Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Do not enter Social Security numbers on this form as it may be made public.

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

| A | For th | ne 2013 calendar year, or tax year beginning , 2013 | , and ending |] | , 20 |
|--------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|----------------------------|-------------------------------|
| | | C Name of organization SHATTERPROOF A NONPROFIT CORPORA | ATION | D Employer iden | tification number |
| В | Check if a | oplicable: (FKA BRIAN'S WISH) | | 45-46197 | 712 |
| X | Addre | Doing Business As | | | |
| X | | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone num | nber |
| 1 | ┪ | return 101 MERRITT 7 CORPORATE PARK, 1ST FLOOR | | (203) 849 | -2218 |
| \vdash | ┪ | City of town state or provings country and ZID as favoing postel and | | (200) 019 | |
| - | Amer | | | G Gross receipts | \$ 3,074,907. |
| \vdash | retur | NOIWABIT, CT 00001 | | H(a) Is this a group | |
| L | pend | ing ANT HENDELD | | subordinates? | |
| | | 58 LAUREL DRIVE EASTON, CT 06612 | | H(b) Are all subordina | |
| 1 | | empt status: X 501(c)(3) 501(c) () | or 527 | | a list. (see instructions) |
| <u>J</u> | | te: ▶ WWW.SHATTERPROOF.ORG | | H(c) Group exemption | |
| 200000000 | Control Control | of organization: X Corporation Trust Association Other | L Year of | formation: 2012 M St | ate of legal domicile: MA |
| E | art I | | | | |
| | 1 | Briefly describe the organization's mission or most significant activities: ENDING | THE STI | GMA OF ADDICT | ION; PROVIDING |
| e) | | & SUPPORT; BRINGING CUTTING-EDGE, EVIDENCE-BASED | APPROACH | ES TO BEAR ON | |
| jan | | PREVENTION, TREATMENT & RECOVERY; AND CHANGING PU | JBLIC POI | ICY | |
| Governance | 2 | Check this box if the organization discontinued its operations or dispose | ed of more than | 1 25% of its net assets. | |
| စ် | 3 | Number of voting members of the governing body (Part VI, line 1a) | | | 3. |
| | | Number of independent voting members of the governing body (Part VI, line 1b) | | | 1 |
| Activities & | 5 | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | | | 6. |
| ΪŽ | 6 | Total number of volunteers (estimate if necessary) | | | 3 |
| Ac | 72 | Total unrelated business revenue from Part VIII, column (C), line 12 | | | a 0 |
| | | Net unrelated business taxable income from Form 990-T, line 34 | | | |
| | - | The difficulties business taxable modific from 500 1, mile 51 1, 1, 1, 1, 1 | · · · · · · · · · · · · · · · · · · · | Prior Year | Current Year |
| | 8 | Contributions and grants (Part VIII, line 1h) | ŀ | 494,722 | |
| Тe | 0 | | | | 0 0 |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | 171 | |
| Re | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | | 0 -31,812. |
| | 1 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | l' | 494,893 | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). | | | 3,043,095. |
| | 1 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | | 0 0 |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | | |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). | 76,420 | | |
| ens | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | | 0 0 |
| Expenses | b | Total fundraising expenses (Part IX, column (D), line 25) ▶456,769 | | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 306,267 | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 382,687 | |
| | | Revenue less expenses. Subtract line 18 from line 12 | | 112,206 | . 1,103,450. |
| ts or | | | | Beginning of Current Yea | |
| sets | 20 21 22 | Total assets (Part X, line 16) | | 127,085 | . 1,955,317. |
| ABB | 21 | Total liabilities (Part X, line 26) | L | 14,879 | 739,661. |
| E E | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 112,206 | . 1,215,656. |
| | ırt II | Signature Block | | | |
| Un | der per | nalties of perion, declare that I have examined this return, including accompanying scheduct, and complete Declaration of preparer (other than officer) is based on all information of whice | les and stateme | ents, and to the best of m | y knowledge and belief, it is |
| tru | e, corre | ct, and complete Declaration of preparer (other than officer) is based on all information of whice | on preparer nas | any knowledge. | |
| | | | | | 7.14 |
| Sign Here | | Signature of officer | | Date | |
| | | Lax Mendell tresident | | | |
| | | Type or print name and title | | | |
| | | Print/Type preparer's name Preparer's signature | Date | Check if | PTIN |
| Paid | d | JEFFREY S RICHMAN Jeffrey's Richaus | 11/13 | | P00577429 |
| | parer | Firm's name ALVAREZ & MARSAL TAXAND, LLC | 1 | Firm's EIN ▶ 20 | <u> </u> |
| Use | Only | Firm's address >555 13TH STREET, NW WASHINGTON, DC 2000 | 4 | | 2-729-2100 |
| May | the II | RS discuss this return with the preparer shown above? (see instructions) | | | . X Yes No |
| | | every Production Act Notice, see the separate instructions | · · · · · · · · | | Form 990 (2013) |

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

| | filing for an Automatic 3-Month Extension, of | | | | ▶ X | | |
|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------------------------------------|--|--|
| If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). | | | | | | | |
| Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. | | | | | | | |
| a corporation 8868 to req Return for | ling (e-file). You can electronically file Form required to file Form 990-T), or an addition uest an extension of time to file any of the Transfers Associated With Certain Personal Forms of the placetons of the second section of the second section of the second section of the | ial (not aut forms liste I Benefit (| tomatic) 3-month exter ed in Part I or Part II w Contracts, which mus | ision of time. You can electronicall ith the exception of Form 8870, I t be sent to the IRS in paper fo | ly file Form Information ormat (see | | |
| | For more details on the electronic filing of the | | | | Ji Olito. | | |
| | tomatic 3-Month Extension of Time. Or | | | | | | |
| | n required to file Form 990-T and requesting | | | | , — | | |
| Part I only , | | | | <u>.</u> <u></u> ,,,, | ▶ 🔲 | | |
| All other cor | porations (including 1120-C filers), partnersh | ips, REMIC | Ss, and trusts must use I | Form 7004 to request an extension o | of time | | |
| to file income | | | | Enter filer's identifying number, see | | | |
| Type or | Name of exempt organization or other filer, see in | structions. | | Employer identification number (EIN) of | ır | | |
| print | | | | | | | |
| - | BRIAN'S WISH A NONPROFIT CORP | | | 45-4619712 | | | |
| File by the due date for | Number, street, and room or suite no. If a P.O. box | k, see instruc | ctions. | Social security number (SSN) | | | |
| filing your | P.O. BOX 212 | <u>-</u> | | | | | |
| return. See instructions. | City, town or post office, state, and ZIP code. For | a foreign ad | dress, see instructions. | | | | |
| | TRUMBULL, CT 06611 | | | | | | |
| Enter the Re | turn code for the return that this application | s for (file a | a separate application fo | or each return) | 0 1 | | |
| Application | | Return | Application | | Return | | |
| ls For | | Code | Is For | | Code | | |
| Form 990 or | Form 990-EZ | 01 | Form 990-T (corporat | ion) | 07 | | |
| Form 990-BL | - | 02 | Form 1041-A | | 08 | | |
| Form 4720 (| individual) | 03 | Form 4720 (other tha | 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 | | |
| Telephone If the orga | s are in the care of ► SUSAN BRODERICE No. ► 203 849-2218 Initiation does not have an office or place of her a Group Return, enter the organization's for | ousiness in | | ck this box | | | |
| for the whole | e group, check this box | it is for pa | irt of the group, check t | this box and atta | | | |
| | names and EINs of all members the extensi | | • • • • | | | | |
| 1 I reque | st an automatic 3-month (6 months for a cor | poration re | quired to file Form 990 | 0-T) extension of time | | | |
| until | 08/15_, 20_14, to file the | exempt org | ganization return for the | e organization named above. The ex | xtension is | | |
| for the | organization's return for: | | | | | | |
| ▶ X | calendar year 20 13 or | | | | | | |
| ▶ | tax year beginning | , 20 | , and ending | , 20 | | | |
| 2 If the ta | ax year entered in line 1 is for less than 12 m | onths chec | ck reason: Initial r | eturn Final return | | | |
| | hange in accounting period | oritio, oriot | | | | | |
| | application is for Form 990-BL, 990-PF, 99 | 0-T 4720 | or 6069 enter the | tentative tax less any | | | |
| | indable credits. See instructions. | 0 1, 1120 | , 51 5555, 511151 1115 | 3a \$ | | | |
| | application is for Form 990-PF, 990-T, | 4720 or | 6069 enter any re | | | | |
| | ed tax payments made. Include any prior yea | | | | | | |
| c Balance | e due. Subtract line 3b from line 3a. Include | your pavm | ent with this form, if re | quired, by using EFTPS | | | |
| | onic Federal Tax Payment System). See instru | | | 3c \$ | | | |
| | are going to make an electronic funds withdrawal | | it) with this Form 8868. se | | r payment | | |
| instructions. | | , | , | | . • | | |
| | ct and Paperwork Reduction Act Notice, see instr | uctions. | | Form 8868 | (Rev. 1-2014) | | |

