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)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

		w.irs.gov/form990.	-	Inspection
	collendar year, or tax year beginning , 2014, and er			, 20
3 Check if applicable:	C Name of organization SHATTERPROOF A NONPROFIT CORPORATION (FKA BRIAN'S WISH)	D Employer	identificatio	n number
Address	Doing business as	45-4	619712	
Name change	Number and street (or P.O. box if mail is not delice and			
Initial return				
Final return/	101 MERRITT 7 CORPORATE PARK, 1ST FLOOR City or town, state or province, country, and ZIP or foreign postal code	(203)	849-221	18
terminated Amended	NORWALK, CT 06851			
return Application		G Gross re		3,844,7
pending		H(a) Is this a subordin	group return fo	Yes X
Tax-exempt sta	58 LAUREL DRIVE EASTON, CT 06612	H(b) Are all st		ed? Yes
	us: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or WW.SHATTERPROOF.ORG	527 If "No,"	attach a list. (se	e instructions)
	W. C.	H(c) Group e		
THE PERSON IN CO.	L Te	ar of formation: 2012	M State of le	egal domicile:
	illiary			
Briefly	describe the organization's mission or most significant activities: ENDING THE	STIGMA OF ADD:	CTION;	PROVIDING
PDET	WIII CKIIICAL INFO & SUPPORT; BRINGING APPROA	CHES TO BEAR	ON NC	
PREV 2 Check 3 Number 4 Number 5 Total number 6 Total number 7 Tot	ENTION, TREATMENT & RECOVERY; AND CHANGING PUBLIC	POLICY		
2 Check	his box I if the organization discontinued its operations or disposed of more	than 25% of its net ass	ets.	
5 3 Numbe	of voting members of the governing body (Part VI, line 1a)			
4 Numbe	of independent voting members of the doverning body (Part VI line 1h)		4	
5 Total ni	imber of individuals employed in calendar year 2014 (Part V, line 2a)		5	1
6 Total ni	imber of volunteers (estimate if necessary)			
la lotal ul	related business revenue from Part VIII, column (C), line 12		-	
b Net unr	elated business taxable income from Form 990-T, line 34	* * * * * * * * * * * * * * * * * * * *	7 b	
		Prior Year	1/0	Current Year
8 Contrib	tions and grants (Part VIII, line 1h)	2 074 6	02	
5 Flogran	service revenue (Part VIII, line 2g)		0	3,747,25
10 Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)	•	- T.	
11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15.	1,77
12 Total re	enue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).	-31,8		
13 Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)	. 3,043,0	100	3,749,03
14 Benefits	paid to or for members (Part IX, column (A), line 4)		0	
15 Salaries	other compensation, employee benefits (Part IX, column (A), lines 5-10)		0	
16a Professi	onal fundraising fees, (Part IX, column (A), line 11e)	427,9		571,920
16 a Professi b Total fur	draising expenses (Part IX, column (D), line 25) 768, 087.	•	0	
17 Other ex	draising expenses (Part IX, column (D), line 25) 768,087.			
18 Total ext	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,511,6		2,143,525
19 Revenue	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,939,6	45.	2,715,445
To revenue	less expenses. Subtract line 18 from line 12	1,103,4		1,033,585
	oto (Port V. line 4C)	Beginning of Current	Year	End of Year
120 Total age	ets (Part X, line 16)	1,955,3	17.	2,700,091
20 Total ass	liting (Ded V. I. 198)		V-Section 1	
20 Total ass	lities (Part X, line 26)	739,6	61.	450,850
21 Total liab 22 Net asse	lities (Part X, line 26) s or fund balances. Subtract line 21 from line 20.	739,6		
rt II Signa	lities (Part X, line 26) s or fund balances. Subtract line 21 from line 20. ture Block	1,215,6	56.	2,249,241
rt II Signa	lities (Part X, line 26) s or fund balances. Subtract line 21 from line 20. ture Block	1,215,6	56.	2,249,24
rt II Signa	lities (Part X, line 26) s or fund balances. Subtract line 21 from line 20.	1,215,6	56.	2,249,243
of the signature of personal conference of personal conference of the signature of the sign	lities (Part X, line 26) s or fund balances. Subtract line 21 from line 20. ture Block 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	1,215,6	56.	2,249,241
rt II Signa der penalties of p e, correct, and con	lities (Part X, line 26) s or fund balances. Subtract line 21 from line 20. ture Block	1,215,6	56.	2,249,241
rt II Signa der penalties of p e, correct, and con n re	lities (Part X, line 26) s or fund balances. Subtract line 21 from line 20. ture Block 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 hat ure of officer	1,215,6	56.	2,249,241
rt II Signa der penalties of p a, correct, and con n re Typ	lities (Part X, line 26) s or fund balances. Subtract line 21 from line 20. ture Block 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 hat ure of officer or print name and title	1,215,6	56.	2,249,241
rt II Signa der penalties of p e, correct, and con n re Print/Typ	lities (Part X, line 26) s or fund balances. Subtract line 21 from line 20. ture Block 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 hature of officer or print name and title preparer's name Preparer's signature Date	1,215,6	of my knowle	2,249,241
rt II Signa der penalties of p a, correct, and con n re Print/Typ	lities (Part X, line 26) s or fund balances. Subtract line 21 from line 20. ture Block 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 hature of officer or print name and title preparer's name Preparer's signature Date	1,215, 6. ements, and to the best of as any knowledge. Date	of my knowle	
rt II Signa der penalties of p a, correct, and con n re Print/Typ	lities (Part X, line 26) s or fund balances. Subtract line 21 from line 20. ture Block 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 hature of officer or print name and title preparer's name Preparer's signature Date Jurya Richam 11	1,215,6. ements, and to the best of as any knowledge. Date Check self-employ	of my knowle	2,249,241 adge and belief, it
der penalties of p e, correct, and con n re Print/Typ Print/Typ Darer Only	lities (Part X, line 26) s or fund balances. Subtract line 21 from line 20. ture Block 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 hature of officer or print name and title preparer's name Preparer's signature Date MARSAL TAXAND, LLC	1,215,6. ments, and to the best of as any knowledge. Date Check	of my knowled if my knowled print PTIN red P0	2,249,241 idge and belief, it 0577429
nt II Signader penalties of p.e, correct, and con nre Print/Typ Print/Typ Only Firm's nar Firm's add	lities (Part X, line 26) s or fund balances. Subtract line 21 from line 20. ture Block 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 hature of officer or print name and title preparer's name Preparer's signature Date Jurya Richam 11	1,215,6. ments, and to the best of as any knowledge. Date Check	of my knowle	2,249,241 idge and belief, it 0577429

Form 8868

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

 If you are 	filing for an Automatic 3-Month Extension	complete	only Bort Land shook i	lhie have	
If you are	e filing for an Automatic 3-Month Extension, e filing for an Additional (Not Automatic) 3-N	Complete	only Part I and check to	this box	▶ X
Do not com	plete Part II unless you have already been gra	onted on o	utomotic 2 months	Part II (on page 2 of this form).	
Electronic f	iling (e-file). You can electronically file Form	8868 if y	ou need a 3-month aut	tomatic extension of time to file (6	months fo
a corporatio	in required to file Form 990-1), or an addition	nal (not a	utomatic) 3-month exte	nsion of time Vou can alastronias	H. Ela F
0000 10 160	quest an extension of time to file any of the	torms lis	ted in Part I or Part II v	with the exception of Form 0070	Information
Ketuin ioi	Transfers Associated With Certain Person	al Benefit	Contracts which mus	et he cent to the IDC in pener	farmant /
De CL A	. For more details on the electronic filing of t	his form, v	risit www.irs.gov/efile a	nd click on <i>e-file for Charities</i> & <i>Non</i>	profits.
Part Au	tomatic 3-Month Extension of Time. O	nly submi	it original (no copies r	needed).	
A corporation	n required to file Form 990-T and requesting	g an auton	natic 6-month extension	- check this box and complete	
Part I only .					
, 0101 001	porations (morading 1120-0 mers), partiters	hips, REMI	Cs, and trusts must use	Form 7004 to request an extension	of time
to file incom	e tax returns.			Enter filer's identifying number, se	
Time or	Name of exempt organization or other filer, see in	nstructions.		Employer identification number (EIN)	
Type or	SHATTERPROOF A NONPROFIT CORE	PORATION	J		21
print	(FKA BRIAN'S WISH)			45-4619712	
File by the	Number, street, and room or suite no. If a P.O. bo	x. see instru	uctions.		
due date for filing your	101 MERRITT 7 CORPORATE PARK,			Social security number (SSN)	
return. See	City, town or post office, state, and ZIP code. For	r a foreign a	ddress see instructions		
instructions.	NORWALK, CT 06851	a foreign a	daress, see instructions.		
F					
Enter the Re	turn code for the return that this application	is for (file	a separate application for	or each return)	0 1
Application		I D .	Tr. 10 10		
ls For		Return	Application		Return
	Farm 000 F7	Code	Is For		Code
Out to the second second second	Form 990-EZ	01	Form 990-T (corporati	tion)	07
Form 990-BL		02	Form 1041-A		08
Form 4720 (03	Form 4720 (other that	n individual)	09
Form 990-PF		04	Form 5227		10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T	trust other than above)	06	Form 8870		12
		70		79	
The books	are in the care of ▶SUSAN BRODERICK,	101 ME	RRITT 7 CORPORAT	F PARK 1ST FLOOD MODWAY	rz am o
				TOTAL TELL TELL NORWAL	JA, CI U
Telephone	No. ▶ 203 849-2218		FAX No. ▶ 203 849	3-5918	
 If the orga 	nization does not have an office or place of t	nusiness ir	the United States show	ok this have	
 If this is fo 	r a Group Return, enter the organization's for	ir digit Gr	un Examplian Number	(OFAI)	
for the whole	group, check this box	it is for no	out of the group, about t	(GEN) If thi	
a list with the	names and EINs of all members the extensi	on in for	art of the group, check t	this box ▶ 🔲 and atta	ich
1 I reques	t an automatic 3-month (6 months for a con-	011 15 101.			
until	et an automatic 3-month (6 months for a cor	poration re	equired to file Form 990	0-1) extension of time	
for the c	$08/15$, 20_{15} , to file the enganization's return for:	exempt org	ganization return for the	organization named above. The ex	tension is
	alendar year 20 <u>14</u> or				
	ax year beginning	, 20	, and ending	, 20 .	
2 If the tax	year entered in line 1 is for less than 12 mg	onths, chec	ck reason: Initial re	eturn Final return	
	ange in accounting period				
3a If this a	pplication is for Form 990-BL, 990-PF, 99	0-T, 4720	, or 6069, enter the t	tentative tax, less any	
	ndable credits. See instructions.			3a \$	0
b If this	application is for Form 990-PF, 990-T,	4720, or	6069, enter any re	fundable credits and	0
estimate	d tax payments made. Include any prior year	overpaym	ent allowed as a credit	26 6	0
c Balance	due. Subtract line 3b from line 3a. Include y	our payme	ent with this form, if red	quired, by using EFTPS	0
(Electron	nic Federal Tax Payment System). See instruc	tions.		30 6	0
	are going to make an electronic funds withdrawal		t) with this Form 8868	e Form 8453-FO and Form 8870 FO for	0
instructions.		120	, , , , , , , , , , , , , , , , , , , ,	5 . 5 5 100 E0 and 1 0mm 0079-E0 for	payment
For Privacy Act	and Paperwork Reduction Act Notice, see instru	ictions.		D 0000	
TOY				Form 8868 (F	rev. 1-2014)

