5

7

8

1a

## Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

2 22 **Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury				
Internal Revenue Service				
Name of the organization				

Nam	ne of the organization		Employer identification number
SH	ATTERPROOF A NONPROFIT CORPORATION		45-4619712
Ρ	art I Organizations Maintaining Donor Adv	vised Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered		
	· · · · ·	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono		in donor advised
•	funds are the organization's property, subject to th		
6	Did the organization inform all grantees, donors,		
-	only for charitable purposes and not for the bene		
	conferring impermissible private benefit?		
Р	art II Conservation Easements.		
	Complete if the organization answered	I "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the		
	Preservation of land for public use (for example	e, recreation or education) Preservation	of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization h	eld a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	s	2b
с	Number of conservation easements on a certified		2c
d	Number of conservation easements included in (c	) acquired after July 25, 2006, and not on	
	a historic structure listed in the National Register.		2d
3	Number of conservation easements modified, tra	ansferred, released, extinguished, or term	inated by the organization during the
	tax year		
4	Number of states where property subject to conse	ervation easement is located	
5	Does the organization have a written policy re	garding the periodic monitoring, inspect	ion, handling of
	violations, and enforcement of the conservation ea	asements it holds?	Yes 📖 No
6	Staff and volunteer hours devoted to monitoring, insp	pecting, handling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspec	cting, handling of violations, and enforcing c	onservation easements during the year
8	Does each conservation easement reported on line		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization re	-	-
	balance sheet, and include, if applicable, the tex	-	nancial statements that describes the
Б	organization's accounting for conservation easeme		r Similar Acceta
P	art III Organizations Maintaining Collections Complete if the organization answered		r Similar Assets.
1a	If the organization elected, as permitted under F. of art, historical treasures, or other similar asse	ASB ASC 958, not to report in its revenues 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 the	hese items.
b	If the organization elected, as permitted under F		
	art, historical treasures, or other similar assets he		earch in furtherance of public service,
	<ul><li>provide the following amounts relating to these ite</li><li>(i) Revenue included on Form 990, Part VIII, line</li></ul>		¢
	(i) Revenue included on Form 990, Part VIII, line (ii) Assets included in Form 990, Part X.		
2	.,		
2	If the organization received or held works of a		assets for inflancial gain, provide the
	following amounts required to be reported under F	AD AD 900 relating to these items:	<b>^</b>

a	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	\$
Fo	r Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
JSA		