| Form 8868 (R | ev. 1-2014) | | | | Page 2 | | |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------|---------------|--|--|
| If you are | e filing for an Additional (Not Automatic) 3-M | onth Exter | nsion, complete only Part I | I and check this box | D | | |
| Note. Only | complete Part II if you have already been gra | inted an au | tomatic 3-month extension | on a previously filed Form 8868 | 3. | | |
| - | e filing for an Automatic 3-Month Extension, | | | | | | |
| Part II | Additional (Not Automatic) 3-Month E | | | inal (no copies needed). | | | |
| | | | Ei | nter filer's identifying number, see | instructions | | |
| Name of exempt organization or other filer, see instructions. Employer identification number (El | | | | | | | |
| Type or | SHATTERPROOF A NONPROFIT CORP | ORATION | | | | | |
| print | (FKA BRIAN'S WISH) | | | 45-4619712 | | | |
| • | Number, street, and room or suite no. If a P.O. bo | Social security number (SSN) | | | | | |
| File by the due date for | P.O. BOX 212 | | | | | | |
| filing your | City, town or post office, state, and ZIP code. For | a foreign ad | dress, see instructions. | <u> </u> | | | |
| return. See in structions. | TRUMBULL, CT 06611 | | | | | | |
| Enter the R | eturn code for the return that this application | is for (file a | a separate application for ea | ach return) | . 01 | | |
| Application | | Return | Application | | Return | | |
| is For | | Code | Is For | | Code | | |
| | or Form 990-EZ | 01 | | | Julia | | |
| Form 990-I | | 02 | Form 1041-A | | 08 | | |
| |) (individual) | 03 | Form 4720 (other than in | dividual) | 09 | | |
| Form 990-F | <u> </u> | 04 | Form 5227 | arriduali | 10 | | |
| | T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | 11 | | |
| | T (trust other than above) | 06 | Form 8870 | | | | |
| | not complete Part II if you were not already | 1 | B | sion on a previously filed Forn | <u> </u> | | |
| | s are in the care of ►SUSAN_BRODERICK | grantou ai | . aatomatio o month exten | islanding providesty flica for | 11 0000. | | |
| | te No. ► 203 849-2218 | | Fax No. ▶ 203 849- | 5 Q 1 Q | | | |
| • | anization does not have an office or place of | | | | | | |
| | or a Group Return, enter the organization's for | | | | in in | | |
| | le group, check this box | | | | | | |
| | | | int of the group, check this i | Jox ▶ and all | acn a | | |
| | names and EINs of all members the extension | | 1 | 1/15 , 20 14 . | | | |
| - | est an additional 3-month extension of time un | | | | 20 | | |
| | lendar year 2013 , or other tax year beginni ax year entered in line 5 is for less than 12 m | | | | 20 | | |
| | - | ionins, chec | Little Initial re | turn Final return | | | |
| | Change in accounting period in detail why you need the extension ADDIT | יים דעוער די | TME TO NEEDED TO C | ATUED NECECCADY | | | |
| | RMATION TO FILE A COMPLETE AND A | | | TIREK NECESSAKI | | | |
| TNEOF | MATION TO FILE A COMPLETE AND A | ACCURATE | E RETURN. | | | | |
| | | | | | | | |
| 9 a If this | application is for Forms 990-BL, 990-PF, 99 | 00 T 4720 | or 6060 onter the tent | entivo toy logo any | | | |
| | undable credits. See instructions. | 90-1, 4720 | , or occa, enter the tent | · · · · · · · · · · · · · · · · · · · | | | |
| | application is for Forms 990-PF, 990-T, | 4720 0 | 6060 ontor any refun | dable gradite and | | | |
| | | | | | | | |
| | ted tax payments made. Include any pri | oi yeai o | verpayment allowed as | | | | |
| | It paid previously with Form 8868. | MOUE BOVE | ant with this form if require | 8b \$ | | | |
| | ce Due. Subtract line 8b from line 8a. Include | | ent with this form, if require | 1 | | | |
| (Electi | onic Federal Tax Payment System). See instru | | - 1 l 1 - 1 - 1 - 5 D | 8c \$ | | | |
| | Signature and Verifica | | • | <u> </u> | | | |
| | ies of perjury, I declare that I have examined that I belief, it is true, correct, and complete, and that I | | | ules and statements, and to the | best of my | | |
| knowieuge an | ia bener, it is true, correct, and complete, and that I | am authorize | ou to prepare una torni. | | | | |
| 0: | | | | D : b | | | |
| Signature 🕨 | | (Marian Marian | Title ▶ | Date ▶ | /D 4 00 4 11 | | |
| | | | | Form 8868 | (Rev. 1-2014) | | |

| For | m 990 (2013) Page 2 |
|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| P | Statement of Program Service Accomplishments |
| | Check if Schedule O contains a response or note to any line in this Part III |
| ı | ATTACHMENT 1 |
| | |
| | |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? X Yes No If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program |
| ٠ | services? Yes X No |
| | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported. |
| | the total expenses, and revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ 618,250. including grants of \$) (Revenue \$) |
| | EDUCATION - IN AN EFFORT TO END THE STIGMA, SHATTERPROOF WILL |
| | EDUCATE THE PUBLIC SO SOCIETY WILL VIEW THOSE SUFFERING FROM |
| | ADDICTION WITH COMPASSION AND OFFER SUPPORT. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | (Code:) (Expenses \$ |
| | SUBTREDEDOOF WIII CALL FOR FOULTABLE ADDICTION RESEARCH FUNDING |
| | POLICIES, PROGRAMS, AND SUPPORT. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | (Code:) (Expenses \$) (Revenue \$) |
| | ADVOCATE FOR CHANGE, INCLUDING PUBLIC POLICIES THAT BETTER ADDRESS |
| | THIS PROFOUND PUBLIC HEALTH CRISIS |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 4 <i>d</i> | Other program services (Describe in Schedule O.) |
| | (Expenses \$ 54,127. including grants of \$) (Revenue \$) |
| | Total program service expenses ► 1,002,888. |

| Part | Checklist of Required Schedules | | C 1 | |
|------|----------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|
| | | r | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1_ | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | | | |
| | Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a | | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | | |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | X | |
| b | Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," | ŀ | | |
| | complete Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if | | | |
| | the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | .,, |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | | | 3.7 |
| | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | 7,7 |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | .,, |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | ļ | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event-gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | ļ | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | l |

| Part | Checklist of Required Schedules (continued) | | Yes | No |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|-------|
| 0.4 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | 103 | |
| 21 | government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Х |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States | _= | | |
| 22 | on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 22 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| 23 | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | X | |
| 24. | The state of the s | | | |
| 24 a | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | Х |
| | | 24b | | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | A. Y D | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 24c | | |
| _ | to defease any tax-exempt bonds? | 24d | | |
| d | | 240 | | |
| 25 a | | 250 | | Х |
| | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | 256 | | |
| | If "Yes," complete Schedule L, Part L | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any | | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or | | | 37 |
| | disqualified persons? If so, complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | 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 | 540.646 | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| | Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | | | |
| | or IV, and Part V, line 1 | 34 | | X |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | L |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| - | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |
| | Part VI | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | | |
| 50 | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Х | |
| | 10. Hotel, in County of more distribution to transport of the second of | | 990 | (2013 |

| Statements, filed for the calendar year ending with or within the year covered by this return Lab 6 bif at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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? 3 bif "Yes," has it filed a Form 990-f for this year? If "No" to line 3b, provide an explanation in Schedule O. 4 a 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;? bif "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F90-22.1, 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? 5 bid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 if "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 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 and services provided to the payor? bif "Yes," did the organization inclify the donor of the value of the goods or services provided? 7 organizations that may receive a dontribution of qualified intellectual property, did the organization file Form 8899 as required? 7 organization r | c S S S S S S S S S S S S S S S S S S S | |
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| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable, | b X a b a b | |
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| organization solicit any contributions that were not tax deductible as charitable contributions? | | \top |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 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 and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 b Did the organization make a distribution to a donor, donor advisor, or related person? 9 cection 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 | a | |
| gifts were not tax deductible? 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 and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Did the organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 | | |
| 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 and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 | ь | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 | | |
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| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | а | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 十 |
| required to file Form 8282? | ~ | + |
| d If "Yes," indicate the number of Forms 8282 filed during the year | c | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 | | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | _ | |
| If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 | | \top |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 | | + |
| Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 | | + |
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| organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 | | 1 |
| Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 | 2 | |
| a Did the organization make any taxable distributions under section 4966? | | |
| b Did the organization make a distribution to a donor, donor advisor, or related person? | 2 | |
| Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 | | + |
| a Initiation fees and capital contributions included on Part VIII, line 12 | D | U 900 JUS |
| | | |
| h Cross respires, included an Earm 900, Bort VIII, line 12, for public use of club facilities. | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | 200 | |
| 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 | | |
| against amounts due or received from them.) | | |
| | ia | |
| 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? | oa | |
| 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 | | |
| the organization is licensed to issue qualified health plans | | |
| c Enter the amount of reserves on hand | | |
| Did the organization receive any payments for indoor tanning services during the tax year? | | _ |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14 | | 丄 |