Form 8	8868 (Rev	v. 1-2014)				Page 2
• If y	you are	filing for an Additional (Not Automatic) 3-N	/onth Exte	nsion, complete only Part	II and check this box	
Note.	. Only co	omplete Part II if you have already been gr	anted an ai	itomatic 3-month extension	on a previously filed Form 886	60
• If \	vou are	filing for an Automatic 3-Month Extension,	complete	only Part I (on page 1)	Ton a previously filed Form ood	30.
Part	t II	Additional (Not Automatic) 3-Month E	xtension	of Time. Only file the orig	ginal (no copies needed)	
1)		Name of exempt organization or other filer, see	instructions.		nter filer's identifying number, se Employer identification number	
Type	or	SHATTERPROOF A NONPROFIT COR		,		(LIIV) OI
print		(FKA BRIAN'S WISH)	LOWLION		45-4619712	
0.50		Number, street, and room or suite no. If a P.O. b	ox see instru	ctions	Social security number (SSN)	
File by due da		101 MERRITT 7 CORPORATE PARK			Cociai security ridiliber (COIN)	
filing yo	our	City, town or post office, state, and ZIP code. For	or a foreign ac	ddress see instructions		
return. instruct		NORWALK, CT 06851	or a foroight ac	adress, see matractions.		
SA, ESTATA PARTICIONAL PARTICI	Spinot House II	turn code for the return that this application	ic for /file	a concrete application for a		
	lication	an code for the return that this application		Application	ach return)	The same of the sa
Is Fo			Return			Return
-	U - 100	Form 000 F7	Code	Is For	The condition of the Santage ASPTANA - AND THE SALE	Code
-		Form 990-EZ	01	-		A CHARLES
-	1 990-BL		02	Form 1041-A	Vacc 50 70 70	08
		individual)	03	Form 4720 (other than in	idividual)	09
	990-PF		04	Form 5227		10
		(sec. 401(a) or 408(a) trust)	05	Form 6069		11
****		(trust other than above)	06	Form 8870		12
310P	1 DO NO	t complete Part II if you were not already	granted ar	automatic 3-month exter	nsion on a previously filed For	rm 8868.
• Ine	e books	are in the care of SUSAN BRODERICK,	, 101 ME	RRITT 7 CORPORATE	PARK, 1ST FLOOR NORW	ALK, CT 0
161	ehnone	NO. 203 849-2218		rax No. ▶ 203 849-	5918	
• If tr	ne orgar	nization does not have an office or place of	business in	the United States, check th	nis box	▶
• If th	nis is for	a Group Return, enter the organization's fo	our digit Gro	oup Exemption Number (GE	N) If t	his is
tor the	e whole	group, check this box ▶ 💹 .	If it is for pa	art of the group, check this l	box▶ 💹 and at	
		ames and EINs of all members the extension		w-0		
4 1	reques	t an additional 3-month extension of time u	ntil	1	1/15 , 20 15 .	
5 F	For cale	ndar year <u>2014</u> , or other tax year beginn	ing	, 20, an	id ending ,	, 20
6 1		year entered in line 5 is for less than 12 m	nonths, chec	ck reason: Initial re	turn Final return	
7,500		ange in accounting period				
		detail why you need the extension ADDIT			ATHER NECESSARY	
<u> </u>	NFORM	ATION TO FILE A COMPLETE AND	ACCURATE	RETURN.		
		oplication is for Forms 990-BL, 990-PF, 9	90-T, 4720), or 6069, enter the tent	ative tax, less any	
		dable credits. See instructions.			8a \$	0
		application is for Forms 990-PF, 990-T,				
е	estimate	d tax payments made. Include any pr	ior year o	verpayment allowed as	a credit and any	
		paid previously with Form 8868.			8b \$	0
c E	Balance	Due. Subtract line 8b from line 8a. Include	your paym	ent with this form, if require	ed, by using EFTPS	
(Electron	iic Federal Tax Payment System). See instru	ctions.		8c \$	0
		Signature and Verifica	ation mus	st be completed for P	art II only.	
Under	penalties	of perjury, I declare that I have examined the	his form, inc	cluding accompanying schedu	ules and statements, and to the	best of my
KIIOWIE	uge and I	pelief, it is true, correct, and complete, and that I	am authorize	ed to prepare this form.		
92/150 HI						
Signature	e 🕨		NAME OF TAXABLE PARTY.	Title ▶	Date ▶	
					Form 8868	(Rev. 1-2014)

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JSA 4E1020 1.000

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Part IV

Pa	art IV Checklist of Required Schedules			Page
			Yes	s No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		+100	-
	complete Schedule A	. 1)	ζ .
	organization required to complete scriedule b, scriedule of Contributors (see instructions)?	2	2	_
	Did the organization engage in direct or indirect political campaign activities on behalf of or in apposition to			
	candidates for public office? If "Yes," complete Schedule C. Part I	. 3		X
4	coeffort 30 ((c)(3) organizations. Did the organization engage in lobbying activities or have a section 504/by			
	election in effect during the tax year? If "Yes," complete Schedule C. Part II	. 4	Х	[
5	is the diganization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues			
	assessments, or similar amounts as defined in Revenue Procedure 98-192 If "Yes," complete Schodule C			
6	Part III	. 5		X
U	and 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			
7	"Yes," complete Schedule D, Part I.	. 6		X
r.	and the organization receive of floid a conservation easement, including easements to present open conservation			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	. 7		X
O	and diganization maintain collections of works of art, historical treasures, or other similar accords if "Voc."			
9	complete Schedule D, Part III	8		X
-	and the organization report an amount in Part X, line 21, for escrow or custodial account liability: some as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		X
200,000	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			1.5
ć	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		Εħ.	
165	complete Schedule D. Part VI			
ŀ	complete Schedule D, Part VI Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	11a	Х	
	of its total assets reported in Part X, line 12 that is 5% or more	li vanvesen		
C	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	11b		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	A Section 1		i me
C	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		X
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			600
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			
12a	Did the diganization obtain separate independent audited financial statements for the tax years it my	11f	X	
	complete Schedule D, Parts XI and XII. Was the organization included in consolidated independent audited financial statements for the tax year? If "Yes,"	40	3.7	
b		12a	Х	
	the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is ontional	126		V
13	is the organization a school described in section 1/0(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
14a	bid the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	bid the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking	144	-	- 22
	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 Land IV	14b		X
15	bid the diganization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to a			
	for any foreign organization? If "Yes," complete Schedule F. Parts II and IV	15		X
16	bid the digalization report on Part IX, column (A) line 3 more than \$5,000 of aggregate grants as at least		_	
2_	assistance to or for foreign individuals? If "Yes," complete Schedule F. Parts III and IV	16		Χ
17	bid the diganization report a total of more than \$15,000 of expenses for professional fundraising convices on			1 100000
4.0	Part IA, Column (A), lines 6 and 11e? If "Yes," complete Schedule G. Part I (see instructions)	17		Χ
18	Did the diganization report more than \$15,000 total of fundraising event gross income and contributions and		7	
10	Fait VIII, lines 10 and 8a? IT "Yes," complete Schedule G. Part II	18	X	
19	The the organization report more than \$15,000 of gloss income from gaming activities on Part VIII line 0.00			
20.0	IT Yes, complete Schedule G, Part III	19		X
.ud L	The dispersion operate one of more mospital facilities? If "Yes," complete Schedule H	20a		X
	These to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
A		Form 9	90 (2	2014)

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Pai	Checklist of Required Schedules (continued)			Page
21	Did the experimetion was all the experiments of the		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization of	r		
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals or	1		
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		X
	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			
24 a	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		X
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			l.
	through 24d and complete Schedule K. If "No," go to line 25a			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.	24a		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		-
	to defease any tax-exempt bonds?	Access to the second		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		-
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		<u> </u>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	1		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a		Х
	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	1		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	25b		Х
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a graph or other positions of the complete Schedule L. Part III	00		57
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		X
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		77
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		X
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		i	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		Λ
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		- 21
	was an officer, director, trustee, or direct or indirect owner? If "Yes." complete Schedule 1. Part IV	28c		Х
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	20		21
	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			
	Pant	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Vos."			-
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R. Part I	33		Χ
34	vvas the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II. III.			
	or IV, and Part V, line 1	34	1	Χ
35a	bid the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	The second of the organization receive any payment from or engage in any transaction with a			
272	controlled entity within the meaning of section 512(b)(13)? If "Yes." complete Schedule R. Part V. line 2	35b	0	
36	section 501(c)(3) organizations. Did the organization make any transfers to an exempt non charitable			
0.00	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R			
	Part VI	37		X
30	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form 9	0 (2	014)

Form 990 (2014)

Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 10 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)...... 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? X b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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)? X 4a 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 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? X 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h X 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? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?.... 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which 14a Did the organization receive any payments for indoor tanning services during the tax year? X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	see i	nstru • •	Cti
Sec	ction A. Governing Body and Management	- SV. S. O		
1a	Enter the number of voting members of the governing had a life of the governing had a	4	Yes	4
10	Enter the number of voting members of the governing body at the end of the tax year 1a	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			İ
b	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
2	and the manual of voting members included in line 1a, above, who are independent 1b	4		
_	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		1000	
3	any other officer, director, trustee, or key employee?	2	X	-
3	Did the organization delegate control over management duties customarily performed by or under the direct			
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	-	
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members			T
	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			T
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	+
9	Is there any officer, director, trustee, or key employee listed in Part VII. Section A who cannot be reached at	0.5		t
	the organizations mailing address? If Yes, provide the names and addresses in Schedule O	9		
ecti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	ر د	1
		000	Yes	T
0a	Did the organization have local chapters, branches, or affiliates?	10a		1
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	Iva	-	T
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	106		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	X	t
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	Λ	H
	Did the organization have a written conflict of interest policy? If "No," go to line 13		37	
b	Were officers directors or trustoes and key ampleus as a six black of the 13	12a	X	L
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	L
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
2	describe in Schedule O how this was done	12c	X	
3	Did the organization have a written whistleblower policy?	13	Χ	
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	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?	- 0		
а	The organization's CEO, Executive Director, or top management official	15a	Χ	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		13	1111
Зa	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	100		_
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	UIGAIIIZALIUII S EXEITIDI STATUS WITH FESNECT IN SUch arrangemente?	16b		
ecti	on C. Disclosure	100		18
7	List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 2			
3	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	0
	Other (explain in scriedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte	rest p	olicy.	ć
- 1	financial statements available to the public during the tax year.		•	
) ;	State the name, address, and telephone number of the person who possesses the organization's books and records	: ▶		
	SUSAN BRODERICK 101 MERRITT 7 CORPORATE PARK, 1st FLOOR NORWALK, CT 06851 203-849-2218			

Form 990 (201						CORPORATION		45-46	519712	Page
	Compensation of Independent Control Check if Schedule	ractors							3/	, and
Section A.	Officers, Directors,	Trustees, K	ey Employe	es, and High	est Co	mpensated Em	plovees			
	e this table for all n									

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 (list any hours for related organizations below dotted line)	office of dia	unle er an	Pos heck	erson	e than one is both an or/trustee) Former Highest compensated		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
_(1)GARY MENDELL PRESIDENT/CHAIRMAN	40.00	Х		Х				0	0	0
_(2)ANTHONY_RUTLEDGE TREASURER	5,00	Х		Х				0	0	
(3)GILBERT G. MENNA CLERK	5.00	Х		Х				0	0	0
(4)JONATHAN E. FIELDING DIRECTOR	5.00	X						0	0	0
_(5)SUSAN_BRODERICK EMPLOYEE	40.00					Х		118,858.	0	0
(6)						2.5		110,050.	0	
_(7)										
									ASSESSED AND SOCIETY	
(10)										
(11)										1
(12)				1		1				
(13)					+		1			
(14)							+			