_		TTERPROOF A						-4619712	Page <b>2</b>
Pa	rt III Organizations Maintainin	ng Collections	of Art, Histo	orical Tre	easures,	or Othe	r Similar Assets	(continued	1)
3	Using the organization's acquisition collection items (check all that apply		d other reco	rds, checł	c any of	the follo	wing that make si	gnificant us	e of its
а	Public exhibition		d	Loan d	or exchan	ige progra	am		
b	Scholarly research		e	Other		010			
С	Preservation for future gener	ations							
4	Provide a description of the organ XIII.		ons and expl	ain how t	hey furth	ner the o	rganization's exem	npt purpose	in Part
5	During the year, did the organizatio	n solicit or receiv	e donations d	of art hist	orical trea		other similar		
5	assets to be sold to raise funds rath							Yes	No
Da	rt IV Escrow and Custodial Ar		initallieu as pa		Jiyanizati			163	
Гa	Complete if the organization	•	"Ves" on For	m 990 E	Part IV li	ng 9 or	reported an amo	unt on For	m
	990, Part X, line 21.								
1a	Is the organization an agent, trust			-					<b></b>
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in	h Part XIII and co	omplete the fo	llowing tab	ble:				
							Amou	nt	
С	Beginning balance					lc			
d	Additions during the year					ld			
е	Distributions during the year					le			
f	Ending balance					lf			
2a	Did the organization include an amo						-	Yes	No
	If "Yes," explain the arrangement in	n Part XIII. Checl	k here if the e	xplanation	has beer	n provideo	on Part XIII		
Pa	t V Endowment Funds.	dan an an an an an a							
	Complete if the organiza						( n = 1		
		(a) Current year	(b) Pric	or year	(c) 1wo y	ears back	(d) Three years back	(e) Four ye	ears back
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains,								
	and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage			e (line 1g,	column (a	a)) held a	s:		
а	Board designated or quasi-endowm		_ %						
b	Permanent endowment	%							
С	Term endowment%								
-	The percentages on lines 2a, 2b, a								
3a	Are there endowment funds not in t	the possession c	of the organiza	ation that	are held	and adm	inistered for the	V	es No
	organization by:								
	(i) Unrelated organizations							. 3a(i)	
-	(ii) Related organizations							. 3a(ii)	
	If "Yes" on line 3a(ii), are the relate	•	•				• • • • • • • • • • •	. 3b	
4	Describe in Part XIII the intended u t VI Land, Buildings, and Equ		ization's endo	wment fur	nds.				
Pa	<b>t VI</b> Land, Buildings, and Equ Complete if the organiza	ation answered	"Yes" on Fo	rm 990, I	Part IV, I	ine 11a.	See Form 990, F	Part X, line	10.
	Description of property	(a) Cos	st or other basis	(b) Cost of	or other basi	s (c) A	ccumulated	(d) Book value	
4 ~	Land		ivestment)	(o	ther)	dep	preciation		
1a ⊾									
b	Buildings								
C A	Leasehold improvements				04 025	, .	104 027		
d	Equipment				94,837		194,837.	1 201	045
e Tota	Other Add lines 1a through 1e. (Column	(d) must cauch E	orm 000 Dov		27,217		125,373.	1,301	
Tota	. Aud lines la though le. (Column	(u) must equal P	0111 990, Pan	A, COIUITI	т ( <i>в),</i> шие	100.)	<u>  </u>	1,301	,845.

Schedule D (Form 990) 2022

#### Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII Complete if the organization answered "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) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4)(5) (6)(7)(8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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.

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	le D (Form 990) 2022 SHATTERPROOF A NONPROFIT CORPORATION	45-	-4619712 Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	າ.	
1	Total revenue, gains, and other support per audited financial statements	1	24,330,954.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b1,242,338.		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	1,436,170.
3	Subtract line 2e from line 1	3	22,894,784.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	22,894,784.
Part		rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	16,653,839.
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	1,436,170.
3	Subtract line 2e from line 1	3	15,217,669.
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.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	15,217,669.
Part	XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE

PART XII, LINE 2A

RENT EXPENSE, LEGAL SERVICES EXPENSE & ADVERTISING EXPENSE - 1,242,338 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 2022 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, 2022.

PART XII, LINE 2D

EMPLOYEE RETENTION CREDIT - \$193,832 CREDIT RECEIVED BY FOUNDATION IN DECEMBER 2022. RECOGNIZED AS OTHER INCOME AND AS SALARIES AND WAGES EXPENSE IN THE AUDITED FINANCIAL STATEMENTS.

SCHEDULE G	Supplemental	Information Re	garding	Fundra	ising or Gamin	g Activities	OMB No. 1545-0047
(Form 990)	ne organization answer organization entered n	9, or if the	2022				
Department of the Treasury				or Form 990			Open to Public
Internal Revenue Service	Go	to www.irs.gov/Form9	90 for instru	ictions and t	he latest information.		Inspection
Name of the organization						Employer identificati	
SHATTERPROOF A						45-46197	
	<b>Ig Activities.</b> Comp EZ filers are not re	•			Yes" on Form 99	90, Part IV, line 1	17.
	the organization rais		•		activities. Check a	all that apply.	
a Mail solicita	-	e		-	non-government g		
	email solicitations	f			government grants		
c Phone solic		g			ising events		
d In-person se		9			ionig of one		
or key employee <b>b</b> If "Yes," list the	tion have a written of es listed in Form 990, 10 highest paid indiv least \$5,000 by the o	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundrai	ising services?	Yes No fundraiser is to be
<b>(i)</b> Name and add or entity (fu		<b>(ii)</b> Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total 3 List all states in registration or lic	which the organizat	ion is registered o	r licensed	to solicit	contributions or	has been notified	l it is exempt from
	cenolity.						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 2E1281 1.000 4287FM 590X