SHATTERPROOF A NONPROFIT CORPORATION 45-4619712 Form 990 (2013) Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? . . Χ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 5 Χ Did the organization become aware during the year of a significant diversion of the organization's assets?.... 6 Χ 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint Χ 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Χ 8a Χ 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O....... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Χ 10a b If "Yes." did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Χ 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Χ 12c Did the organization have a written whistleblower policy?.... Χ 13 13 Χ 14 Did the organization have a written document retention and destruction policy?...... 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ 15a Χ 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ ATTACHMENT 2 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain in Schedule O) Another's website Own website

20 JSA

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Form 990 (2013)

State the name, physical address, and telephone number of the person who possesses the books and records of the

Organization: ► SUSAN BRODERICK 101 MERRITT 7 CORPORATE PARK, 1ST FLOOR NORWALK, CT 06851 203-849-2218

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

financial statements available to the public during the tax year.

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

Check if Schedule O contains a response or note to any line in this Part VII..........

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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.

Position (D) (F) (B) (E) (A) (do not check more than one Reportable Reportable Estimated Name and Title Average amount of hours per box, unless person is both an compensation compensation from other officer and a director/trustee) from related week (list ar compensation organizations the hours for Individual trustee or director Officer Highest compensated Institutional trustee Key emptoyee from the (W-2/1099-MISC) organization related organization (W-2/1099-MISC) organizations and related helow dotted organizations line) 40.00 (1)GARY MENDELL PRESIDENT/CHAIRMAN Ω Χ (2)ANTHONY RUTLEDGE 5.00 EXECUTIVE ADVISOR Х (3)GILBERT G. MENNA 5.00 0 EXECUTIVE ADVISOR Χ (4)RIVA SILVERMAN 40.00 196,285. 0 X (5) _(7)_____ (13) (14)

Form 990 (2013)

Form 990 (2013)

Page 8

| Pa | rt VII Section A. Officers, Directors, Tru | ustees, Ke | y En | nplo | oye | es, | and h | lig | hest Compensat | ed Emplo | yees (d | continued) | |
|----|------------------------------------------------------------------------------------|-------------------------------|--------------------------------|----------------------|----------|--------------|------------------------------|-------------|-------------------|-------------|---------|-----------------------------------------|--|
| | (A) | (B) | | | (| C) | | | (D) | (E) | | (F) | |
| | Name and title | Average | (40. | aat a | | sition | | | Reportable | Report | | Estimated amount of | |
| | hours per week (list any box, unless person is both an from rela | | | | | | | | | | other | | |
| | hours for officer and a director/trustee) the organiz | | | | | | | | | | | compensation | |
| | | related | Indiv | nsti | Officer | ey | ap High | Former | organization | (W-2/1099 | }-MISC) | from the organization | |
| | | organizations below dotted | /idua | tutio | ĕ | emp | est o | ner | (W-2/1099-MISC) | | | and related | |
| | | line) | Individual trustee or director | Institutional truste | | Key employee | eom | | | | | organizations | |
| | | | stee | rust | | Ф | pens | | | | | | |
| | | | | ee | | | Highest compensated employee | | | | | | |
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| | | | | | | | | | | | | | |
| 1b | Sub-total | 1 | I | l | 1 | 1 | | | 196,285. | | 0 | 0 | |
| | Total from continuation sheets to Part VII, S | ection A | | | | • • | | > | 0 | | 0 | 0 | |
| | Total (add lines 1b and 1c) | | | | | | | > | 196,285. | | 0 | 0 | |
| 2 | Total number of individuals (including but not | limited to t | hose | liste | d a | bove | e) who | re | ceived more than | \$100,000 | of | | |
| | reportable compensation from the organization | n ▶ | 2 | 2 | | | | | | | | , , , , , , , , , , , , , , , , , , , , | |
| | | | | | | | | | | | | Yes No | |
| 3 | Did the organization list any former office | er, directo | r, or | tru | uste | e, | key e | mp | loyee, or highes | t compens | sated | | |
| | employee on line 1a? If "Yes," complete Schede | ule J for suc | ch ind | ivid | ual | | | | | | | 3 X | |
| 4 | For any individual listed on line 1a, is the | sum of rep | ortab | le d | com | pen | satior | n ar | nd other compens | sation from | ı the | | |
| | organization and related organizations gre | | | | | | | ," (| complete Schedu | le J for | such | | |
| | individual | | | | | | | | | | | 4 X | |
| 5 | Did any person listed on line 1a receive or | | | | | | | | | | | | |
| | for services rendered to the organization? If "Ye ction B. Independent Contractors | es, compie | e Scr | ieau | iie J | i ior | sucn | per | SOII | | • • • | 5 X | |
| | Complete this table for your five highest com | noncated i | adono | ndo | nt. | con | tracto | re t | hat received more | than \$10 | 0.000.6 | of | |
| 1 | compensation from the organization. Report of | | | | | | | | | | | | |
| | year. | | | | | | | | J | J | | | |
| | (A) | | | | | | | T | (B) | | | (C) | |
| | Name and business add | Iress | | | | | | | Description of se | rvices | C | Compensation | |
| A | TTACHMENT 3 | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (in | | | | nite | | | e li | sted above) who | received | | | |
| | more than \$100,000 in compensation from the | e organizat | ion 🕨 | - | | | 3 | | | | | | |

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| Form | 990 (2 | SHATTERPROC | OF A NONPRO | FIT CORPORAT | ION | 45-46197 | 12 Page § |
|-----------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| Pa | rt VII | | | | | | السسا |
| | | Check if Schedule O contains a respo | nse or note to a | ny line in this Part | VIII | | |
| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| Grants | 1a b | Federated campaigns 1a Membership dues 1b Fundraising events 1c | 90,680. | | | | |
| Contributions, Giffs, Grants and Other Similar Amounts | 1 | Fundraising events 1c Related organizations 1d Government grants (contributions) 1e | 87,484. | | | | |
| ntributi d Other | f | All other contributions, gifts, grants, and similar amounts not included above . 1f Noncash contributions included in lines 1a-1f: \$ | 2,896,128. | | | | |
| မှ င | g h | Total. Add lines 1a-1f | | 3,074,292. | | | |
| Program Service Revenue | 2a b | Total. Add liftes 1a-11 | Business Code | 3,014,292. | | | |
| am Serv | d e | | | | | | |
| Progra | f g | All other program service revenue Total. Add lines 2a-2f | <u>></u> | 0 | | | |
| | 3 4 5 | Investment income (including dividends, inter other similar amounts). ATTACHMENT 4 Income from investment of tax-exempt bond provides | proceeds > | 615. 0 | | | |
| | 6a b | Gross rents | (ii) Personal | | | | |
| | d 7a | Net rental income or (loss) | (ii) Other | <u> </u> | | | |
| | b c d | Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) | | | | | |
| Other Revenue | 8a | Gross income from fundraising events (not including \$90,680. of contributions reported on line 1c). See Part IV, line 18 a | ATCH 5 | | | | |
| Othe | b c | Less: direct expenses b Net income or (loss) from fundraising events . | 31,812. ATCH . 6 . ▶ | -31,812. | | | |
| | b | Gross income from gaming activities. See Part IV, line 19 | | | | | |
| | 10a | Gross sales of inventory, less returns and allowances a | | | | | |
| | b c | Less: cost of goods sold b Net income or (loss) from sales of inventory. Miscellaneous Revenue | Business Code | 0 | | | |
| | 11a b | | | ganganan ang mentalikan seriengan penenggan penenggan penenggan penenggan penenggan penenggan penenggan peneng | | The state of the s | |
| | c d e | All other revenue | | 0 | | | |
| | 12 | Total revenue. See instructions | | 3,043,095. | 615. | | |

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).