Form 990 (2014)

Part VII Section A. Officers, Directors, Ti	rustees, Ke	y En	nplo	oye	es,	and	Hig	hest Compensat	ed Employee	s (con	tinued)	Pag	
(A) Name and title	(B) Average hours per week (list any hours for	(do box, office	not c unle er an	Pos heck ss pe	C) sition more erson tirect	e than of the tor/trus	one an tee)	(D) Reportable compensation from the	(E) Reportable compensation fr related organizations	portable Es nsation from an elated unizations com		ated nt of er sation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)					
				000		20.				-			
										-			
							-			-			
				+	1		1						
			-	+									
1b Sub-total								118,858.		0			
d Total (add lines 1b and 1c)							A	118,858.		0			
2 Total number of individuals (including but not I reportable compensation from the organization	imited to the	ose lis	sted	abo	ove)) who	rec	eived more than \$	100,000 of				
											Yes	No	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, director, le J for such	or indiv	trus ridua	itee,	, k	ey er	nplo	oyee, or highest	compensated		3	X	
For any individual listed on line 1a, is the sorganization and related organizations greindividual	um of repo ater than	rtable	00	mp	ens If	ation	and	d other compensa	tion from the				
5 Did any person listed on line 1a receive or :	accrue com	nonce	ation	n fre	nm	0011		datad sassination	100 100 100 10	1		X	
for services rendered to the organization? If "Ye Section B. Independent Contractors	s," complete	Sche	dule	J fo	or s	uch p	ersc	on			i .	X	
1 Complete this table for your five highest comp compensation from the organization. Report co year.	ensated ind empensation	lepen for t	den he d	t co	ntra nda	actors r year	tha ren	at received more t ding with or withir	han \$100,000 the organizati	of ion's ta	ıx		
(A)	000							(B)			C)		
	555				TE			Description of servi	ces	Compe	ensation		
Name and business addr													
Name and business addr													
Name and business addr													
Name and business addr ATTACHMENT 3 2 Total number of independent contractors (inc	cludina hut	not I	imit	ed 1	to t	those	liet	ed aboun) who	and the state of t			_24(-	
	sluding but organization	not I	imite	ed 1	to t	those	list	ed above) who re	eceived			24-	

1

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from to under sections 512-514
Contributions, Giffs, Grants and Other Similar Amounts	1a							
D D	b							
ar A	С			1,683,269.				
mii G	d							
rSi	e	3 (00.111.11						
the	f	All other contributions, gifts,						
dot	~	and similar amounts not include		2,063,990.				
	h	Noncash contributions included Total. Add lines 1a-1f						
Program Service Revenue		Tasan, rad miloo id ii i i i		Business Code	3,747,259.			
ever	2a	Name and the second						CAST WE SHAD
e R	b							
vic	С							
Sel	d							1
a.i.	е						(8)	
lbo.	f	All other program service rev	venue					
مَ	g	Total. Add lines 2a-2f		▶	0			
	3	Investment income (income and other similar amounts).	cluding divide ATTACHMENT	nds, interest,	1,771.	1,771.		
11 1	4	Income from investment of	tax-exempt bond	d proceeds . ►	0			
1	5	Royalties			0			
		200	(i) Real	(ii) Personal				
1	6a	Gross rents			4			
	b	Less: rental expenses						
	d	Rental income or (loss)	<u>, </u>					
	7a	Net rental income or (loss Gross amount from sales of	(i) Securities	(ii) Other	0	(3) A- (3) 2 (3) (4) (4) (4) (4) (4)		
	·u	assets other than inventory	(i) decurities	(II) Other		199		
	b	Less: cost or other basis						de j
	D	and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		D	0			Settled District
8 ف	Ва	Gross income from fundrai						
Other Revenu		events (not including \$		ATCH 5				
eve		of contributions reported on li						
Y		See Part IV, line 18		95,706.				
ne		Less: direct expenses			1			
5	C	Net income or (loss) from fun	draising events.	ATCH .6 ▶			RESERVATION NATIONALISE	ALTONOMICS CONTRACTOR
9	a	Gross income from gaming a See Part IV, line 19	activities.					
1	b	Less: direct expenses Net income or (loss) from ga	b		0	31		
10:		Gross sales of inventor returns and allowances	ry, less					
	b	Less: cost of goods sold Net income or (loss) from sale	b					
		Miscellaneous Revenu		Business Code	V			elyeeve e we
118	а.	e allina avanta en en	01		30-00-0	1. 54 . 16 . 16 . 16 . 16 . 16 . 16 . 16 . 1	OU - TOWN BY DOORS	
1	b.							
	c .							
	d /	All other revenue						
Y 3 11 3 2		Total. Add lines 11a-11d			0		2.5002 2.500	100 P
12		Total revenue. See instructions	S		3,749,030.	1,771.	0	0

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 Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service (C) Management and (D) Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 571,920. 317,520. 209,568. 44,832. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 0 11 Fees for services (non-employees): a Management 9,983. 9,983 80,893. 80,893 d Lobbying 142,575 142,575. e Professional fundraising services. See Part IV, line 17. f Investment management fees 0 g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.). ATCH 7. 440,650. 360,252. 7,905 72,493. 43,128. 43,128. 14 Information technology 250,295 205,536. 5,335 39,424. Occupancy 16 33,648. 29,318. 4,330. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings 268,412. 181,858. 2,923. 83,631. 21 22 Depreciation, depletion, and amortization 91,697. 77,942. 13,755. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) aSUPPLIES 166,454. 101,587. 64,867. bCREDIT CARD FEES 43,816. 43,816. cPRINTING AND POSTAGE 22,300. 13,767. 5,813. 2,720. dDUES AND SUBSCRIPTIONS 20,200. 2,829. 10,057. 7,314. e All other expenses <u>ATCH</u> 8 529,474. 335,282. 11,151. 183,041. 25 Total functional expenses. Add lines 1 through 24e 2,715,445. 1,775,694. 171,664. 768,087. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

X

if following SOP 98-2 (ASC 958-720)

4E1052 1.000

1,875,629.

656,470.

Form 990 (2014)

1,219,159

		SHATTERPROOF A NONPROFIT CORPORATION	N	45	-4619712
The same		0 (2014)			Page 1
L	art X				
_		Check if Schedule O contains a response or note to any line in this Pa	art X		X
		1290	(A)		(B)
_	1	Cook man interest beside	Beginning of year		End of year
	2	Cash - non-interest-bearing		1	9
	1.0	Savings and temporary cash investments	495,926.		1,197,031.
	3	Pleages and grants receivable, net	757,633.		661,998.
	4	Accounts receivable, flet	3,500.	4	
	5	coaris and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	(5	(
		4958(1)(1)), persons described in section 4958(c)(3)(B), and contributing employers			
		and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ts		organizations (see instructions). Complete Part II of Schedule I	(6	
Assets	7	Notes and loans receivable, net	(7	
A	1000	inventories for sale or use		8	C
	9	Frepaid expenses and deferred charges	263,333.	9	167,751.
	10 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D Less: accumulated depreciation			
	b	Less: accumulated depreciation	176,539.		391,091.
	11	Investments - publicly traded securities		11	0
	12	Investments - other securities. See Part IV, line 11		12	0
	13	Investments - program-related. See Part IV, line 11		13	0
	14	Intangible assets	258,386.		258,386.
	15	Other assets. See Part IV, line 11		15	23,834.
-	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,955,317.	16	2,700,091.
	17	Accounts payable and accrued expenses	739,661.	17	447,380.
	18	Grants payable	0		0
	19	Deferred revenue	0	19	3,470.
	21	Tax-exempt bond liabilities	0	20	0
Liabilities	22	Escrow of custodial account liability. Complete Part IV of Schedule D	.0	21	0
billi	22	Loans and other payables to current and former officers, directors,			
Lia		trustees, key employees, highest compensated employees, and			
	23	disqualified persons. Complete Part II of Schedule L	0	22	0
	24	Secured mortgages and notes payable to unrelated third parties	0	23	0
	25	Unsecured notes and loans payable to unrelated third parties	0	24	0
	23	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X		1	
	26	of Schedule D Total liabilities. Add lines 17 through 25	0	25	0
	20		739,661.	26	450,850.
S		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
or Fund Balances	27	I Province to the Control of the Con	710 000	0200000	
ala	28	Temporarily restricted net assets	718,023.	27	1,777,683.
d B	29	Permanently restricted net assets	497,633.	28	471,558.
un		0	0	29	0
- F		complete lines 30 through 34.			
S		Capital stock or trust principal or current funds		-	
O	31	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	32	Retained earnings, endowment, accumulated income, or other funds		31	
4	33	Total liabilities and not except (find halances	1 015 050	32	0.010.011
	34	Total liabilities and net assets/fund balances.		33	2,249,241.
		and the depotential designation of the second secon	1,955,317.	34	2,700,091.

Form **990** (2014)

Form 990 (2014) Page 12 Reconciliation of Net Assets Part XI Check if Schedule O contains a response or note to any line in this Part XI 1 3,749,030. 1 2 2 2,715,445. 3 1,033,585. 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 1,215,656. 4 5 0 6 0 7 0 8 0 0 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 2,249,241. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in X 3a b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization SHATTERPROOF A NONPROFIT CORPORATION Employer identification number