SHATTERPROOF A NONPROFIT CORPORATION

Schedule G (Form 990) 2022

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

10a k		Were any of the organization's gaming If "Yes," explain:	g licenses revoked, sus			Yes No		
	<ul> <li>9 Enter the state(s) in which the organization conducts gaming activities:</li> <li>a Is the organization licensed to conduct gaming activities in each of these states?</li> <li>b If "No," explain:</li> </ul>							
	8	Net gaming income summary. S	ubtract line 7 from line	e 1, column (d)	<u></u>			
	7	Direct expense summary. Add lir	nes 2 through 5 in col	umn (d)				
	6	Volunteer labor	No					
_	5	Other direct expenses	Yes %	Yes %	Yes %			
Direct Expenses	4	Rent/facility costs						
Expen	3	Noncash prizes						
ses	2	Cash prizes						
Rev	1	Gross revenue						
Revenue		· · · · · · · · · · · · · · · · · · ·	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Pa	rt II	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "	Yes" on Form 990, F	Part IV, line 19, or	reported more than		
	10 11	Direct expense summary. Add lir Net income summary. Subtract I	nes 4 through 9 in colu ine 10 from line 3, col	umn (d) lumn (d)		682,800.		
	9	Other direct expenses			682,800.	682,800.		
Direc	8	Entertainment						
Direct Expenses	7	Food and beverages						
səsue	6	Rent/facility costs						
	5	Noncash prizes						
	4	Cash prizes						
		Gross income (line 1 minus line 2)	58,782.		74,884.	212,758.		
Reve		Less: Contributions	1,003,358.		2,312,694.	3,470,905.		
Revenue	1	Gross receipts	1,062,140.	233,945.	2,387,578.	3,683,663.		
			RECEPTION (event type)	GOLF EVENT (event type)	1 (total number)	(aḋd col. <b>(a)</b> through col. <b>(c)</b> )		
		gross receipts greater than \$5,000	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		

Sched	lule G (Form 990 or 990-EZ) 2022 SHATTERPROOF A NONPROFIT CORPORATION 45-4619712 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name
	Address ►
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	
	amount of gaming revenue retained by the third party <b>&gt;</b> \$
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:
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to
-	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year $\blacktriangleright$ \$
Par	

SCHEDULE J		Compen	sation Information	OI	MB No.	1545-0	047
(Form 990)		For certain Officers, Dire	ectors, Trustees, Key Employees, and Highest		എത	<b>n n</b>	)
			mpensated Employees n answered "Yes" on Form 990, Part IV, line 2	3	$\mathbb{Z}$		
	ent of the Treasury	A	Attach to Form 990.	0	pen to		
	Revenue Service	Go to www.irs.gov/Form9	90 for instructions and the latest information.	Employer identification	Insp		n
		NONDOOLE CODDODNELON				ſ	
Part		A NONPROFIT CORPORATION ns Regarding Compensation		45-461971	2		
Fari	Questio	ns Regarding Compensation				Yes	No
1a	Check the ap	propriate box(es) if the organization pro	ovided any of the following to or for a pers	son listed on Form		103	NO
			provide any relevant information regarding				
		ss or charter travel	Housing allowance or residence for	-			
		or companions	Payments for business use of perso	•			
		emnification and gross-up payments	Health or social club dues or initiation				
		onary spending account	Personal services (such as maid, ch	auffeur, chef)			
b	If any of the or reimburse	boxes on line 1a are checked, did the	ne organization follow a written policy represented above? If "No," com	egarding payment			
	explain				1b		
2	-		to reimbursing or allowing expenses				
			D/Executive Director, regarding the items	s checked on line			
	1a?				2		
3			on used to establish the compensation of				
			at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P				
				art III.			
		nsation committee dent compensation consultant	Written employment contract Compensation survey or study				
		00 of other organizations	Approval by the board or compensation	ation committee			
_							
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect t	o the filing			
а			ayment?		4a		х
			tal nonqualified retirement plan?		4b		X
			sed compensation arrangement?		4c		Х
			rovide the applicable amounts for each in				
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) or	rganizations must complete lines 5-9.				
5	-		on A, line 1a, did the organization pa	ay or accrue any			
		n contingent on the revenues of:					
а	The organizat	ion?			5a		Х
b	-	-			5b		X
		e 5a or 5b, describe in Part III.					
6	-	listed on Form 990, Part VII, Sectin contingent on the net earnings of:	on A, line 1a, did the organization pa	ay or accrue any			
а	The organizat	ion?			6a		Х
b	-	-			6b		X
	If "Yes" on lin	e 6a or 6b, describe in Part III.					
7			n A, line 1a, did the organization prov		_		
<u> </u>			escribe in Part III		7		X
8	•	•	paid or accrued pursuant to a contract the	•	1		
		-	Regulations section 53.4958-4(a)(3)?				v
9			low the rebuttable presumption proced		8		X
3			iow the rebuttable presumption proced		9		
For Pa		ction Act Notice, see the Instructions for Fo			⊥leJ(Fo	orm 990	0) 2022