| 361 | Check if Schedule O contains a resp | | | | |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------|---------------------------------------|-----------------|
| Do | not include amounts reported on lines 6b, 7b, | (A) | (B) | (C) Management and | (D) Fundraising |
| 8b, | 9b, and 10b of Part VIII. | Total expenses | Program service expenses | general expenses | expenses |
| 1 | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21. | 0 | *************************************** | | 201 |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States. See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 0 | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | 368,302. | 141,137. | 68,630. | 158,535. |
| 7 | Other salaries and wages | 360,302. | 141,137. | 00,030. | 130,333. |
| 8 | • | 0 | | | |
| _ | 401(k) and 403(b) employer contributions) | 59,678. | 22,869. | 11,121. | 25,688. |
| 9 | Other employee benefits | 33,070. | 22,005. | 11/121. | 25,000. |
| 10 | Payroll taxes | | | | |
| | Fees for services (non-employees): | o | | | |
| | Management Legal | 0 | | | |
| | Accounting | 15,080. | | 15,080. | |
| | Lobbying | 0 | | | |
| | Professional fundraising services. See Part IV, line 17. | 0 | e o o b The E him that | | |
| | 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 | 1,231,751. | 672,502. | 339,341. | 219,908. |
| 12 | Advertising and promotion | 0 | | | |
| 13 | Office expenses | 0 | | | |
| 14 | Information technology | 0 | | | |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 170 146 | 120,615. | 15,737. | 41,794. |
| 17 | Travel | 178,146. | 120,013. | 10,101. | 41,134. |
| 18 | Payments of travel or entertainment expenses | 0 | | | |
| | for any federal, state, or local public officials Conferences conventions and meetings | 0 | | | |
| | | 0 | | | |
| 21 | Interest | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 35,308. | 28,246. | | 7,062. |
| 23 | Insurance | 0 | - | | |
| 24 | Other expenses. Itemize expenses not covered | ded in | 2.113.212.222.222 | | |
| | 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.) | | | | |
| а | BUSINESS REGISTRATION FEES | 2,115. | | 2,115. | |
| | COMMUNICATIONS | 5,793. | 2,598. | 2,546. | 649. |
| _ | MAINTENANCE | 617. | 11 000 | 617. | |
| d | BOOKS & SUBSCRIPTION | 17,626. | 11,977. | 5,649. | 2 122 |
| | All other expenses | 25,229. | 2,944. | 19,152. | 3,133. |
| 25 26 | Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the | 1,939,645. | 1,002,888. | 479,988. | 456,769. |
| 26 | organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) | | | | |
| ISΔ | | | | · · · · · · · · · · · · · · · · · · · | Form 990 (2012) |

| ĿĒ | rt X | Balance Sheet Check if Schedule O contains a response or note to any line in the | nis Part X | | X |
|------------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| | | Check if Schedule O contains a response of note to any line in the | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 6,151 | | 0 |
| | 2 | Savings and temporary cash investments | 120,934 | . 2 | 495,926. |
| | 3 | Pledges and grants receivable, net | | 0 3 | 757,633. |
| | 4 | Accounts receivable, net | | 0 4 | 3,500. |
| | 5 | Loans and other receivables from current and former officers, direct | ors, | | |
| | • | trustees, key employees, and highest compensated employee | ees. | | |
| 40 | | Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under sec | | 5 | C |
| | 6 | Loans and other receivables from other disqualified persons (as defined under sec 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing emplo and sponsoring organizations of section 501(c)(9) voluntary employees' benefic organizations (see instructions). Complete Part II of Schedule L | yers ciary | 0 6 | C |
| sets | 7 | Notes and loans receivable, net | | 0 7 | (|
| Assets | 8 | Inventories for sale or use | | 0 8 | C |
| _ | 9 | Prepaid expenses and deferred charges | | 0 9 | 263,333. |
| | 10 a | Land, buildings, and equipment: cost or | E SECTION TO | | |
| | | other basis. Complete Part VI of Schedule D 10a 211, 8 | | | |
| | b | Less: accumulated depreciation | 08. | 10c | 176,539. |
| | 11 | Investments - publicly traded securities | 11 | C | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | C |
| | 13 | Investments - program-related. See Part IV, line 11 | | 0 13 | C |
| | 14 | Intangible assets | | 0 14 | 258,386. |
| | 15 | Other assets. See Part IV, line 11 | | 15 | C |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | THE RESERVE OF THE PARTY OF THE | 1,955,317. |
| | 17 | Accounts payable and accrued expenses | 14,879 | | 739,661. |
| | 18 | Grants payable | | 18 | C |
| | 19 | Deferred revenue | | 19 | C |
| | 20 | Tax-exempt bond liabilities | | 20 | C |
| S | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | C |
| 1 | 22 | Loans and other payables to current and former officers, direct | | | |
| Liabilities | | trustees, key employees, highest compensated employees, | | | |
| _ | | disqualified persons. Complete Part II of Schedule L | | 22 | C |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | C |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 0 24 | C |
| | 25 | Other liabilities (including federal income tax, payables to related the | | | |
| | ŀ | parties, and other liabilities not included on lines 17-24). Complete Pa | | | |
| | | of Schedule D | | 25 | 700 661 |
| | 26 | Total liabilities. Add lines 17 through 25 | | . 26 | 739,661. |
| Ses | | Organizations that follow SFAS 117 (ASC 958), check here ► X complete lines 27 through 29, and lines 33 and 34. | and | | |
| and | 27 | Unrestricted net assets | | 27 | 718,023. |
| Bal | 28 | Temporarily restricted net assets | | 28 | 497,633. |
| 둳 | 29 | Permanently restricted net assets | | 29 | 0 |
| or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. | and | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| Net Assets | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Ä | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| Net | 33 | Total net assets or fund balances | | . 33 | 1,215,656. |
| | 34 | Total liabilities and net assets/fund balances | 127,085 | 34 | 1,955,317. |

Form **990** (2013)

| Form 99 | 90 (2013) | | | F | Page 12 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|----------|----------|------------------|-----------------------------------------|
| Pari | XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | . [|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 3,043, | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 1,939, | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | 1,103, | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 112, | 206. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 0 |
| 6 | Donated services and use of facilities | 6 | <u> </u> | | 0 |
| 7 | Investment expenses | 7 | | | 0 |
| 8 | Prior period adjustments | 8 | | | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | ĺ | | |
| No and a state of the state of | 33, column (B)) | 10 | | 1,215, | 656. |
| Part | Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | • • • | | | |
| | | | ſ | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other Other | | <u> </u> | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," e | explair | ı ın | | |
| | Schedule O. | | | | State of the |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | : • • | 2a X | na usiasiasi n |
| | If "Yes," check a box below to indicate whether the financial statements for the year were con | npiled | or | | |
| | reviewed on a separate basis, consolidated basis, or both: | | į | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) |
| b | Were the organization's financial statements audited by an independent accountant? | | • • • | 2b X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were aud | ited o | n a | | |
| | separate basis, consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | 382 STALESTA | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over | | | . | X |
| | of the audit, review, or compilation of its financial statements and selection of an independent account | intant? | ' . | 2c | |
| | If the organization changed either its oversight process or selection process during the tax year, | explai | n in | | |
| | Schedule O. | | | B148436448494544 | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as se | et forti | n in | 20 | X |
| | the Single Audit Act and OMB Circular A-133? | | | 3a | 1^ |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not und | dergo | tne | 3b | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au | iuns. | | | 1 (2245) |
| | | | | Form 990 | J (2013) |

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

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.

Employer identification number Name of the organization SHATTERPROOF A NONPROFIT CORPORATION 45-4619712 (FKA BRIAN'S WISH) Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated a Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (iii) below, the governing body of the supported organization? (iii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(ii) Provide the following information about the supported organization(s). (vii) Amount of monetary (v) Did you notify (vi) Is the (iii) Type of organization (iv) Is the (i) Name of supported (ii) EIN nization in (described on lines 1-9 organization in the organization support organization col. (i) listed in above or IRC section in col. (i) of your col. (i) organized your governing in the U.S.? (see instructions)) support? document? Yes Νo Yes Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2013

| Pai | Support Schedule for Orga (Complete only if you checked Part III. If the organization fa | ed the box on I | line 5, 7, or 8 | of Part I or if tl | he organizatio | n failed to qua | (vi) lify under |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------|------------------|---------------------|--------------------|
| Sec | tion A. Public Support | | | | 1 | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 0 | 0 | 0 | 494,723. | 3,074,292. | 3,569,015. |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | . 0 |
| 4 | Total. Add lines 1 through 3 | | | is the same of | 494,723. | 3,074,292. | 3,569,015. |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). ATCH1 | | | | | | 2,689,443. |
| 6 | Public support. Subtract line 5 from line 4. | | | | | 10 E | 879,572. |
| Sec | tion B. Total Support | , | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕒 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 7 | Amounts from line 4 | | | | 494,723. | 3,074,292. | 3,569,015. |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | 171. | 615. | 786. |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0 |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | 0 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 3,569,801. |
| 12 | Gross receipts from related activities, etc. (| | | | | 12 | |
| 13 | First five years. If the Form 990 is to organization, check this box and stop here | | | | | | |
| Sec | tion C. Computation of Public Sup | | | | | | |
| 14 | Public support percentage for 2013 (I | | | | | 14 | <u>%</u> % |
| 15 | Public support percentage from 2012 331/3% support test - 2013. If the contract of the contrac | | | | | 334/2 % or mo | |
| 16a | this box and stop here. The organization | | | | | | |
| L. | 331/3% support test - 2012. If the | on qualines as a proprietion did | thanicis sabbo | ny on line 12 c | or 16a and line | | or more |
| ω | check this box and stop here. The org | | | | | | |
| 17a | 10%-facts-and-circumstances test - | | | | | | |
| | 10% or more, and if the organization | | | | | | |
| | Part IV how the organization meets | | | | | | |
| b | organization | | ganization did n | ot check a box | on line 13, 16 | a, 16b, or 17a, | and line |
| 18 | Explain in Part IV how the organizat supported organization Private foundation. If the organization | ion meets the " | facts-and-circur | nstances" test. | The organization | on qualifies as a | publicly ▶ |
| | instructions | | | | | | ▶□ |