TEACH INTEREST	BRITIN S WISH)					4.	5-4619712
Part		harity Status (Al	l organizations must	compl	ete this p	part.) See instruction	ns.
The org	lanization is not a private fo	oundation because	e it is: (For lines 1 thro	uah 11.	check on	ly one box)	
1	A church, convention of c	churches, or assoc	iation of churches des	cribed in	section	170(b)(1)(A)(i).	
2	A school described in sec	tion 170(b)(1)(A)(ii). (Attach Schedule E	.)			
3	A hospital or a cooperative	e hospital service	organization described	d in sect	ion 170(I	b)(1)(A)(iii).	
4	A medical research orgar	nization operated i	n conjunction with a h	ospital c	lescribed	in section 170(b)(1)(A	A)(iii). Enter the
	nospitars name, city, and	state:					
5	An organization operated	for the benefit of	f a college or univers	sity own	ed or op	perated by a governm	ental unit described in
	section 170(b)(1)(A)(IV).	(Complete Part II.)					ontar anti acscribed if
6	A federal, state, or local g	government or gov	ernmental unit describ	ed in se	ction 170)(b)(1)(A)(v)	
7 X	An organization that norm	mally receives a s	ubstantial part of its s	upport	from a g	overnmental unit or fo	rom the general nublic
	described in section 170(I	b)(1)(A)(vi). (Com	plete Part II.)	1-1	9	overnmental and of the	ioni the general public
8	A community trust describ	ed in section 170	(b)(1)(A)(vi), (Comple	te Part II)		
9	An organization that norm	nally receives: (1)	more than 331/3 % of	its sup	port from	contributions memb	perchip food and areas
	receipts from activities re	elated to its exem	pt functions - subject	to cert	ain exce	ntions and (2) no me	ore then 22 us % of its
	support from gross inves	stment income a	nd unrelated busines	s taxah	de incom	ne (less section 511	taxy from hydiana
	acquired by the organizati	on after June 30.	1975. See section 509	3(a)(2)	(Complet	e Part III)	tax) from businesses
10	An organization organized	and operated exc	clusively to test for pub	lic safety	Seese	ction 509(a)(4)	
11	An organization organized	and operated exc	clusively for the benefit	of to ne	erform th	e functions of or to co	irms out the more
	one or more publicly supp	orted organization	s described in section	509(a)(1) or sec	tion 500/21/21 See se	of the purposes of
	the box in lines 11a through	h 11d that describ	es the type of suppor	ting org	anization	and complete lines 11	a 11f and 11a
a	Type I. A supporting org	anization operate	d supervised or cont	rolled by	u ita aus	and complete lines 11	e, iii, and iig.
	the supported organizati	ion(s) the nower to	a, sapervisea, or com	oloot o	y its supp	orted organization(s),	typically by giving
	organization. You must o	complete Part IV	Sections A and B	elect a i	najority (or the directors or trus	stees of the supporting
b	Type II. A supporting org	nanization supervi	sed or controlled in a	nnootio	m verible ibe		
0	control or management	of the supporting	organization vected in	the can	n with its	s supported organizati	ion(s), by having
	organization(s). You mus	t complete Part IV	/ Sections A and C	the sai	ne perso	ns that control or mar	nage the supported
С	Type III functionally inte	arated A support	ting organization oper	otod in a			W 14 25 500 00 000
	its supported organization	n(s) (see instruction	ns) Vou must somele	ated in C	connectio	on with, and functiona	lly integrated with,
d	Type III non-functionally	integrated A sur	noting organization	noroto	iv, Secti	ons A, D, and E.	w w w w w w
	that is not functionally int	egrated The organ	profiting organization to	operated	ı in conn	ection with its suppor	ted organization(s)
	requirement (see instruct	tions) You must c	omplete Part IV Seet	si salisi	y a distrit	oution requirement and	d an attentiveness
e	Check this box if the orga	anization received	a written determination	ions A	and D, an	id Part V.	20 No. 1
	functionally integrated, or	r Type III non-func	tionally integrated au	on artina	the IKS t	natitis a Type I, Type I	I, Type III
f Ente	er the number of supported	d organizations					
g Pro	vide the following informati	on about the supp	orted organization(s)				
	me of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(A) Amount of any	
		.,,	(described on lines 1-9		our governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above or IRC section (see instructions))	docu	ment?	instructions)	instructions)
			(ecc metractions))	Yes	No		
(4)				103	NO		
(A)							
(D)					-		
(B)							
(0)							
(C)							
(D)							
(D)							
/E)				-			
(E)							
Total							
For Papery	vork Reduction Act Notice, se	ee the Instructions fo	or .		-		

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2014

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2010 (c) 2012 (b) 2011 (d) 2013 (e) 2014 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 3,074,292 3,747,259 7,316,274. revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3..... 494,723 3,074,292 3,747,259 7,316,274. The portion of total contributions by each (other than unit or pub person governmental publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ATCH .1. 3,716,935. Public support. Subtract line 5 from line 4. 3,599,339. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total Amounts from line 4 494,723. 3.074.292 3,747,259 7.316.274

8	Gross income from interest, dividends,		1			-	-1	(1010,214.
	payments received on securities loans, rents, royalties and income from similar sources.			1	71.	615.	1,771.	2.553
9	Net income from unrelated business activities, whether or not the business is regularly carried on						1,111.	2,557.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							- 0
12	Gross receipts from related activities, etc. (se		(2)	-		1.	2	7,318,831.
13	First five years. If the Form 990 is for	r the organ	ization's first s	econd third four	th or fifth	<u>1</u>	2	-0.17 376

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c organization, check this box and stop here Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	T I	
10000	r dbire support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
10	Public support percentage from 2013 Schedule A. Part II. line 14	15	0.0
16a	331/3% support test - 2014. If the organization did not check the box on line 13, and line 14 in	22410 0/ 05 55 55	%
	this box and stop here. The organization qualifies as a publicly supported organization		
b	331/3 % support test - 2013. If the organization did not check a hox on line 13 or 163, and line	15 in 22 0/ -	
	check this box and stop here. The organization qualifies as a publicly supported organization		
17a	16. 16. The organization did not check a hox on line 13. 16.	or 16h and line	~ 1 / 1
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box at	nd stop here. Exp	olain in

Part VI now the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported
organization,
2 1976 radio and official statices test - 2013. If the organization did not check a hox on line 13, 165, 166, or 170, and the
15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly
supported organization

18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see
	instructions

Schedule A (Form 990 or 990-EZ) 2014

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1			A A A A A A A A A A A A A A A A A A A		1,720,10	(5) 2017	(1) 10(a)
	received. (Do not include any "unusual grants.")		1				
2	Gross receipts from admissions, merchandise						1
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
a	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						(7)
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
h	Sources	7/2				_	
~	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
1.5	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	's first second	third fourth or	fifth toy year		
	organization, check this box and stop here.		o mot, second,	tima, router, or	mili lax year as	a section 501	(c)(3)
Sect	tion C. Computation of Public Sup	ort Percenta	ae		* (*) * * * (*) * * * * *	20 × 2 × × × × ×	
5	Public support percentage for 2014 (line 8,	column (f) divide	d by line 13 colum	in (f))		45	
6	Public support percentage from 2013 Scheo	Jule A. Part III. line	= 15	(.)		15	9
Sect	ion D. Computation of Investmen	Income Pero	entage			16	9/
	Investment income percentage for 2014 (lin			3 column (f))		47	0
8	Investment income percentage from 2013 S	chedule A Part II	II line 17	o, column (i))		17	9
9 a	331/3% support tests - 2014. If the orga	anization did not	t check the box	on line 14 and	line 15 is mass	18	9
	17 is not more than 331/3%, check this	box and ston	here The orga	nization qualifica	as a publicue	man 331/3%, a	and line
b	33 1/3 % support tests - 2013. If the organ	ization did not o	theck a hov on li	ne 14 or line 10	as a publicly st	upported organi	zation 🕨
	line 18 is not more than 331/3 %, check t	his box and etc	on here. The ora	anization qualities	a, and line 16 is f	nore than 331/3	s %, and
0	Private foundation. If the organization d	id not check a	hoy on line of	amzanon quanne 4 100 oc 105	s as a publicly st	upported organi	zation -
SA	3-3	Dilouit d	SON OIL HITE I	, 10a, UI 19D,	CHECK THIS DOX	and see instri hedule A (Form 9	uctions >

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Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Total Tity B, and E. II you checked I	rd of Fart 1, complete Sections A and D, and complete Part V.)
Section A. All Supporting Organizations	,
The supporting organizations	

1	Are all of the parameters		Yes	No
3.10	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).			
3a	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4-		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	4c		
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?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) 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 .	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes" answer (h) below:	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10b		

Pa	rt IV Supporting Organizations (continued)	-		1 age
4.4	Une attacked to the state of th		Yes	s N
11	3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
Sec	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. ction B. Type I Supporting Organizations	11c		
			r	
1	Did the directors trustoos or momborable of		Yes	N
	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization			
	describe now the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Voo." explain in Day			
	I now providing such benefit carried out the purposes of the supported organization(s) that appreted			
200	supervised, or controlled the supporting organization.	2		
sec	tion C. Type II Supporting Organizations			
1	Mara - mainth of the		Yes	N
2	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).			
Sec	tion D. All Type III Supporting Organizations	1		
			Yes	M
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	N
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not provide the			
	provided:	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) of (ii) serving on the governing body of a supported organization? If "No " ovalois is Best III		1	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
`not		3		
1	ion E. Type III Functionally-Integrated Supporting Organizations			
a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in:	structio	ns):	
b	The organization satisfied the Activities Test. Complete line 2 below.			
c	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc			
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported digalization(S) to which the organization was responsive? If "Ves " then in Part VI identity.			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b		2a	-	17/10/59
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	01		
3	Parent of Supported Organizations. Answer (a) and (b) below.	2b	-	
а	Did the organization have the power to regularly appoint or elect a majority of the officers directors			
	trustees of each of the supported organizations? Provide details in Part VI.	30		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of	3a	-	100
	- ratio policies, programs, and activities of each			
SA	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

E ner

6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anization	is .	Page
1 L Check here if the organization satisfied the Integral Part Test as a qualifying	na trust or	Nov 20 1970 See in	ofruntiana All
other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	istructions. All
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year	
1 Net short-term capital gain	1		(optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)			
7 Check here if the current year is the organization's first as a non-functionally instructions).	6 y-integrat	ed Type III supporting of	prganization (see

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014

Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting Organiza	tions (continued)	Page
Sec	ction D - Distributions		(**************************************	Current Year
1	Amounts paid to supported organizations to accomplish		Ourient rear	
2	Amounts paid to perform activity that directly furthers exe	ted		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	zations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6	U U		
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
C				
d			77-100-6	
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount	The state of the s		
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section	-11		
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carry over to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013	100		
	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT	1
TIT TITLITIES	-

SCHEDULE A, PART II - EXCESS CONTRIBUTIONS

(NOT OPEN TO PUBLIC INSPECTION)			EXCESS
CONTRIBUTOR NAME	TOTAL CONTRIBUTION	LESS 2% OF LINE 11(F)	CONTRIBUTION AMOUNT
GARY MENDELL AND RELATED PARTIES	3,347,394.	146,377.	3,201,017.
FRIEDMAN CHARITABLE FUND	250,000.	146,377.	103,623.
STEPHEN MENDELL	455,049.	146,377.	308,672.
THE LEONA M. & HARRY B. HELMSLEY CHARITABL	250,000.	146,377.	103,623.
TOTAL	4,302,443.		3,716,935.

Schedule B

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

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

SHATTERPROOF A NONPROFIT CORPORATION

Employer identification number

	BRIAN'S WISH)		45-4619712		
Organiz	zation type (check one):				
Filers o	f:	Section:			
Form 99	90 or 990-EZ	X = 501(c)(3) (enter number) organization			
		4947(a)(1) nonexempt charitable trust not treated as a private four	ndation		
		527 political organization			
Form 99	00-PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation	on		
		501(c)(3) taxable private foundation			

Note. Or instruction	nly a section 501(c)(7), (ons.	ered by the General Rule or a Special Rule. B), or (10) organization can check boxes for both the General Rule and a Sp			
X	For an organization filir or more (in money or p contributor's total contri	g Form 990, 990-EZ, or 990-PF that received, during the year, contributi roperty) from any one contributor. Complete Parts I and II. See instruction ibutions.	ons totaling \$5,000 as for determining a		
Special F	Rules				
	13, 16a, or 16b, and that	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or at received from any one contributor, during the year, total contributions of amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Con	990-EZ), Part II, line		
	For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
	contributions totaled moduring the year for an ex	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recear, contributions exclusively for religious, charitable, etc., purposes, but re than \$1,000. If this box is checked, enter here the total contributions the clusively religious, charitable, etc., purpose. Do not complete any of the pathis organization because it received nonexclusively religious, charitable, etc.	no such hat were received		

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

JSA 4E 1251 2,000

Employer identification number 45-4619712

			43-4619712
Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	GARY MENDELL AND RELATED PARTIES 58 LAUREL DR. EASTON, CT 06612	\$1,179,097.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	ALVAREZ & MARSAL HOLDINGS, LLC 600 MADISON AVENUE NEW YORK, NY 10022	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	AMBRIDGE HOSPITALITY 2500 NORTH DALLAS PARKWAY, SUITE 600 PLANO, TX 75093	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	ANDREW FREDMAN 5295 HAMMOCK DRIVE CORAL GABLES, FL 33156	\$7,200.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	ANGELO LOMBARDI 6128 THERESA LANE COLLEYVILLE, TX 76034	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6 _	ANNA MATTERA 15 DANIEL COURT WESTPORT, CT 06880	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