Schedule J (Form 990) 2022

45-4619712

Page 2

#### 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 a	Ind/or 1099-MISC and/or	1099-NEC 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)	337,188.				17,163.	354,351.	
1 CHIEF POLICY OFFICER	(ii)							
KIRSTEN SECKLER	(i)	283,250.				17,145.	300,395.	
2 CHIEF MARKETING OFFICER	(ii)							
TIM KOBOSKO	(i)	283,250.				101.	283,351.	
3 CHIEF INFORMATION OFFICER	(ii)							
PATRICK REEDY	(i)	275,000.				17,081.	292,081.	
4 CHIEF DEVELOPMENT OFFICER	(ii)							
LISA KUGLER	(i)	250,000.					250,000.	
<b>5</b> SVP, TREATMENT ATLAS	(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)							

Schedule J (Form 990) 2022

#### SCHEDULE O (Form 990 or 990-EZ)

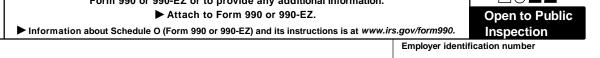
Department of the Treasury

Internal Revenue Service

Name of the organization

#### 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.



SHATTERPROOF A NONPROFIT CORPORATION

OMB No. 1545-0047

#### FORM 990, PART VI, SECT. A, LINE 2

GARY MENDELL IS THE CONTROLLING OWNER IN PARTNERSHIPS IN WHICH ANTHONY

RUTLEDGE PARTICIPATES.

#### FORM 990, PART VI, SECT. B, LINE 11

THE FOUNDATION CHIEF FINANCIAL OFFICER REVIEWS A DRAFT OF THE FORM 990 WITH THE INDEPENDENT CPA AND LEGAL COUNSEL. A COPY OF THE FINAL FORM 990 IS PROVIDED TO BOARD MEMBERS IN ADVANCE OF FILING.

#### FORM 990, PART VI, SECT. B, LINE 12C

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

#### FORM 990, PART VI, SECT. B, LINE 15

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

#### FORM 990, PART VI, SECT. C, LINE 19

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ. OMB No. 1545-0047

Internal Revenue Service	Information about Schedule O (Form 990 or 990-E2) and its instructions is at www.ir	s.gov/formiggo. Inspection	
Name of the organization		Employer identification number	
SHATTERPROOF A NON	IPROFIT CORPORATION	45-4619712	

SHATTERPROOF MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY,

AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

#### FORM 990, PART X - SFAS 117

THE ORGANIZATION FOLLOWS THE GUIDELINES PROVIDED BY SFAS 117 AND PRESENTS

UNRESTRICTED, TEMPORARILY RESTRICTED, AND PERMANENTLY RESTRICTED ASSETS

SEPARATELY.