Schedule A (Form 990 or 990-EZ) 2013

| Schedule A (| POIN 990 0 990-EZ/2013 |
|--------------|-----------------------------------------------------------------------------------------------------------------|
| Part III | 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 I |
| | If the organization fails to qualify under the tests listed below, please complete Part II.) |

| | tion A. Public Support | | 1 | | | | |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Caler | ndar year (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | , | | | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| · | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and 3 | | | | - | | |
| , a | received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| С 8 | Add lines 7a and 7b Public support (Subtract line 7c from | | Station Co. | DECEMBER 1 | 110500.3900.00 | F1 (4) (9) (2) (1) (1) | |
| 0 | | | Arministration | echilisticapie (1831) | | | |
| 900 | line 6.) | | Restaur de la company de la co | Separation of the Separate Separation of the Sep | 120 (1953) 34 (44 (45 (45 (45 (45 (45 (45 (45 (45 (4 | N.G. (COLD ANSWERS CHEERING) | |
| | | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| | ndar year (or fiscal year beginning in) | (4) 2000 | (2,23.5 | (0) = 0 | (-, | (-, | (7) |
| 10 - | Amounts from line 6 | | | | | | |
| 10 a | payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar | | | | | | |
| | | | | | | | |
| , | sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses | | | | | | |
| | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b | | | | | | |
| | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b | - | | | | | |
| c 11 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b | - | | | | | |
| c 11 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b | | | | | | |
| c 11 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b | | | | | | |
| c 11 12 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b | the constitution | | third forest | fifth tow years | s a continue 504/ | DV3) |
| c 11 12 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c 11 12 13 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b | | | | | | |
| c 111 12 13 14 Sec | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b | pport Percenta | age | | | | ▶ |
| c 111 12 13 14 Sec 15 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b | pport Percenta , column (f) divide | age ed by line 13, colur | mn (f)) | | 15 | % |
| c 111 12 13 14 Sec 15 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b | pport Percenta , column (f) divide edule A, Part III, lir | age ed by line 13, colur | mn (f)) | | | ▶ |
| c 111 12 13 14 Sec 15 16 Sec | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | pport Percenta , column (f) divide edule A, Part III, lir nt Income Per | age ed by line 13, colur ne 15 | nn (f)) | | 15 | ▶ % |
| c 111 12 13 14 Sec 15 16 Sec | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b | pport Percenta , column (f) divide edule A, Part III, lir nt Income Per ne 10c, column (| age ed by line 13, colur ne 15 centage f) divided by line 1 | nn (f)) | | 15 16 17 | % % |
| c 111 12 13 14 Sec 15 16 Sec 17 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | pport Percenta , column (f) divide edule A, Part III, lir nt Income Per ne 10c, column (Schedule A, Part | age ed by line 13, colur ne 15 centage f) divided by line 1 III, line 17 | nn (f)) | | 15 16 17 18 | % % % |
| c 111 12 13 14 Sec 15 16 Sec 17 | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Suppublic support percentage for 2013 (line 8 Public support percentage from 2012 Schotton D. Computation of Investment income percentage from 2012 331/3% support tests - 2013. If the or | pport Percenta , column (f) divide edule A, Part III, lir nt Income Per ne 10c, column (Schedule A, Part ganization did no | age ed by line 13, colur ne 15 centage f) divided by line 1 III, line 17 ot check the box | nn (f)) | | 15 16 17 18 e than 331/3%, a | % % % nd line |
| c 111 12 13 14 Sec 15 16 Sec 17 18 19a | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Support percentage for 2013 (line 8 Public support percentage from 2012 Schotton D. Computation of Investment Investment income percentage from 2012 331/3% support tests - 2013. If the or 17 is not more than 331/3%, check the | pport Percenta , column (f) dividedule A, Part III, lir nt Income Per ne 10c, column (Schedule A, Part ganization did no is box and stop | age ed by line 13, colur ne 15 centage f) divided by line 1 III, line 17 ot check the box o here. The orga | nn (f)) | d line 15 is mor | 15 16 17 18 e than 331/3 %, a supported organization. | % % % nd line |
| c 111 12 13 14 Sec 15 16 Sec 17 18 19a | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | pport Percenta, column (f) divide edule A, Part III, lir nt Income Per ne 10c, column (Schedule A, Part ganization did not anization did not | age ed by line 13, colur ne 15 centage f) divided by line 1 III, line 17 ot check the box o here. The orgo check a box on | nn (f)) 3, column (f)) c on line 14, and anization qualifies line 14 or line 19 | d line 15 is mors as a publicly | 15 16 17 18 e than 331/3 %, a supported organize more than 331/3 | % % % nd line exation %, and |
| c 111 12 13 14 Sec 15 16 Sec 17 18 19a | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for organization, check this box and stop here tion C. Computation of Public Support percentage for 2013 (line 8 Public support percentage from 2012 Schotton D. Computation of Investment Investment income percentage from 2012 331/3% support tests - 2013. If the or 17 is not more than 331/3%, check the | pport Percenta, column (f) divide edule A, Part III, lirent Income Perne 10c, column (Schedule A, Part ganization did not this box and stolenization did not this box and stolenization did not this box and stolenization did not | age ed by line 13, colur ne 15 centage f) divided by line 1 III, line 17 ot check the box o here. The orgo check a box on top here. The or | ann (f)) 3, column (f)) c on line 14, and anization qualifies 14 or line 19 ganization qualifies qualifi | d line 15 is mor s as a publicly 0a, and line 16 is as a publicly | 15 16 17 18 e than 331/3 %, a supported organize more than 331/3 supported organizes more than 331/3 s | % % % nd line exation %, and exation % |

Part IV 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 |
|------------|---|

| SCHEDULE A, | PART II | - EXCES | JO OCITE | RIBUTIONS |
|-------------|---------|---------|----------|-----------|
| | | | | |

| (NOT OPEN TO PUBLIC INSPECTION) CONTRIBUTOR NAME | TOTAL CONTRIBUTION | LESS 2% OF LINE 11(F) | EXCESS CONTRIBUTION AMOUNT |
|---------------------------------------------------|-----------------------|--------------------------|----------------------------------|
| GARY MENDELL AND RELATED PARTIES | 2,168,296. | 71,396. | 2,096,900. |
| FRIEDMAN CHARITABLE FUND | 250,000. | 71,396. | 178,604. |
| STEPHEN MENDELL | 455,049. | 71,396. | 383,653. |
| HEI HOSPITALITY | 101,682. | 71,396. | 30,286. |
| TOTAL | 2,975,027. | | 2,689,443. |

4287FM 590X

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.

Employer identification number Name of the organization SHATTERPROOF A NONPROFIT CORPORATION

| (FKA BRIAN'S WISH) | 45-4619712 | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--|--|
| Organization type (check one | a): | | | |
| Filers of: | Section: | | | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a pri | vate foundation | | |
| | 527 political organization | | | |
| Form 990-PF | 501(c)(3) exempt private foundation | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private | foundation | | |
| | 501(c)(3) taxable private foundation | | | |
| Note. Only a section 501(c)(7 instructions. | covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule | and a Special Rule. See | | |
| | n filing Form 990, 990-EZ, or 990-PF that received, during the year, sone contributor. Complete Parts I and II. | \$5,000 or more (in money or | | |
| Special Rules | | | | |
| under sections 509 | c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % so (a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, d 5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ad II. | uring the year, a contribution of | | |
| during the year, tot | c)(7), (8), or (10) organization filing Form 990 or 990-EZ that receive al contributions of more than \$1,000 for use <i>exclusively</i> for religious, poses, or the prevention of cruelty to children or animals. Complete Page 1 | charitable, scientific, literary, | | |
| For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year | | | | |
| 990-EZ, or 990-PF), but it mu | is not covered by the General Rule and/or the Special Rules does not answer "No" on Part IV, line 2, of its Form 990; or check the box of certify that it does not meet the filing requirements of Schedule B (F | on line H of its Form 990-EZ or on its | | |

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) (2013)