	(FRA BRIAN 5 WISH)		45-4619712
Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 -	ANTHONY AND VAL RUTLEDGE 530 MAIN STREET NORTH SOUTHBURY, CT 06488	\$30,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_	ASHFORD HOSPITALITY LP 14185 DALLAS PARKWAY, SUITE 110 DALLAS, TX 75254	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9-	BLUE STATE DIGITAL 101 AVENUE OF AMERICAS, 12TH FLOOR NEW YORK, NY 10013	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	BRUCE AND VICKI HEYMAN 2035 NORTH MAGNOLIA CHICAGO, IL 60614	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 11 _	BRETT GRAHAM 101 WARREN STREET 770N NEW YORK, NY 10007	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 12 _	BRYAN_CRAPO 1 LETTERMAN DRIVE; SUITE D3-700 SAN FRANCISCO, CA 94129	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

			43-4619/12
Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	BUCKINGHAM CAPITAL MGMT INC 485 LEXINGTON AVENUE, 3RD FLOOR NEW YORK, NY 10017	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	BULLDOG INVESTORS LLC PARK 80 WEST PLAZA TWO, SUITE 750 SADDLEBROOK, NJ 07663	\$8,511.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 15 _	CHESAPEAKE LODGING, LP 1997 ANNAPOLIS EXCHANGE PKWY, SUITE 410 ANNAPOLIS, MD 21401	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	CHICAGO TITLE INSURANCE COMPANY 601 RIVERSIDE AVENUE, BLDG 5, 6TH FLOOR JACKSONVILLE, FL 32204	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 17 _	CODY'S FRESH START CHARITY WORKS, INC. 6138 REED WAY ARVADA, CO 80003	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 18 _	CRAIG COGUT 99 RIVER ROAD COS COB, CT 06807	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 45-4619712

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
19_	DALIO FOUNDATION, INC. ONE GLENDENNING PLACE WESTPORT, CT 06880	\$15,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_ 20 _	DANIEL J. HEADRICK, M.D. 119 BLUE LAGOON LAGUNA BEACH, CA 92651		Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_ 21 _	DARNALL FAMILY, LLC 405 BELDEN HILL ROAD WILTON, CT 06897-3828		Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
22	DAVID SOLOMON 145 CENTRAL PARK WEST, APT 4C NEW YORK, NY 10023	\$5 <u>,</u> 000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
23	DOUGLAS BECKER C/O THE DANA JOY FUND 10272 DOW ROAD MULLIKEN, MI 48861-9775	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_ 24 _	DUNE REAL ESTATE PARTNERSHIPS 623 FIFTH AVENUE, 30TH FLOOR NEW YORK, NY 10022	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Employer identification number

	(TITE DICTION O NICHI)		43-4619/12
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 25	DAVID AND ELAINE PAWLOWSKI 33 HAZELHURST STREET DANIEL ISLAND, SC 29492	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 26	E THEODORE STOLBERG 25 DOWING STREET APT 1-701 DENVER, CO 80218	\$ <u>5,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 27 _	ERIC MANDELBLATT 135 CENTRAL PARK WEST # 10N NEW YORK, NY 10023	\$ <u>10,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 28 _	FEDEX 1790 KIRBY PARKWAY, 5TH FLOOR MEMPHIS, TN 38138	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 29 _	FELCOR LODGING TRUST 545 E. JOHN CARPENTER FRWY, SUITE 1300 IRVING, TX 75062-3933	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	HANES BRANDS INC. 1000 EAST HANES MILL ROAD WINSTON-SALEM, NC 27105	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)

Name of organization SHATTERPROOF A NONPROFIT CORPORATION

Employer identification number

-	(FKA BRIAN'S WISH)		45-4619712
Part I	Contributors (see instructions). Use duplicate copies of F	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	HIGHGATE HOTELS LP 545 E. JOHN CARPENTER FRWY, SUITE 1400 IRVING, TX 75062	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 32 _	HOST HOTELS & RESORTS LP 6903 ROCKLEDGE DR. SUITE 1500 BETHESDA, MD 20817	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 33 _	HVS / TS WORLDWIDE LLC 413 S. HOWES STREET FORT COLLINS, CO 80521	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34_	IMPALA ASSET MANAGEMENT LLC 107 CHERY STREET NEW CANAAN, CT 06840	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 35 _	JEFF ASSAF 11111 SANTA MONICA BLVD, SUITE 2100 LOS ANGELES, CA 90025	\$7,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	JEFFREY POPE 203 RAWHIDE STREET	\$5,000.	Person X Payroll Noncash

(Complete Part II for

noncash contributions.)

WAXAHACHIE, TX 75165

Employer identification number 45-4619712

Part I	Contributors	(see instructions).	Use duplicate copies of Part I if additional space is needed.
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(a)	/h)		
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	JESSICA A. ELSAS 8 CEDARGATE LANE WESTPORT, CT 06880	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 38 _	JOEL EISEMANN THREE RAVINIA DRIVE, SUITE 100 ATLANTA, GA 30346	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	JOHN & GERALDINE CUSENZA FAMILY FOUNDATI 10960 WILSHIRE BLVD # 700 LOS ANGELES, CA 90024	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 40 _	KAREN AND FREDERICK WIGDOR 501 E. 79TH STREET, APT 2C NEW YORK, NY 10075-0732	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	KIMBERLY-CLARK FOUNDATION INC 351 PHELPS DRIVE IRVING, TX 75038	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 42 _	LESLIE ROGATH 55 OLD POST ROAD # 2 GREENWICH, CT 06830	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization SHATTERPROOF A NONPROFIT CORPORATION

Employer identification number

-	(FRA BRIAN'S WISH)		45-4619712
Part I	Contributors (see instructions). Use duplicate copies of F	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 43	LIAM BROWN 10400 FERNWOOD RD. BETHESDA, MD 20817	\$ <u>5,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 44	MARK WOODWORTH 3475 LENOX ROAD ATLANTA, GA 30326	\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 45 _	MICHAEL BARNELLO 8811 CLEWERWALL DRIVE BETHESDA, MD 20817	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 46 _	MICHAEL LEVITT 171 3RD ANITA DRIVE LOS ANGELES, CA 90049	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	MICHAEL SONNENFELDT 146 CENTRAL PARK WEST, SUITE 10D NEW YORK, NY 10023	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48	MICHELLE LEMKE 13625 TECHNOLOGY DRIVE EDEN PRAIRIE, MN 55344	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization SHATTERPROOF A NONPROFIT CORPORATION

Employer identification number

	(FKA BRIAN'S WISH)		45-4619712
Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 49	MORGAN STANLEY ONE NEW YORK PLAZA, 7TH FLOOR NEW YORK, NY 10004	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 50 _	OMNI HOTELS & RESORTS 400 MAPLE AVENUE DALLAS, TX 75219	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51	ORANGE COUNTY COMMUNITY FOUNDATION 4041 MACARTHUR BLVD, SUITE 510 NEWPORT BEACH, CA 92660	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 52_	PATRICIA CONNORS 5000 E. SPRING ST. LONG BEACH, CA 90815	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53_	PATRIDGE FOUNDATION P.O. BOX B KINGSVILLE, TX 78364	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54_	PETER DOYLE 140 EAST 45TH STREET; 22ND FLOOR NEW YORK, NY 10017	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 45-4619712

Part I	Contributors	(see instructions).	Use duplicate copies of Part I if additional space is needed.	
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 55 _	PETER F. TAUCK 272 HILLSPOINT ROAD WESTPORT, CT 06880	17.050	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 56_	PRAESIDIAN CAPITAL 419 PARK AVENUE SOUTH, SUITE 800 NEW YORK, NY 10016	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 57 _	PRUDENTIAL FINANCIAL P.O. BOX 560489 CHARLOTTE, NC 28256-0489	\$ <u>5,000</u> .	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 58 _	PYRAMID ADVISORS LP ONE POST OFFICE SQ. SUITE 3100 BOSTON, MA 02109	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 59 _	R&J EACOTT FOUNDATION TRUST 107 NORTHGATE AVON, CT 06001-4080	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60	ROBERT KRAMER C/O ALTITUDE CAPITAL PARTN 485 MADISON AVENUE NEW YORK, NY 10022	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 45-4619712

	(TIGI ENTAN 5 WISH)		43-4013/12		
Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
61	RODNEY CLOUGH 2601 SAGEBRUSH DRIVE, SUITE 101 FLOWER MOUND, TX 75028	- \$ <u>5,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
62_	SCHWAB CHARITABLE-MEGAN FLANIGAN 211 MAIN STREET, FLOOR 10 SAN FRANCISCO, 94105	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
63	SCHWAB CHARITABLE-FOR MAURICE REZNIK 211 MAIN STREET, FLOOR 10 SAN FRANCISCO, 94105	\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
64	SAMMONS ENTERPRISES INC. 5949 SHERRY LANE, SUITE 1900 DALLAS, TX 75225	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
65	SCOTT FRIEDMAN 135 CENTRAL PARK WEST # 11NC NEW YORK, NY 10023	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
66	SHANER FAMILY FOUNDATION 1965 WADDLE ROAD STATE COLLEGE, PA 16083	\$ <u>10,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Employer identification number 45-4619712

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67_	SHERATON MUSIC CITY 777 MCGAVOCK PIKE NASHVILLE, TN 37214	\$7,525.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68	SKADDEN, ARPS, MEAGHER & FLOM LLP FOUR TIMES SQ. NEW YORK, NY 10036-6522	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69	SMITH TRAVEL RESEARCH INC 735 E. MAIN STREET HENDERSONVILLE, TN 37075	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70_	STARWOOD FOUNDATION INC P.O. BOX 14019 SCOTTSVILLE, AZ 85267	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71	STEVE FOULKE 100 INNOVATION DRIVE, SUITE 200 IRVINE, CA 92617	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_ 72 _	STEVE GALBRAITH 63 DELAFIELD ISLAND ROAD DARIEN, CT 06820	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 45-4619712

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 73 _	STEVEN BROT 674 EAGLE ROCK AVE # 255 WEST ORANGE, NJ 07052	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
74	SUNSTONE HOTEL INVESTORS 120 VANTIS, SUITE 350 ALISO VIEJO, CA 92656	\$11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
75	TEREX CORPORATION 200 NYALA FARM ROAD WESTPORT, CT 06880	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
76_	THEODORE DARNALL 405 BELDEN HILL ROAD WILTON, CT 06897-3828	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 77 _	THE GEORGE SARLO FOUNDATION 750 BATTERY ST, SUITE 700 SAN FRANCISCO, CA 94111	\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
_ 78 _	THE J. WILLARD AND ALICE MARRIOTT FOUND 10400 FERNWOOD ROAD BETHESDA, MD 20817	\$10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Employer identification number 45-4619712

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
79_	THE LEONA M. & HARRY B. HELMSLEY CHARITA 230 PARK AVE, SUITE 659 NEW YORK, NY 10169	\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
80	THE NASAW FAMILY FOUNDATION 100 LARKSPUR LANDING CIRCLE, SUITE 200 LARKSPUR, CA 94939-1741	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_ 81 _	THE REZNIK FAMILY CHARITY FUND 8 BALDWIN PLACE WESTPORT, CT 06880	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
82	THEORY LLC 38 GANSEVOORT STREET NEW YORK, NY 10014	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
_ 83 _	TIMOTHY BOROUGHS 7 COMPO PARKWAY WESTPORT, CT 06880	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
84	THOMAS SMITH 739 ROCK RIMMON ROAD STAMFORD, CT 06903	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Employer identification number 45-4619712