#### FORM 990, PART XII, LINE 2C

THE FOUNDATION CHIEF FINANCIAL OFFICER REVIEWS A DRAFT OF THE AUDITED

FINANCIAL STATEMENTS AND PROVIDES A COPY TO THE BOARD OF DIRECTORS PRIOR

TO FINALIZATION.

Schedule O (Form 990 or 990-EZ) 2022					
Name of the organization	Employer identification number				
SHATTERPROOF A NONPROFIT CORPORATION	45-4619712				

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.

Schedule O	(Form	990 or	990-F7	2022
Ochiculaic O		000 01	330 LZ	2022

Name of the organization

SHATTERPROOF A NONPROFIT CORPORATION

Employer identification number 45 - 4619712

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,

Schedule O (Form 990 or 990-EZ) 2022		Page <b>2</b>
Name of the organization	Employer	identification number
SHATTERPROOF A NONPROFIT CORPORA	TION 45-46	519712
FORM 990, PART VII-COMPENSATION OF THE 5 HI	IGHEST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MOBIQUITY 230 3RD AVENUE, 3RD FLOOR WALTHAM, MA 02451	CONSULTING	1,165,474.
EVENT360 55 E JACKSON BLVD #1010 CHICAGO, IL 60604	MARKETING	377,378.
CAROL CONE ON PURPOSE 85 BROAD ST NEW YORK, NY 10004	CONSULTING	190,000.
CENTRETEK 15 W HARRIS AVE, STE 300 LA GRANGE, IL 60525	MARKETING	185,714.
50 STATE, LLC 1401 H STREET NW, 5TH FLOOR WASHINGTON, DC 20005	PROFESSIONAL SERVICE	120,000.

Schedule O (Form 990 or 990-EZ) 2022			Page 2
Name of the organization	Employer	identification number	
SHATTERPROOF A NONPROFIT CORPORATION	45-46	619712	
FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES			
	ENDING	COST	
DESCRIPTION	BOOK VALUE	OR FMV	
MARKETABLE SECURITIES	10,592,326.	FMV	

\_\_\_\_\_

10,592,326.

TOTALS

#### 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		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.	1,124.	1,124.	SL		3.000				
EQUIPMENT	02/29/2016	1,180.	100.000			1,180.	1,180.	1,180.	SL		3.000				
EQUIPMENT	03/31/2016	1,414.	100.000			1,414.	1,414.	1,414.	SL		3.000				
EQUIPMENT	04/30/2016	1,438.	100.000			1,438.	1,438.	1,438.	SL		3.000				
EQUIPMENT	10/31/2016	3,228.	100.000			3,228.	3,228.	3,228.	SL		3.000				
WEBSITE	05/31/2016	13,000.	100.000			13,000.	13,000.	13,000.	SL		3.000				
WEBSITE	12/01/2016	322,669.	100.000			322,669.	322,669.	322,669.	SL		3.000				
WEBSITE	12/01/2016	64,780.	100.000			64,780.	64,780.	64,780.	SL		3.000				
EQUIPMENT	01/31/2017	3,026.	100.000			3,026.	3,026.	3,026.	SL		3.000				
EQUIPMENT	02/28/2017	628.	100.000			628.	628.	628.	SL		3.000				
EQUIPMENT	04/30/2017	6,354.	100.000			6,354.	6,354.	6,354.	SL		3.000				
EQUIPMENT	05/31/2017	1,396.	100.000			1,396.	1,396.	1,396.	SL		3.000				
EQUIPMENT	06/30/2017	2,236.	100.000			2,236.	2,236.	2,236.	SL		3.000				
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
			-								_			-	
			1											-	
TOTALS			1							I					