Name of organization SHATTERPROOF A NONPROFIT CORPORATION

Employer identification number 45-4619712

| | (FKA BRIAN'S WISH) | | 45-4619712 |
|------------------|----------------------------------------------------------------------------------------|---------------------------------|------------------------------------------------------------------------|
| Part I | Contributors (see instructions). Use duplicate copies of Pa | rt I if additional space is nee | ded. |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1_ | GARY MENDELL AND RELATED PARTIES 58 LAUREL DRIVE EASTON, CT 06612 | \$1,713,088. | 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 |
| 2_ | FRIEDMAN CHARITABLE FUND 2440 WEST EL CAMINO REAL, SUITE 300 MOUNTAIN VIEW, CA 94040 | \$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 |
| 3 _ | STEPHEN MENDELL 30 RIVERSIDE LANE EASTON, CT 06612 | \$455,049. | 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 _ - | ANTHONY AND VAL RUTLEDGE 530 MAIN STREET NORTH SOUTHBURY, CT 06488 | \$30,000. | 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 |
| 5 _ | WILLIAM O'DONNELL 32 LINDEN AVENUE WILMETTE, IL 60091 | \$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 |
| 6_ | DAVID AND ELAINE PAWLOWSKI 60 HEMLOCK ROAD SOUTH SALEM, NY 10590 | \$50,000. | 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 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 |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| 7 _ | TARGUM SHLISHI, INC. 3029 NORTHEAST 188 STREET, SUITE 1114 AVENTURA, FL 33180 | \$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 |
| 8 8 | JEFF ASSAF 11111 SANTA MONICA BLVD, SUITE 2100 LOS ANGELES, CA 90025 | \$10,035. | 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 _ | MICHAEL SONNENFELDT 146 CENTRAL PARK WEST, SUITE 10D NEW YORK, NY 10023 | \$18,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| No. | | TOTAL COLLUDING | Type of contribution |
| | BOROUGHS FAMILY FOUNDATION 15 TWIN WALLS LANE WESTON, CT 06883 | \$15,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| | BOROUGHS FAMILY FOUNDATION 15 TWIN WALLS LANE | 45.000 | Person X Payroll Noncash (Complete Part II for |
| _ <u>10</u> _ | BOROUGHS FAMILY FOUNDATION 15 TWIN WALLS LANE WESTON, CT 06883 (b) | \$15,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| _ 10 _ (a) No. | BOROUGHS FAMILY FOUNDATION 15 TWIN WALLS LANE WESTON, CT 06883 (b) Name, address, and ZIP + 4 THE HAROLD I & FAYE B. LISS FOUNDATION 75 LIVINGSTON AVE C/O BERKOWITZ | \$15,000. (c) Total contributions | Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for |

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

Employer identification number 45-4619712

| Part I | Contributors (| (see instructions). | Use duplicate copies of Part I if additional space is needed. |
|--------|----------------|---------------------|---------------------------------------------------------------|
|--------|----------------|---------------------|---------------------------------------------------------------|

| (a) | (b) | (c) | (d) |
|---------------|--------------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| _ 13 _ | THE NASAW FAMILY FOUNDATION 100 LARKSPUR LANDING CIRCLE STE 200 LARKSPUR, CA 94939 | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| _ 14 _ | SIEGEL + GALE 625 AVENUE OF THE AMERICAS NEW YORK, NY 10011 | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 15 | MICHAEL BARNELLO 3 BETHESDA METRO CENTER, SUITE 1200 BETHESDA, MD 20814 | \$6,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| _16_ | MATTHEW BRADFIELD 250 GREENWICH ST, FLOOR 46 NEW YORK, NY 10007 | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| _ <u>17</u> _ | BILL HINMAN 2475 HANOVER STREET PALO ALTO, CA 94304 | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| _ 18 _ | THEODORE DARNALL 405 BELDEN HILL RD WILTON, CT 06897 | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) B (Form 990, 990-EZ, or 990-PF) (2013) |

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

Employer identification number 45-4619712

| Part I | Contributors | (see instructions). | Use duplicate copies of Part I if additional space is neede | ₽d. |
|--------|--------------|---------------------|-------------------------------------------------------------|-----|
|--------|--------------|---------------------|-------------------------------------------------------------|-----|

| (a) | | | |
|------------|-----------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------------------------------------|
| No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| _ 19_ | THOMAS SMITH 739 ROCK RIMMON RD STAMFORD, CT 06903 | \$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 |
| 20 | HEI HOSPITALITY 101 MERRITT 7 CORPORATE PARK, 1ST FLOOR NORWALK, CT 06851 | \$87,484. | 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 |
| 21 | RANDY EISEMAN 220 LA JOLLA COVE WESTWORTH VILLAGE, TX 76114 | \$27,550. | 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 _ | JAMES HADDAWAY | 45.055 | Person X Payroll |
| | 504 ALTA DRIVE FORT WORTH, TX 76167 | \$45,955. | Noncash (Complete Part II for noncash contributions.) |
| (a) No. | | (c) Total contributions | (Complete Part II for |
| | FORT WORTH, TX 76167 (b) | (c) | (Complete Part II for noncash contributions.) |
| No. | (b) Name, address, and ZIP + 4 KAREN & BOB JONES FOUNDATION 165 TOWNSHIP LINE RD, SUITE 150 | (c) Total contributions | (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for |

A NONPROFIT CORPORATION

(b)

Description of noncash property given

(b)

Description of noncash property given

Employer identification number

(d)

Date received

| Name of organ | (FKA BRIAN'S WISH) | | | 45-4619712 |
|---------------------------|----------------------------------------------------------|-----------------------------------|--------------|----------------------|
| Part II No | oncash Property (see instructions). Use duplicate copies | of Part II if additional | space is nee | eded. |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or esi (see instru | | (d) Date received |
| | | \$ | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or est (see instru | • | (d) Date received |
| | | s | | |

| Part I | | (see instructions) | |
|---------------------------|--------------------------------------------|------------------------------------------------|----------------------|
| | | \$ | |
| (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

(a) No.

from

(d)

Date received

(c)

FMV (or estimate)

(see instructions)

(c)

FMV (or estimate)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Employer identification number Name of organization SHATTERPROOF A NONPROFIT CORPORATION (FKA BRIAN'S WISH) 45-4619712 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

4287FM 590X

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

▶ Attach to Form 990.

SHATTERPROOF A NONPROFIT CORPORATION

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

Open to Public Inspection Employer identification number

OMB No. 1545-0047

| (FI | (A BRIAN'S WISH) | | 45-4619712 |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Pa | Organizations Maintaining Donor Advis | ed Funds or Other Similar Funds or A | ccounts. |
| | Complete if the organization answered " | | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate 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 held in | donor advised |
| | funds are the organization's property, subject to the | e organization's exclusive legal control? | Yes No |
| 6 | Did the organization inform all grantees, donors, a | nd donor advisors in writing that grant fund | ls can be used |
| | only for charitable purposes and not for the benef | it of the donor or donor advisor, or for any | other purpose |
| | conferring impermissible private benefit? | | Yes No |
| Pa | t II Conservation Easements. Complete if t | he organization answered "Yes" to Form | m 990, Part IV, line 7. |
| 1 | Purpose(s) of conservation easements held by the | | |
| | Preservation of land for public use (e.g., recr | reation or education) Preservation of | f an historically important land area |
| | Protection of natural habitat | Preservation of | f a certified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization h | eld a qualified conservation contribution in | the form of a conservation |
| | easement on the last day of the tax year. | | H. Sarahin (1990) |
| | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easement | s | 2b |
| С | Number of conservation easements on a certified | historic structure included in (a) | 2c |
| d | Number of conservation easements included in (c |) acquired after 8/17/06, and not on a | |
| | historic structure listed in the National Register | l | 2d |
| 3 | Number of conservation easements modified, tran | nsferred, released, extinguished, or termina | ated by the organization during the |
| | tax year ▶ | | |
| 4 | Number of states where property subject to conse | | |
| 5 | Does the organization have a written policy regard | ling the periodic monitoring, inspection, ha | ndling of |
| | violations, and enforcement of the conservation ea | asements it holds? | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, in | nspecting, and enforcing conservation ease | ements during the year |
| | > | | |
| 7 | Amount of expenses incurred in monitoring, inspec | cting, and enforcing conservation easemen | its during the year |
| | > \$ | | |
| В | Does each conservation easement reported on lin | e 2(d) above satisfy the requirements of sec | ction 170(h)(4)(B) |
| | (i) and section 170(h)(4)(B)(ii)? | | Yes 🗀 No |
| 9 | In Part XIII, describe how the organization reports | conservation easements in its revenue and | expense statement, and |
| | balance sheet, and include, if applicable, the text | | al statements that describes the |
| | organization's accounting for conservation easeme | | |
| Pa | t III Organizations Maintaining Collections Complete if the organization answered | s of Art, Historical Treasures, or Other L"Yes" to Form 990, Part IV, line 8 | Similar Assets. |
| | | | avenue statement and balance -td |
| 1a | If the organization elected, as permitted under S works of art, historical treasures, or other simil public service, provide, in Part XIII, the text of the f | ras (116 (ASC 958), not to report in its rar assets held for public exhibition, educ ootnote to its financial statements that desc | evenue statement and balance sheet cation, or research in furtherance of cribes these items. |
| b | If the organization elected, as permitted under works of art, historical treasures, or other simil public service, provide the following amounts relat | ar assets held for public exhibition, educing to these items: | cation, or research in furtherance of |
| | (i) Revenues 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 a | rt, historical treasures, or other similar a | assets for financial gain, provide the |
| | following amounts required to be reported under S | | |
| а | Revenues included in Form 990, Part VIII, line 1. | | > \$ |
| b | Assets included in Form 990, Part X | | ▶ \$ |