	VIIII DIVIIII D WIDII)		42 4012/12				
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
85	VANGUARD CHARITABLE-JACK MITCHELL P.O. BOX 55766 BOSTON, MA 02205-5766	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ 86	VANGUARD CHARITABLE-KATHY & RUSS MITCHEL P.O. BOX 55766 BOSTON, MA 02205-5766	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ 87 _	WATERFORD GROUP CHARITABLE FOUNDATION P.O. BOX 715 WATERFORD, CT 06385	\$86,108.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
88	WELLS FARGO 301 S. COLLEGE/MAC D 1053-251 CHARLOTTE, NC 28202	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_ 89_	WILLIAM O'DONNELL 32 LINDEN AVENUE WILNETTE, IL 60091	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
90_	ZAC CLARK 285 WEST BROADWAY, SUITE 530 NEW YORK, NY 10013	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization SHATTERPROOF A NONPROFIT CORPORATION (FKA BRIAN'S WISH)

Employer identification number 45-4619712

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
50 THE 50		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		\$				

Exclusively religious, charitable, etc., contributions to organizations described in section that total more than \$1,000 for the year from any one contributor. Complete columns (a) following line entry. For organizations completing Part III, enter the total of exclusively religio contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) If Use duplicate copies of Part III if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description (e) Transfer of gift (d) Description (e) Transfer of gift (d) Description (e) Transfer of gift (e) Transfer of gift (d) Description (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (f) Description (f) (f) Descrip		(Form 990, 990-EZ, or 990-PF) (2014)		Paç	je
Exclusively religious, charitable, etc., contributions to organizations described in section that total more than \$1,000 for the year from any one contributor. Complete columns (a) following line entry. For organizations completing Part III, enter the total of exclusively religio contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) I Use duplicate copies of Part III if additional space is needed. (a) No.	Name of or		TIT CORPORATION	Employer identification number	
that total more than \$1,000 for the year from any one contributor. Complete columns [a] following line entry. For organizations completing Part III, enter the total of exclusively religion contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) I Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description Part II (c) Transfer of gift (e) Transfer of gift (from Part I) (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (from Part I) (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (from Part I) (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (from Part I) (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (from Part I) (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (from Part I) (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (from Part I) (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (from Part I) (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift (from Part I) (e) Transfer of gift (e) Transfer of g				45-4619712	
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(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to the second sec	from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
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(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Descriptio	4		(e) Transfer of gift		
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(a) Transfer of gift					_
(a) Transfer of gift					-
(e) Transfer of gift			(e) Transfer of gift		
Transferee's name, address, and ZIP + 4 Relationship of transferor to		Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

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

040000000	(see separate instructions), the Section 501(c)(4), (5), or (6) or		2.2	81	8 88 1
		DOF A NONPROFIT CORPORAT	TON	Employer ide	ntification number
	KA BRIAN'S WISH)	OUF A NONPROFIL CORPORAL	ION	45-46	
-		organization is exempt under	section 501(c) or		
1	CONTRACTOR OF THE PROPERTY OF	organization's direct and indirect p			IIIZation,
2					
3					
3	volunteer flours		*****		
Par	t LB Complete if the	organization is exempt under s	section 501(c)(3).		
1	Enter the amount of any ex-	cise tax incurred by the organizatio	n under section 495	5 ▶\$	
2	Enter the amount of any ex-	cise tax incurred by organization m	anagers under secti	on 4955 ▶ \$	
3		a section 4955 tax, did it file Form			
4a					
b	If "Yes," describe in Part IV.				
Par	rt I-C Complete if the	organization is exempt under	section 501(c), ex	ccept section 501(c)(3).
1		expended by the filing organization			
2		ng organization's funds contributedies.			
3	Total exempt function expe	enditures. Add lines 1 and 2. En	ter here and on Fo	orm 1120-POL,	
4 5	Did the filing organization fil Enter the names, addresses organization made payment the amount of political con-	e Form 1120-POL for this year? s and employer identification numb ts. For each organization listed, en tributions received that were promed or a political action committee (I	er (EIN) of all section ter the amount paid	on 527 political organized from the filing organized livered to a separate po	ations to which the filing cation's funds. Also enter olitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate
					political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2014

Sch	nedule C (Form 990 or 990-EZ) 2014 SH	ATTERPROOF A	A NONPROFIT CC	RPORATION	45-4	619712 Page 2
Pa	art II-A Complete if the organ section 501(h)).	nization is exer	mpt under section	n 501(c)(3) and	filed Form 5768 (ele	ction under
Α	Check ▶ if the filing organiz name, address, EIN	ation belongs t , expenses, and	o an affiliated grou d share of excess l	ip (and list in Pa obbying expend	rt IV each affiliated g itures).	roup member's
В	Check ▶ if the filing organiz	ation checked	box A and "limited	control" provisio	ns apply.	
		Lobbying Expen	ditures		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influ	ence public opin	ion (grass roots lobl	oying)	1,575.	
t	Total lobbying expenditures to influ	ience a legislativ	e body (direct lobby	ing)	141,000.	
C	: Total lobbying expenditures (add li	nes 1a and 1b).			142,575.	
C	Other exempt purpose expenditure	s			2,572,870.	
е	Total exempt purpose expenditures	s (add lines 1c ar	nd 1d)		2,715,445.	
f	Lobbying nontaxable amount. Ent columns.	ter the amount	from the following	table in both	285,772.	
	If the amount on line 1e, column (a) or	(b) is: The lobbying	ng nontaxable amount	is:		
	Not over \$500,000	N	amount on line 1e.			
	Over \$500,000 but not over \$1,000,00	0 \$100,000 p	lus 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,0	000 \$175,000 p	lus 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000	,000 \$225,000 p	lus 5% of the excess of	over \$1,500,000.		
	Over \$17,000,000	\$1,000,000	V			
g	Grassroots nontaxable amount (en	iter 25% of line 1f)		71,443.	New York
h	Subtract line 1g from line 1a. If zero	o or less, enter -0			0	(
i	Subtract line 1f from line 1c. If zero	or less, enter -0-			0	(
j	If there is an amount other than	zero on either l	ine 1h or line 1i, c	lid the organizati	on file Form 4720	
	reporting section 4911 tax for this	year?				Yes No
		4-Year Aver	aging Period Under	Section 501(h)		None and the second
	(Some organizations that ma	ade a section 50	1(h) election do no	t have to comple	te all of the five colum	ins below.
		See the separat	te instructions for I	ines 2a through 2	f.)	
_		Lobbying Exper	nditures During 4-Ye	ear Averaging Peri	od	
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total

	Lobbying Expe	nditures During 4-Ye	ear Averaging Period	d	
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount				285,772.	285,772.
b Lobbying ceiling amount (150% of line 2a, column (e))					428,658.
c Total lobbying expenditures				142,575.	142,575.
d Grassroots nontaxable amount				71,443.	71,443.
e Grassroots ceiling amount (150% of line 2d, column (e))					107,165.
f Grassroots lobbying expenditures	ene line d'épus			1,575.	1,575.

Schedule C (Form 990 or 990-EZ) 2014

(election under section 501(h)).	led For	m 5768
For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a)	(b)
description of the lobbying activity.	s No	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:		
a Volunteers?		
a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		
c Media advertisements?		
d Mailings to members, legislators, or the public?		
e 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)?		
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		35
b If "Yes," enter the amount of any tax incurred under section 4912		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		- October 14VV Wywomanou
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	5), or s	ection
501(c)(6).		
		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 expenditures from the prior year?		3
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR answered "Yes."	5), or so (b) Par	ection t III-A, line 3, is
4 Done to the state of the stat		
1 Dues, assessments and similar amounts from members		1
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts 	of	1
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). 	of	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of	1 2a
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). a Current year 	of	
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 	of	2a
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 	of	2a 2b
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of 	of	2a 2b 2c
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby 	of	2a 2b 2c
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditure next year? 	of	2a 2b 2c
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 	of	2a 2b 2c 3
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby and political expenditure next year? Taxable amount of lobbying and political expenditures (see instructions) 	of	2a 2b 2c 3
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Schedule C (Form 990 or 990-EZ) 2014

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" to Form 990,

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number Name of the organization SHATTERPROOF A NONPROFIT CORPORATION

(F.	KA BRIAN'S WISH)	45-4619/12
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds	or Accounts.
V <u> </u>	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	
	(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 donor advisors in writing that the assets he	
	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or fo	
Victoria de la constante de la	conferring impermissible private benefit?	Yes No
Pa	art II Conservation Easements.	
-	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	A DESCRIPTION OF THE PROPERTY	on of a historically important land area
	Protection of natural habitat Preservation	on of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	
	easement on the last day of the tax year.	Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on	
	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished, or term	ninated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, insp	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation e	asements during the year
	-	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easen	nents during the year
	►\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue a	
	balance sheet, and include, if applicable, the text of the footnote to the organization's fina	ncial statements that describes the
SHEET	organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Oth	ner Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	The state of the s
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in it works of art, historical treasures, or other similar assets held for public exhibition, e public service, provide, in Part XIII, the text of the footnote to its financial statements that d	s revenue statement and balance sheet
	public service, provide, in Part XIII, the text of the footnote to its financial statements that d	escribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its	
-	works of art, historical treasures, or other similar assets held for public exhibition, e	
	public service, provide the following amounts relating to these items:	
	(i) Revenue included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	r assets for financial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these ite	
a	Revenue included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	▶ \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 4E1268 1.000 4287FM 590X

Schedule D (Form 990) 2014

Pa	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets (continued)
3		that are a significant use of its
	collection items (check all that apply):	
а		
b	b Scholarly research e Other	
С	c Preservation for future generations	
4	4 Provide a description of the organization's collections and explain how they further the organization	ation's exempt purpose in Part
	XIII.	
5		
(SEE STREET	assets to be sold to raise funds rather than to be maintained as part of the organization's collection's	
Pai	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes	s" to Form 990, Part IV, line 9,
	or reported an amount on Form 990, Part X, line 21.	
1a	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other asset	
	included on Form 990, Part X?	Yes No
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:	
		Amount
C	c Beginning balance , , ,	
d	d Additions during the year	
е		
f		
2a	2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial acco	unt liability? Yes No
b	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Pa	rt XIII.
	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Par	
	(a) Current year (b) Prior year (c) Two years back (d)	Three years back (e) Four years back
1a	1a Beginning of year balance	
b	v. 12 v. 3 v.	
С	c Net investment earnings, gains,	
	and losses	
d	d Grants or scholarships	
е	DO DESCRIPTION AND ADDRESS OF A STATE OF A S	
	and programs	*
f	f Administrative expenses	
g	The state of the s	
2		
	and the second s	
b		
	c Temporarily restricted endowment ▶ %	
	The percentages in lines 2a, 2b, and 2c should equal 100%.	
3a	3a Are there endowment funds not in the possession of the organization that are held and administered	ad for the
ou	organization by:	
	(i) unrelated organizations	3a(i)
Ь	(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3a(ii)
	b if Yes to Sa(ii), are the related organizations listed as required on Schedule R?	3b
4		
Par	Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Fo	orm 990 Part X line 10
-	Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumula (investment) (other) depreciation	ited (d) Book value
1a		
	c Leasehold improvements	
d		351. 19,615.
	Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)	
		Schedule D (Form 990) 2014