\*Assets Retired

JSA 2X9024 1.000 4287FM 590X

#### 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-	Conv	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
EQUIPMENT	07/24/2017		100.000		rtoddotion	1,316.	1,316.	1,316.	SL		3.000		0.000	- criperioe	doproclation
EQUIPMENT	10/10/2017	1,965.	100.000			1,965.	1,965.	1,965.	SL		3.000				
EQUIPMENT	10/30/2017	7,775.	100.000			7,775.	7,775.	7,775.	SL		3.000				
EQUIPMENT	11/30/2017	4,964.	100.000			4,964.	4,964.	4,964.	SL		3.000				
WEBSITE	05/31/2017	25,301.	100.000			25,301.	25,301.	25,301.	SL		3.000				
WEBSITE	05/31/2017	21,501.	100.000			21,501.	21,501.	21,501.	SL		3.000				
WEBSITE	05/31/2017	46,711.	100.000			46,711.	46,711.	46,711.	SL		3.000				
WEBSITE	05/31/2017	25,203.	100.000			25,203.	25,203.	25,203.	SL		3.000				
WEBSITE	06/30/2017	28,714.	100.000			28,714.	28,714.	28,714.	SL		3.000				
WEBSITE	09/30/2017	12,781.	100.000			12,781.	12,781.		SL		3.000				
WEBSITE	10/31/2017	39,433.	100.000			39,433.	39,433.	39,433.	SL		3.000				
WEBSITE	11/30/2017	43,483.	100.000			43,483.	43,483.	43,483.	SL		3.000				
EQUIP-9 THINKPADS	01/09/2018	16,957.	100.000			16,957.	16,957.		SL		3.000				
EQT-LAPTOP, TRAVIS	02/01/2018	1,487.	100.000			1,487.	1,487.	1,487.	SL		3.000				
EQUIP-4 THINKPADS	03/01/2018	7,796.	100.000			7,796.	7,796.	7,796.	SL		3.000				
EQUIP-SH COMPUTER	03/01/2018	2,280.	100.000			2,280.	2,280.	2,280.	SL		3.000				
EQUIP-JI COMPUTER	04/01/2018	1,517.	100.000			1,517.	1,517.	1,517.	SL		3.000				
EQUIP-TJ, THINKPAD	05/01/2018	1,976.	100.000			1,976.	1,976.	1,976.	SL		3.000				
EQUIP-5K ASSETS	06/01/2018	54,541.	100.000			54,541.	54,541.	54,541.	SL		3.000				
Less: Retired Assets														L L	
Subtotals			-						]						
Listed Property															
1 2															
Less: Retired Assets							1							·	
Subtotals									]						
TOTALS									1						
AMORTIZATION					1	1	1	1						II	
Asset description	Date placed in service	Cost or basis						Ending Accumulated amortization		Life					Current-yea amortizatior
														-	
TOTALS			]												

#### 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-	Conv	Life	ACRS class		Current-year 179 expense	Current-year depreciation
WEBSITE	01/01/2018	17,096.	100.000	111 04515	Reduction	17,096.	17,096.	17,096.	SL	COIIV.	3.000	class	Class	expense	depreciation
SOFTWARE	01/01/2018	2,700.	100.000			2,700.	2,700.	2,700.			3.000				
SOFTWARE	01/01/2018	12,060.	100.000			12,060.	12,060.	12,060.			3.000				
SOFTWARE	06/12/2018	13,770.	100.000			13,770.	13,770.	13,770.	SL		3.000				
SOFTWARE	06/01/2018	8,505.	100.000			8,505.	8,505.	8,505.	SL		3.000				
EQT - LAPTOP, GM	02/28/2019	2,559.	100.000			2,559.	2,559.	2,559.	SL		3.000				
EQT - LAPTOP, AL	04/01/2019	1,274.	100.000			1,274.	1,274.	1,274.	SL		3.000				
EQT - LAPTOP, AL	05/07/2019	2,271.	100.000			2,271.	2,271.	2,271.	SL		3.000				
EQT - LAPTOP MC/MH	05/14/2019	4,472.	100.000			4,472.	4,472.	4,472.	SL		3.000				
EQUIP - IPAD	05/01/2019	1,393.	100.000			1,393.	1,393.	1,393.	SL		3.000				
	06/01/2019	2,416.	100.000								3.000				
EQUIP - LAPTOP, KS EQT - LAPTOP SD/SB	08/01/2019	4,084.	100.000			2,416.	2,416.	2,416.	SL		3.000				
EQT - LAPTOP SD/SB EQT - LAPTOP MS/RB	09/10/2019	4,084.	100.000			4,084.	4,084.	4,084.	SL		3.000				
EQT - LAPTOP MS/RB	09/10/2019	3,684.	100.000			3,684.	3,684.		SL		3.000				
			100.000					4,484.			3.000				
EQT - LAPTOP SG/SS	11/01/2019	3,784.				3,784.	3,784.	3,784.							
EQT - LAPTOPS	11/01/2019	7,528.	100.000			7,528.	7,528.	7,528.	SL		3.000				1.01
WEBSITE	03/01/2019	3,000.	100.000			3,000.	2,833.	3,000.	SL		3.000				16'
WEBSITE	04/01/2019	15,941.	100.000			15,941.	14,613.	15,941.			3.000				1,328
WEBSITE	05/01/2019	1,000.	100.000			1,000.	888.	1,000.	SL		3.000				11:
Less: Retired Assets			_						1					<u>г</u> т	
Subtotals															
Listed Property					1		T	1						Г	
Less: Retired Assets			_						1					г г	
Subtotals			_												
TOTALS															
AMORTIZATION		-													
Asset description	Date placed in service	Cost or basis	_				Accumulated amortization	Ending Accumulated amortization		Life	-			-	Current-year amortization
			-								_			-	
														F	
														-	
TOTALS			-						-						

#### DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated	Ending Accumulated depreciation	Me-	Conv.	Life	ACRS class	MA CRS class	Current-year 179 expense	Current-year depreciation
WEBSITE	06/12/2019		100.000	111 00313	Reduction	15,941.	13,728.	15,941.	SL		3.000	Class	01033	expense	2,21
WEBSITE	08/01/2019	13,200.	100.000			13,200.	10,633.	13,200.	SL		3.000				2,567
WEBSITE	09/05/2019	15,941.	100.000			15,941.	12,399.	15,941.	SL		3.000				3,542
WEBSITE	10/02/2019	11,213.	100.000			11,213.	8,410.	11,213.	SL		3.000				2,803
EQT - LAPTOP SS/AB	03/01/2020	3,186.	100.000			3,186.	3,186.	3,186.	SL		3.000				
EQT - LAPTOP CH	03/01/2020	980.	100.000			980.	980.	980.	SL		3.000				
EQT - LAPTOP SM	03/01/2020	980.	100.000			980.	980.	980.	SL		3.000				
EOT - LAPTOP	05/01/2020	3,136.	100.000			3,136.	3,136.	3,136.	SL		3.000				
EQT - LAPTOP	06/01/2020	3,196.	100.000			3,196.	3,196.	3,196.	SL		3.000				
WEBSITE	10/01/2020		100.000			2,100.	875.		SL		3.000				700
WEBSITE	10/01/2020	2,660.	100.000			2,660.	1,109.	1,996.	SL		3.000				887
WEBSITE	11/01/2020	14,140.	100.000			14,140.	5,499.	10,212.	SL		3.000				4,713
WEBSITE	12/01/2020	4,620.	100.000			4,620.	1,668.	3,208.	SL		3.000				1,540
WEBSITE	12/31/2020		100.000			4,480.	1,493.	2,986.	SL		3.000				1,493
WEBSITE	12/31/2020		100.000			6,860.	2,287.	4,574.	SL		3.000				2,287
WEBSITE	12/31/2020		100.000			12,390.	4,474.	8,604.	SL		3.000				4,130
EQT - LAPTOP	04/01/2021	1,967.	100.000			1,967.	1,967.	1,967.	SL		3.000				
EQT - LAPTOP	08/01/2021	1,860.	100.000			1,860.	1,860.	1,860.	SL		3.000				
EQT - LAPTOP	08/01/2021	1,860.	100.000			1,860.	1,860.	1,860.	SL		3.000				
Less: Retired Assets									-	1 1				1	
Subtotals			-						]						
Listed Property								1						1	
Less: Retired Assets										1 1				1	
Subtotals									]						
TOTALS									-						
AMORTIZATION															
Asset description	Date placed in service	Cost or basis					Accumulated	Ending Accumulated amortization	Code	Life					Current-year amortization
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TOTALS															