| Page | 3 |
|------|---|
| | |

| Part VII | Investments - Other Securities. Complete if the organization answered | "Ves" to Form 990 | Part IV line 11h See Form 990 P | art X line 12 |
|-------------------|-----------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| | (a) Description of security or category | (b) Book value | (c) Method of valuation | |
| | (including name of security) | (b) BOOK value | Cost or end-of-year market | |
| | al derivatives | | | |
| | -held equity interests | | | |
| (3) Other | | | | |
| (A) | | | | |
| (B) | | | | |
| <u>(C)</u> (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| Total. (Column | n (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII | Investments - Program Related. Complete if the organization answered | "Yes" to Form 990, | Part IV, line 11c. See Form 990, Part IV | art X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of valuation | 1; |
| | (=, = ================================= | ` , | Cost or end-of-year market | value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| _(4) | | | | |
| (5) | · · · · · · · · · · · · · · · · · · · | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | (h) must a must Farm 200 Part V and (P) line 12 1 | | | |
| Part IX | n (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. | | | DAK SERREPARTU CANDERS DERKER DER SEET |
| BELLEU/AN | Complete if the organization answered | "Yes" to Form 990, | Part IV, line 11d. See Form 990, | art X, line 15. |
| | | Description | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | umn (h) must squal Form 000, Part V col (P) li | no 15) | | |
| Part X | umn (b) must equal Form 990, Part X, col. (B) li Other Liabilities. | ne 15.), | | |
| POLLY | Complete if the organization answered line 25. | "Yes" to Form 990, | Part IV, line 11e or 11f. See Form 9 | 990, Part X, |
| 1. | (a) Description of liability | (b) Book value | | |
| | al income taxes | | | |
| | SCHEDULE D, PAGE 5 | | | |
| | ORTING STATEMENT | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Colum | nn (b) must equal Form 990, Part X, col. (B) line 25.) | ▶ | | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII JSA 3E1270 1.000 4287FM 590X Schedule D (Form 990) 2013

| Schedu | ule D (Form 990) 2013 | | Page 4 |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------|
| Part | | n. | |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. | | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 3,235,390. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| а | | | |
| b | Donated services and use of facilities | | |
| С | Recoveries of prior year grants 2c | | |
| d | | | |
| е | Add lines 2a through 2d | 2e | 192,295. |
| 3 | Subtract line 2e from line 1 | 3 | 3,043,095. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b | Other (Describe in Part XIII.) 4b | | |
| С | Add lines 4a and 4b | 4c | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 3,043,095. |
| Part | XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu | ırn. | |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | 1 | 2,125,790. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities 2a 186,145. | | |
| b | Prior year adjustments 2b | | |
| С | Other losses 2c | S. San | |
| d | | | |
| е | Add lines 2a through 2d | 2e | 186,145. |
| 3 | Subtract line 2e from line 1 | 3 | 1,939,645. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | |
| b | Other (Describe in Part XIII.) | | |
| С | Add the same As and Afr | 4c | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 1,939,645. |
| Part | | | |
| | XIII Supplemental Information. | | |
| Provid | le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa | art V, lir | |
| 2; Par | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | art V, lir nation. | |
| 2; Par | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV, | art V, lir nation. | |
| 2; Par | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | art V, lir nation. | |
| 2; Par | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | art V, lir nation. | |
| 2; Par | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | art V, lir nation. | |
| 2; Par | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | art V, lir nation. | |
| 2; Par | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | art V, lir | |
| 2; Par | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | art V, lirnation. | |
| 2; Par | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | art V, lirnation. | |
| 2; Par | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | art V, lirnation. | |
| 2; Par | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | art V, lir | |
| 2; Par | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | art V, lir | |
| 2; Par | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | art V, lir | |
| 2; Par | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | art V, lir | |
| 2; Par | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | art V, lir | |
| 2; Par | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | art V, lir | |
| 2; Par | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | art V, lir | |
| 2; Par | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | art V, lir | |
| 2; Par | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | art V, lir | |
| 2; Par | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | art V, lir | |
| 2; Par | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | art V, lir | |
| 2; Par | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | art V, lir | |
| 2; Par | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | art V, lir | |
| 2; Par | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | art V, lir | |

JSA

Part XIII Supplemental Information (continued)

PART XI, LINE 2D

DEPOSITS IN TRANSIT - 6,150 DIFFERENCE RELATES TO DONATIONS THAT WERE RECEIVED AND DEPOSITED IN 2012 BUT HAD NOT YET CLEARED.

PART XII, LINE 2A

RENT EXPENSE & LEGAL SERVICES EXPENSE - 186,145 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 2013 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 31,2013.

SCHEDULE G

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Inspection

| lame | of the organization SHATTERPROOF | A NONPROFIT | CORPORA' | 'LON | | Employer identification | ni iluliidei |
|------|-----------------------------------------------------------------------------------------------------------------|-----------------------|--------------|-----------------------------------------|--------------------------------------|------------------------------------------------------|---------------------------------------------------------|
| (FKA | BRIAN'S WISH) | | | | | 45-4619712 | |
| | - Fundraising Activities Co. | mplete if the orga | nization a | nswered | "Yes" to Form 9 | 90, Part IV, line | 17. |
| Part | Form 990-EZ filers are not | required to com | plete this r | art. | | | |
| 1 | Indicate whether the organization ra | | | | activities. Check | all that apply. | |
| | Mail solicitations | | | | non-government g | | |
| a | | 6 | | | - | | |
| b | Internet and email solicitations | f | | | government grant | 5 | |
| С | Phone solicitations | ć | g ∐ Spec | cial fundra | ising events | | |
| d | In-person solicitations | | | | | | |
| | Did the organization have a written or key employees listed in Form 990 If "Yes," list the ten highest paid inc |), Part VII) or entit | y in connec | tion with p | rofessional fundra | ising services? | Yes No |
| b | compensated at least \$5,000 by the | organization. | , (ranara.co | .o, pa.ous | 15 15. | | |
| | | | | | | (v) Amount paid to | |
| | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | custody o | draiser have r control of utions? | (iv) Gross receipts from activity | (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | | Yes | No | | | |
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| otal | | | | ., 🕨 | | | |
| 3 | List all states in which the organizate registration or licensing. | ation is registered | or licensed | l to solicit | contributions or | has been notified | it is exempt from |
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Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. JSA 3E1281 1.000 4287FM 590X

Schedule G (Form 990 or 990-EZ) 2013

| Sch | edul | e G (Form 990 or 990-EZ) 2013 | | w.v. | | Page 2 |
|----------------------------------------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| $P\epsilon$ | Til. | | | | | |
| | | than \$15,000 of fundraising ever gross receipts greater than \$5,0 | | ss income on Form 990 | I-EZ, lines 1 and 6b. I | ist events with |
| | l | gross receipts greater than \$5,0 | (a) Event #1 | (b) Event #2 | (c) Other events | |
| | | | OVER THE EDGE | (5) 246/10/12 | 1. | (d) Total events (add col. (a) through |
| | | | (event type) | (event type) | (total number) | col. (c)) |
| ine | | | | | | |
| Revenue | 1 | Gross receipts | 90,680. | | C | 90,680 |
| Ä | | | | | | |
| | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus | 90,680. | | o | 90,680 |
| *************************************** | _ | line 2) | 30,000. | | | 30,000 |
| | 4 | Cash prizes | | | | |
| | | | | | | |
| | 5 | Noncash prizes | | | | |
| S | _ | | | | | |
| suse | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | | | | |
| ž E | • | Toda ana poveragoo | | | | |
| Dire | 8 | Entertainment | | | | |
| | | | | | | |
| | 9 Other direct expenses | | | | 31,812 | |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | | 31,812. |
| 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | | | 58,868 |
| \mathbf{P}_{c} | - DOWNSON | | | | | |
| | | than \$15,000 on Form 990-E | Z, line 6a. | | - | · |
| ě | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Revenue | | | | Diligorph ogrecome bilige | | con (a) through con (c) |
| æ | 1 | Gross revenue | | | | |
| | | | ************************************** | | | |
| es | 2 | Cash prizes | | | | |
| ens | | | | | | |
| Expenses | 3 | Noncash prizes | | | | |
| ぉ | A | Rent/facility costs | | | | |
| Direc | • | Trembracinty decide | | | | |
| | 5 | Other direct expenses | | | | |
| | | | Yes% | Yes% | Yes% | |
| | 6 | Volunteer labor | No | No No | No | the state of the same of the s |
| | 7 | Direct expense summary. Add lines 2 | through 5 in column (d) | • | _ | |
| | ' | Direct expense summary. Add lines 2 | through 5 in column (a) | | | |
| | 8 | Net gaming income summary. Subtra | act line 7 from line 1, col | umn (d) | | |
| | | | | | | |
| 9 | | nter the state(s) in which the organizat | | | | |
| | | the organization licensed to operate g | | | | . Yes No |
| t |) If | "No," explain: | | | | |
| | - | | | | | |
| 10 a | W | ere any of the organization's gaming I | icenses revoked, suspe | nded or terminated durir | ng the tax year? | . Yes No |
| | | 11X 111-i | | | | |
| | _ | | | | | |
| | Schedule G (Form 990 or 990-EZ) 2013 | | | | | |