Part VII	Investments - Other Securities.	od "Vos" to Form 000	Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:
(1) Financi	al derivatives		Cost or end-of-year market value
(2) Closely	-held equity interests	*	
(3) Other		•	
(A)			
(B)			
(C)		Ng-0 - 117	
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Column	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.		
			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)			
100000000000000000000000000000000000000			
CONTRACTOR OF THE PARTY OF THE	(b) must equal Form 990, Part X, col. (B) line 13.)		
CONTRACTOR OF THE PARTY OF THE	Other Assets.	ad "Voo" to Form 000	Deat IV/ 15 44-1 Ov. 5 - 000 D. (V. 15-45
THE CONTRACT OF THE PARTY.	Other Assets. Complete if the organization answere	69 (19)	Part IV, line 11d. See Form 990, Part X, line 15.
Part IX	Other Assets. Complete if the organization answere	ed "Yes" to Form 990,	Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value
Part IX	Other Assets. Complete if the organization answere	69 (19)	
(1) (2)	Other Assets. Complete if the organization answere	69 (19)	
(1) (2) (3)	Other Assets. Complete if the organization answere	69 (19)	
(1) (2) (3) (4)	Other Assets. Complete if the organization answere	69 (19)	
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answere	69 (19)	
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answere	69 (19)	
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answere	69 (19)	
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answere	69 (19)	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere (a) D	escription	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum	Other Assets. Complete if the organization answere (a) D (b) must equal Form 990, Part X, col. (B) Other Liabilities.	line 15.)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum	Other Assets. Complete if the organization answere (a) D mn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere	line 15.)	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum	Other Assets. Complete if the organization answere (a) D mn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25.	line 15.)	(b) Book value Part IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colum	Other Assets. Complete if the organization answere (a) D mn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	line 15.)	(b) Book value Part IV, line 11e or 11f. See Form 990, Part X,
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column Cart X	Other Assets. Complete if the organization answere (a) D mn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25. (a) Description of liability al income taxes	line 15.)	(b) Book value Part IV, line 11e or 11f. See Form 990, Part X,
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(1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Columnation (C	Other Assets. Complete if the organization answere (a) D mn (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization answere line 25. (a) Description of liability al income taxes CHEDULE D, PAGE 5	line 15.)	(b) Book value Part IV, line 11e or 11f. See Form 990, Part X,
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Part XIII Supplemental Information (continued)

PART XII, LINE 2A

RENT EXPENSE, LEGAL SERVICES EXPENSE & ADVERTISING EXPENSE - 1,086,195 RELATES TO DONATED SERVICES AND DONATED USE OF FACILITIES THAT WERE RECORDED AS BOTH REVENUE AND EXPENSES FOR BOOK 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 2014 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, 2014.

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. SHATTERPROOF A NONPROFIT CORPORATION

Open to Public Inspection

OMB No. 1545-0047

Name of the organization Employer identification number (FKA BRIAN'S WISH) 45-4619712 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. PartI Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 a Mail solicitations 0 Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants Phone solicitations С Special fundraising events g d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity custody or control of (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 3 4 5 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2014

7 2 T

ii v_x

P	art l	Fundraising Events. Complete than \$15,000 of fundraising ever gross receipts greater than \$5,0	nt contributions and gro	wered "Yes" to Form 990ss income on Form 990	90, Part IV, line 18, or 0-EZ, lines 1 and 6b. I	reported more List events with
N 			(a) Event #1 OVER THE EDGE (event type)	(b) Event #2 GOLF EVENT (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	1,528,013.	216,447.	10,000.	1,754,460
	2 3	Less: Contributions	1,528,013.	216,447.	10,000.	1,754,460
	4	Cash prizes			10,000.	1,734,400
	5	Noncash prizes		24,515.		24,515
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages		66,835.	4,356.	71,191
Dire	8	Entertainment				
	9	Other direct expenses				
Pa	10 11 rt [[Net income summary. Subtract line 1 Gaming. Complete if the orgathan \$15,000 on Form 990-E	0 from line 3, column (d anization answered "Y)		95,706 1,658,754 rted more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses	Yes %			
	6	Volunteer labor	Yes%	Yes% No	Yes%	
	7	Direct expense summary. Add lines 2	through 5 in column (d)			
,	8	Net gaming income summary. Subtract	ct line 7 from line 1, colu	ımn (d)		
9 a b	ls	ter the state(s) in which the organization the organization licensed to conduct go No," explain:	aming activities in each	of these states?	*********	Yes No
10 a b	We	ere any of the organization's gaming lice Yes," explain:	censes revoked, susper			Yes No

Schedule G (Form 990 or 990-EZ) 2014

SHATTERPROOF A NONPROFIT CORPORATION

45-4619712

Sched	dule G (Form 990 or 990-EZ) 2014	Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming?	No
13	Indicate the percentage of gaming activity conducted in:	
a	The organization's facility	%
b 14	100	%
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	
10 4		No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the	
	amount of gaming revenue retained by the third party ▶ \$	
С	If "Yes," enter name and address of the third party:	
	Name ▶	
	Address ►	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
	or spent in the organization's own exempt activities during the tax year ▶ \$	
Part	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	

Schedule G (Form 990 or 990-EZ) 2014

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SHATTERPROOF A NONPROFIT CORPORATION

Employer identification number 45-4619712

(FKA BRIAN'S WISH)

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

GARY MENDELL IS THE CONTROLLING OWNER IN PARTNERSHIPS IN WHICH ANTHONY

RUTLEDGE PARTICIPATES. GILBERT MENNA IS THE LEGAL ADVISOR TO THESE

PARTNERSHIPS.

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

THE FOUNDATION MANAGER OF FINANCE AND ACCOUNTING REVIEWS A DRAFT OF THE

FORM 990 WITH THE INDEPENDENT CPA AND LEGAL COUNSEL. A COPY OF THE FINAL

FORM 990 IS PROVIDED TO BOARD MEMBERS IN ADVANCE OF FILING.

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

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY. THIS FORM

ADDRESSES NOT JUST THE ACKNOWLEDGEMENT OF RECEIVING AND READING THE FORM,

BUT REQUIRES EACH INDIVIDUAL TO AFFIRMATIVELY REPORT POTENTIAL CONFLICTS.

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND

AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE LEAVES THE

GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A

CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR

COMMITTEE MEMBERS DECIDE IF A CONFLICT EXISTS.

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

ANALYTICAL RESEARCH IS PERFORMED AND DATA IS OBTAINED ON COMPENSATION AT

ALL LEVELS OF EMPLOYMENT WITHIN THE ORGANIZATION UTILIZING MULTIPLE

SOURCES. SUCH ANALYSIS INCLUDES COMPARABILITY DATA BASED ON GEOGRAPHIC

YEAR.

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

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

FORM 990, PART X - SFAS 117

THE ORGANIZATION FOLLOWS THE GUIDELINES PROVIDED BY SFAS 117 AND PRESENTS

UNRESTRICTED, TEMPORARILY RESTRICTED, AND PERMANENTLY RESTRICTED ASSETS

SEPARATELY.

FORM 990, PART XII, LINE 2C

THE FOUNDATION MANAGER OF FINANCE AND ACCOUNTING REVIEWS A DRAFT OF THE AUDITED FINANCIAL STATEMENTS AND PROVIDES A COPY TO THE BOARD OF DIRECTORS PRIOR TO FINALIZATION.

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.

ATTACHMENT 1

Schedule O (Form 990 or 990-EZ) 2014

Page 2

Name of the organization SHATTERPROOF A NONPROFIT CORPORATION Employer identification number (FKA BRIAN'S WISH) 45-4619712 ATTACHMENT 2

× , , ,

FORM 990, PART VI, LINE 17 - STATES

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

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

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

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

ATTACHMENT 3

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

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

WEBER SHANDWICK 733 10TH STREET N.W. SUITE 600 WASHINGTON, DC 20001

PUBLIC RELATIONS

203,330.

FORM 990, PART VIII - INVESTMENT INCOME

ATTACHMENT 4

(A) TOTAL (B)

(C)

(D)

DESCRIPTION

REVENUE EXEMPT REVENUE BUSINESS REV.

RELATED OR

UNRELATED

EXCLUDED REVENUE

INTEREST INCOME

1,771.

1,771.

TOTALS

1,771. 1,771.

ATTACHMENT 5

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION

AMOUNT

OVER THE EDGE

1,528,013.

ROLLING HILLS GOLF EVENT

149,612.

DENVER GOLF EVENT

5,644.

TOTAL

1,683,269.

Schedule	0	(Form	990	or 990-EZ) 2014	

lame of the organization SHATTERPROOF A NONPRO (FKA BRIAN'S WISH)	FIT CORPORATIO	N	Employer identific 45-4619	
FORM 990, PART VIII - FUNDRAISING EVEN	TTS		ATTACHMENT	6
DESCRIPTION	GROSS INCOME	DIRECT EXPENSE		
OVER THE EDGE				
ROLLING HILLS GOLF EVENT	91,350	. 9	1,350.	
ENVER GOLF EVENT	4,356		4,356.	
OLLYWOOD EVENT				
OTALS	95,706	. 9	5,706.	
			* Yes	
		<u> </u>	ATTACHMENT	7
ORM 990, PART IX - OTHER FEES				
	(A) TOTAL	(B) PROGRAM	(C) MANAGEMENT	(D) FUNDRAISING
ESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
ROFESSIONAL FEES	440,650.	360,252.	7,905.	72,49
OTALS	440,650.	360,252.	7,905.	72,49
			THE CUMPUS O	
ORM 990, PART IX - OTHER EXPENSES			ATTACHMENT 8	
ESCRIPTION	(A) TOTAL EXPENSES	(B) PROGRAM SERVICE EXP.		(D) FUNDRAISING EXPENSES
FFICE EXPENSE	16,623.	8,001.	1,809.	6,81
ISURANCE	5,460.	755.	4,299.	40
TATE FILING FEES	5,043.		5,043.	
VENT FEES AND LICENSES	484,776.	315,105.		169,67
	17 570	11,421.		6,15
QUIPMENT RENTAL	17,572.	11,121.		0,10.

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

SHATTERPROOF A NONPROFIT CORPORATION Business or activity to which this form relates