#### 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	MA CRS class	Current-year 179 expense	Current-year depreciation
EQT - LAPTOP	09/01/2021	1,050.	100.000		liteatenen	1,050.	1,050.	1,050.	SL		3.000				
EQT - LAPTOP	09/01/2021	1,050.	100.000			1,050.	1,050.	1,050.	SL		3.000				
EQT - LAPTOP	09/01/2021	1,050.	100.000			1,050.	1,050.	1,050.	SL		3.000				
EQT - LAPTOP	09/01/2021	1,050.	100.000			1,050.	1,050.	1,050.	SL		3.000				
EQT - LAPTOP	09/01/2021	1,050.	100.000			1,050.	1,050.	1,050.	SL		3.000				
EQT - LAPTOP	09/01/2021	1,050.	100.000			1,050.	1,050.	1,050.	SL		3.000				
EQT - LAPTOP	09/01/2021	1,050.	100.000			1,050.	1,050.	1,050.	SL		3.000				
EQT - LAPTOP	09/01/2021	1,050.	100.000			1,050.	1,050.	1,050.	SL		3.000				
EQT - LAPTOP	09/01/2021	1,050.	100.000			1,050.	1,050.	1,050.	SL		3.000				
EQT - LAPTOP	09/01/2021	1,050.	100.000			1,050.	1,050.	1,050.	SL		3.000				
WEBSITE	01/01/2021	4,060.	100.000			4,060.	1,466.	2,819.	SL		3.000				1,353
WEBSITE	01/01/2021	16,520.	100.000			16,520.	5,966.	11,473.	SL		3.000				5,507
WEBSITE	02/01/2021	15,400.	100.000			15,400.	4,706.	9,839.	SL		3.000				5,133
WEBSITE	03/01/2021	9,240.	100.000			9,240.	2,567.	5,647.	SL		3.000				3,080
WEBSITE	04/01/2021	2,380.	100.000			2,380.	595.	1,388.	SL		3.000				793
WEBSITE	05/31/2022	104,108.	100.000			104,108.		20,243.	SL		3.000				20,243
WEBSITE	06/30/2022	176,513.	100.000			176,513.		29,419.	SL		3.000				29,419
WEBSITE	07/31/2022	191,080.	100.000			191,080.		26,539.	SL		3.000				26,539
WEBSITE	08/31/2022	168,855.	100.000			168,855.		18,762.	SL		3.000				18,762
Less: Retired Assets															
Subtotals			-						]						
Listed Property															
Less: Retired Assets														·I	
Subtotals															
TOTALS			-						1						
AMORTIZATION														I	
Asset description	Date placed in service	Cost or basis						Ending Accumulated amortization	Code	Life					Current-year amortization
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			-								-			-	
			-								-			-	

#### 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	09/30/2022	194,300.	100.000			194,300.		16,192.			3.000				16,192
WEBSITE	10/31/2022	229,043.	100.000			229,043.					3.000				12,725
WEBSITE	11/30/2022	101,576.	100.000			101,576.		2,822.	SL		3.000				2,822
WEBSITE	12/31/2022	105,841.	100.000			105,841.			SL		3.000				
Less: Retired Assets									1	1				1	
Subtotals		2,670,593.	-			2,670,593.	1,324,400.	1,495,450.	]						171,050
Listed Property								1						11	
Less: Retired Assets									1	1				1	
Subtotals			-						]						
TOTALS		2.670.593.	-			2,670,593.	1,324,400.	1,495,450.	1						171,050
AMORTIZATION		_,,				_,,	_,,								,
	Date	Cost						Ending							
Asset description	placed in service	or basis					Accumulated	Accumulated amortization	Code	Life					Current-year amortization
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\*Assets Retired