Identifying number 45-4619712

Pa	ENERAL DEPRECIATIO				lata Darit		
_	Note: If you have any lis						1
1	Maximum amount (see instructions)					1	
2	Total cost of section 179 property p	laced in service (see i	nstructions)			2	
3	Threshold cost of section 179 proper	erty before reduction	in limitation (see instruction	ons)			
5	Reduction in limitation. Subtract line Dollar limitation for tax year. Subtract line 4 fro	m line 1 If zero or less enter	-0- If married filing			4	
6	separately, see instructions (a) Description						
-	(a) Description	1 or property	(b) Cost (b	usiness use onl	y) (c) Elec	ted cost	
-							_
7	Listed property. Enter the amount from	om line 20		1 -	4		_
8	Total elected cost of section 179 pro		in column (a) lines C and				_
9	Tentative deduction Enter the small	or of line 5 or line 8	in column (c), lines 6 and			8	
10	Tentative deduction. Enter the small	com line 3 of mile 6	112 Form 4562	* * * * * *		9	
11	Carryover of disallowed deduction for Business income limitation. Enter the	on mile 13 of your 20	on income (not less than			10	
2	Section 179 expense deduction. Add	d lines 0 and 10 but	do not onter more than li	n zero) or im	e 5 (see instrui	ctions) 11	
3	Carryover of disallowed deduction to	2015 Add lines 0.0	nd 10. less line 12	ne II		12	
191	: Do not use Part II or Part III below for			13	V		
W-17000	rt II Special Depreciation			lo not inclu	do listed prope	ortu I (Coo	inata ations
4	Special depreciation allowance for						instructions.)
4							
5	during the tax year (see instructions)	olection				14	
6	Property subject to section 168(f)(1) Other depreciation (including ACRS)	election				15	0.1
-	rt III MACRS Depreciation (Do not include liste	d property) (See inst	ructions \		16	91,
	Gilli im tette papierianiti(De fiet include liete	a property.) (occ mat	ructions.			
7	MACRS deductions for assets place If you are electing to group any asset accounts, check here	assets placed in se	rvice during the tax ye	ar into one	or more gener	al	
7	If you are electing to group any asset accounts, check here	assets placed in se	ars beginning before 2014 rvice during the tax ye 	ar into one	or more gener	al	System
7 8	If you are electing to group any asset accounts, check here Section B - Assets (a) Classification of property	assets placed in se	ars beginning before 2014 rvice during the tax ye	ar into one	or more gener	al	
9a	If you are electing to group any asset accounts, check here Section B - Assets (a) Classification of property 3-year property	Placed in Service (b) Month and year placed in	rvice during the tax ye During 2014 Tax Yea (c) Basis for depreciation (business/investment use	ar into one ar Using the	or more gener ▶ General Dep	reciation S	
9a b	If you are electing to group any asset accounts, check here Section B - Assets (a) Classification of property 3-year property 5-year property	Placed in Service (b) Month and year placed in	rvice during the tax ye During 2014 Tax Yea (c) Basis for depreciation (business/investment use	ar into one ar Using the	or more gener ▶ General Dep	reciation S	
9a b	If you are electing to group any asset accounts, check here Section B - Assets (a) Classification of property 3-year property	Placed in Service (b) Month and year placed in	rvice during the tax ye During 2014 Tax Yea (c) Basis for depreciation (business/investment use	ar into one ar Using the	or more gener ▶ General Dep	reciation S	
9a b c	If you are electing to group any asset accounts, check here Section B - Assets (a) Classification of property 3-year property 5-year property	Placed in Service (b) Month and year placed in	rvice during the tax ye During 2014 Tax Yea (c) Basis for depreciation (business/investment use	ar into one ar Using the	or more gener ▶ General Dep	reciation S	
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9a b c d e f	If you are electing to group any asset accounts, check here Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	Placed in Service (b) Month and year placed in	rvice during the tax ye During 2014 Tax Yea (c) Basis for depreciation (business/investment use	ar into one ar Using the	or more gener ▶ General Dep	reciation S	System (g) Depreciation deduc
9a b c d e f g	If you are electing to group any asset accounts, check here Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	Placed in Service (b) Month and year placed in	rvice during the tax ye During 2014 Tax Yea (c) Basis for depreciation (business/investment use	ar into one ar Using the (d) Recovery period	or more gener ▶ General Dep	reciation S	
9a b c d e f g	If you are electing to group any asset accounts, check here Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	Placed in Service (b) Month and year placed in	rvice during the tax ye During 2014 Tax Yea (c) Basis for depreciation (business/investment use	ar into one ar Using the (d) Recovery period 25 yrs.	or more gener ▶ e General Dep (e) Convention	reciation S (f) Method	
9a b c d e f g	If you are electing to group any asset accounts, check here	Placed in Service (b) Month and year placed in	rvice during the tax ye During 2014 Tax Yea (c) Basis for depreciation (business/investment use	ar into one ar Using the (d) Recovery period 25 yrs. 27.5 yrs.	or more gener ▶ e General Dep (e) Convention	oreciation S (f) Method	
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9a b c d e f g h i	If you are electing to group any asset accounts, check here	Placed in Service (b) Month and year placed in service Placed in Service Placed in Service	During 2014 Tax Yea (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the A	or more gener General Dep General Dep (e) Convention MM MM MM MM MM MM MM MM MM	S/L	(g) Depreciation deduc
9a b c d e f g h i	If you are electing to group any asset accounts, check here	Placed in Service (b) Month and year placed in service Placed in Service Placed in Service Placed in Service Description of the service o	During 2014 Tax Yea (c) Basis for depreciation (business/investment use only - see instructions) During 2014 Tax Year	25 yrs. 27.5 yrs. 39 yrs. Using the All 12 yrs. 40 yrs.	or more gener General Dep General Dep (e) Convention MM MM MM MM MM MM MM MM MM	S/L	(g) Depreciation deduc
9a b c d e f g h i	If you are electing to group any asset accounts, check here Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 40-year **IV Summary** (See instruction of the appropriate lines of your read on the appropriate lines of your read of the appropriate lines of your read on the appropriate lines of your read of	Placed in Service (b) Month and year placed in service n Service in Service	During 2014 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) During 2014 Tax Year Ouring 2014 Tax Year	ar into one (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the A 12 yrs. 40 yrs.	or more gener General Dep General Dep (e) Convention MM MM MM MM MM MM MM MM MM	S/L	(g) Depreciation deduc
9a b c d e f g h i	If you are electing to group any asset accounts, check here	Placed in Service (b) Month and year placed in service Placed in Service Placed in Service Placed in Service Ons.) The 28	During 2014 Tax Year (c) Basis for depreciation (business/investment use only - see instructions) During 2014 Tax Year Ouring 2014 Tax Year	ar into one (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the A 12 yrs. 40 yrs.	or more gener General Dep General Dep (e) Convention MM MM MM MM MM MM MM MM MM	S/L	(g) Depreciation deduc

For	m 4562 (2014)											4.5	0-4615	3/12	Page 2
Pa	used for ent	perty (Include tertainment, red	creation, or	amus	ement.)								1.5	propert
COLUMN TO SERVICE SERV	Note: For an 24b, columns	ny vehicle for w s (a) through (c) o	hich you are f Section A, a	e usin all of S	g the s Section I	standa 3, and	rd milea Section	ge rai C if ap	te or deo plicable.	ducting	lease	expens	e, com	plete o	nly 24a
		Depreciation an					See the i	nstruc	tions for i	imits fo	r passe	nger au	itomobil	es.)	
248	a Do you have evidence	to support the bu	siness/investm	ent use	e claimed	1?	Yes X	No	24b If "\	es," is t	he evide	nce writt	ten?	Yes	X No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment us percentage	e Cos	(d) t or other t		(e) Basis for dep business/inv use onl	estment	(f) Recovery period	Met	g) hod/ ention	Depre	(h) eciation uction	Elected	(i) section 179 cost
25	Special depreciation the tax year and use	n allowance for	qualified lis	ted p	roperty	place	d in ser	vice d	uring		25				
26	Property used more					00 (000	C IIIOCI GOI	10110)			. 25				
				/ ₆		1			1						
			4	/6									1911		
			C	6											.,
27	Property used 50%	or less in a quali	fied business	use:							All Com				
		4	1	6						S/L -		38===		Post in the second	min III - acc
			, c	6						S/L -					
			9	6						S/L -					
28	Add amounts in colu	umn (h), lines 25	through 27.	Enter	here a	nd on	line 21, p	page 1			28				
29	Add amounts in colu	umn (i), line 26. E	Enter here ar	nd on	line 7, p	age 1							. 29		
							on Use								
Con	mplete this section for	vehicles used by	a sole propi	ietor,	partner,	or oth	ner "more	than	5% owne	r," or re	elated p	erson.	If you r	rovided	vehicles
to y	our employees, first ans	wer the questions i	n Section C to	see if	you mee	t an ex	ception to	compl	leting this	section f	or those	vehicle	s.		
				700000 1715	(a)		(b)	2	(c)	100 Cop 710	d)	200 60002	(e)		(f)
30	Total business/inves	stment miles driv	en during	Vehicle 1		Ve	ehicle 2	Ve	ehicle 3	Vehi	cle 4	Veh	ricle 5	Veh	icle 6
	the year (do not incl	ude commuting	miles)												
31	Total commuting mi														
32	Total other pe	rsonal (nonco	mmuting)												
33	Total miles driven														
	lines 30 through 32												ş:		
34	Was the vehicle			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty h														
35	Was the vehicle us														
	than 5% owner or re				ļ	-	_								
36	Is another vehicle														
	use?				L					25 20-54		704			
		tion C - Questi													
Ans	swer these questions	to determine if	you meet ar	exce	eption to	com	pleting S	Section	n B for ve	ehicles	used b	y empl	oyees v	who are	e not
noi	re than 5% owners or	related persons	(see instructi	ons).										r	
37	Do you maintain a	written policy s	statement th	at pr	ohibits	all pe	rsonal u	se of	vehicles,	includ	ing cor	nmutin	ıg, by	Yes	No
	your employees? Do you maintain a														
88	Do you maintain a	written policy	statement tr	at pr	onibits	perso	nal use	of ve	hicles, ex	cept c	ommut	ng, by	your		
20	employees? See the Do you treat all use	of vehicles by or	venicies use	orcon	orporati	e onice									-
	Do you provide mo						oin infor	matio	n from V	our on	nlovoo		t the		
11	Do you meet the req	uiremente conce	rning gualific	elveu :	omobile		onotratio		(Coo inc	ruotion					
	Note: If your answer	to 37 38 39 4	O or 41 is "\	'es" d	o not co	mnlet	te Section	R for	the cove	red veh	icles	W 10 10 100			
Pa	rt VI Amortizatio		0, 01 11 10 1	00, 0	0 1101 00	mpici	e Occilor	1 101	the cove	ieu veii	0163.				
	Amortizatio	/11	Ossilix								(0)	1			
	(a) Description of c	costs	(b) Date amortiz begins	ation	An	(c nortizab	:) le amount		(d) Code sec	tion	(e) Amortiz period percen	ation or	Amortiza	(f) ation for th	nis year
2	Amortization of costs	s that begins dur	ing your 201	4 tax	vear (se	e instr	ructions)	:			Percell	age			
			3,55.201		, , \00		20110110)							-	
3	Amortization of costs	s that began before	ore your 201	4 tax	vear							43			
	Total. Add amounts					re to re	eport		* * * * *			44			
		1./					1			• • • •	* * * *	777	F	m AEG	2 (2014)
SA													FOR	4002	· (2014)

2014

SHATTERPROOF A NONPROFIT CORPORATION

45-4619712

Current-year depreciation

Current-year 179 expense

ACRS CRS class

3.000 3.000 3.000 3.000 3.000 3.000

6,741. 9,938.

3,423.

1,141. 34,167.

6,847.

48,535.

334. 1,593. 256. 157.

1,720.

9,556. 2,305. 1,886.

35,550.

59,625.

1,975.

000.

Life

Me-thod Conv.

Beginning Ending
Accumulated Accumulated
depreciation depreciation

Basis for depreciation Basis Reduction 179 exp. reduction in basis 100.000 100.000 100.000 100.000 100.000 100,000 100.000 100.000 100.000 100.000 100.000 100.000 Unadjusted Cost or basis 6,847. 1,720. 9,556. 2,305. 205,000. 48,535. 114,670. 35,550. 3,152. 29,250. 59,625. 1,886. 518,096. Date placed in service 07/23/2014 07/01/2014 1/01/2014 36/01/2014 37/01/2014 39/01/2014 07/01/2013 11/25/2013 10/01/2014 2/01/2014 02/01/2015 04/01/2015 Less: Retired Assets....... Asset description Description of Property DEPRECIATION Listed Property FILM MEDIA EQUI PMENT EQUI PMENT EQUI PMENT **EQUIPMENT** EQUIPMENT EQUIPMENT WEBSITE WEBSITE MEBSITE WEBSITE WEBSITE

1,593. 256. 157. 88.

3.000

88.

3,152. 29,250.

114,670

3.000

TS SL SL 3.000

3.000

TOTALS *Assets Retired JSA 4X9024 1.000

4287FM 590X

MEN001

91,697

Current-year amortization

Accumulated Accumulated amortization amortization Code

127,005.

35,308.

518,096.

518,096

AMORTIZATION

TOTALS

Less: Retired Assets..... Cost or basis

Date placed in service

Asset description

91,697

127,005.

35,308

518,096.