SHATTERPROOF A NONPROFIT CORPORATION 45-4619712

| Sched | ule G (Form 990 or 990-EZ) 2013 Page 3 |
|-------|-------------------------------------------------------------------------------------------------------------------|
| 11 | Does the organization operate gaming activities with nonmembers? Yes No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity |
| | formed to administer charitable gaming? |
| 13 | Indicate the percentage of gaming activity operated in: |
| а | The organization's facility |
| b | An outside facility |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: |
| | Name ▶ |
| | Address ► |
| 15 a | Does the organization have a contract with a third party from whom the organization receives gaming |
| 10 4 | revenue? |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the |
| ~ | amount of gaming revenue retained by the third party ▶ \$ |
| С | If "Yes," enter name and address of the third party: |
| | |
| | Name ▶ |
| | Address ▶ |
| 16 | Gaming manager information: |
| | Name ▶ |
| | Gaming manager compensation ▶ \$ |
| | Description of services provided ▶ |
| | Director/officer Employee Independent contractor |
| 17 | Mandatory distributions: |
| ., | Is the organization required under state law to make charitable distributions from the gaming proceeds to |
| ~ | retain the state gaming license? |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations |
| ~ | or spent in the organization's own exempt activities during the tax year > \$ |
| Par | |

Schedule G (Form 990 or 990-EZ) 2013

SCHEDULE J (Form 990)

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 201**3** Open to Public

Inspection

Department of the Treasury Internal Revenue Service

(FKA BRIAN'S WISH)

SHATTERPROOF A NONPROFIT CORPORATION

Employer identification number 45-4619712

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

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

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

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

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

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

| | | | | | | | 1 | |
|--------------------|------|-----------------------------------------|----------------------------------------------------|-------------------------------------------|--------------------------------|----------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | 1 | (B) Breakdown | (B) Breakdown of W-2 and/or 1099-MISC compensation | C compensation | (C) Retirement and | (D) Nontaxable | | (F) Compensation |
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(l)-(D) | reported as deferred in prior Form 990 |
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Schedule J (Form 990) 2013

Schedule J (Form 990) 2013 Part | Supplemental Information

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

Schedule J (Form 990) 2013

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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.

Inspection

Name of the organization

SHATTERPROOF A NONPROFIT CORPORATION

Employer identification number

(FKA BRIAN'S WISH)

45-4619712

FORM 990, PART III, LINE 2 & 4D

DURING 2013, SHATTERPROOF, A NONPROFIT CORPORATION, COMMENCED CERTAIN ACTIVITIES RELATING TO ITS AFOREMENTIONED MISSION, A SUBSTANTIAL PORTION OF ACTIVITIES WERE DIRECTED AT ORGANIZATIONAL AND ADMINISTRATIVE SET-UP; CONSULTING, PLANNING, AND RESEARCH GEARED TOWARD THE DEVELOPMENT OF THE PROGRAMS THAT WILL BE SUPPORTED BY SHATTERPROOF; AND MESSAGING RESEARCH.

THE FOUR STRATEGIC PILLARS ARE AS FOLLOWS:

- (I) UNITE AND EMPOWER ALL AMERICANS TO CALL FOR EQUITABLE ADDICTION RESEARCH FUNDING, POLICIES, PROGRAMS AND SUPPORT;
- (II) END THE STIGMA EDUCATE THE PUBLIC SO SOCIETY WILL VIEW THOSE SUFFERING FROM ADDICTION WITH COMPASSION AND OFFER SUPPORT;
- (III) ADVOCATE FOR CHANGE INCLUDING PUBLIC POLICIES THAT BETTER ADDRESS THIS PROFOUND PUBLIC HEALTH CRISIS; AND
- (IV) RESEARCH AND INNOVATE IN THE AREAS OF ADDICTION RESEARCH AND EVIDENCE-BASED PREVENTION, TREATMENT AND LONG-TERM RECOVERY PROGRAMS.

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

45-4619712

FORM 990 WITH THE INDEPENDENT CPA AND LEGAL COUNSEL. A COPY OF THE FINAL FORM 990 IS PROVIDED TO BOARD MEMBERS IN ADVANCE OF FILING.

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

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

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

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

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

SHATTERPROOF MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

Name of the organization S

SHATTERPROOF A NONPROFIT CORPORATION

Employer identification number

(FKA BRIAN'S WISH)

45-4619712

FORM 990, PART X - SFAS 117

THE ORGANIZATION WILL FOLLOW THE GUIDELINES PROVIDED BY SFAS 117 AND WILL PRESENT UNRESTRICTED, TEMPORARILY RESTRICTED, AND PERMANENTLY RESTRICTED ASSETS SEPARATELY. IN THE PRIOR YEAR, SHATTERPROOF (FKA BRIAN'S WISH) ONLY HAD UNRESTRICTED NET ASSETS AND PRESENTED THESE AMOUNTS AS TOTAL NET ASSETS.

FORM 990, PART XII, LINE 2C

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

ATTACHMENT 1

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

THE ORGANIZATION'S MISSION IS AIMED AT PROTECTING CHILDREN AND YOUNG ADULTS FROM ADDICTION TO ALCOHOL OR OTHER DRUGS AND ENDING THE STIGMA AND SUFFERING OF THOSE AFFECTED BY THIS DISEASE BY EDUCATING,

EMPOWERING AND EQUIPPING PARENTS, FAMILIES, EDUCATORS, HEALTH CARE PROVIDERS, LEGISLATORS, AND OTHERS TO ADDRESS ADDICTION HEAD ON.

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,

Schedule O (Form 990 or 990-EZ) 2013 Page 2 SHATTERPROOF A NONPROFIT CORPORATION Employer identification number Name of the organization (FKA BRIAN'S WISH) 45-4619712 ATTACHMENT 3 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION 103,375. SIEGEL + GALE 625 AVENUE OF THE AMERICAS NEW YORK, NY 10011 KRC RESEARCH 219,994. 919 3RD AVE NEW YORK, NY 10022 CINDY MCCULLAGH DBA 105,425. 1201 CALIFORNIA ST SAN FRANCISCO, CA 94109 ATTACHMENT 4 FORM 990, PART VIII - INVESTMENT INCOME (A) (C) (B) (D) TOTAL RELATED OR UNRELATED EXCLUDED REVENUE EXEMPT REVENUE BUSINESS REV. REVENUE DESCRIPTION INTEREST INCOME 615. 615. TOTALS 615. 615. ATTACHMENT 5 FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS DESCRIPTION THUUNA OVER THE EDGE 90,680.

TOTAL

90,680.

| Schedule O (Form 990 or 99 | | Page 2 |
|----------------------------|--------------------------------------|--------------------------------|
| Name of the organization | SHATTERPROOF A NONPROFIT CORPORATION | Employer identification number |
| (FKA BRIAN'S WI | SH) | 45-4619712 |
| | | ATTACHMENT 6 |

FORM 990, PART VIII - FUNDRAISING EVENTS

| DESCRIPTION | DIRECT EXPENSES | NET INCOME |
|---------------|--------------------|---------------|
| OVER THE EDGE | 31,812. | -31,812. |
| TOTALS | 31,812. | -31,812. |

ATTACHMENT 7

FORM 990, PART IX - OTHER FEES

| | (A) | (B) | (C) | (D) |
|-------------------------------|------------|--------------|-------------|-------------|
| | TOTAL | PROGRAM | MANAGEMENT | FUNDRAISING |
| DESCRIPTION | FEES | SERVICE EXP. | AND GENERAL | EXPENSES |
| WEBSITE | 239,225. | 191,379. | | 47,846 |
| PUBLIC RELATIONS AND ADVOCACY | 316,492. | 283,754. | 32,738. | |
| MESSAGING RESEARCH | 300,154. | | 300,154. | |
| PROGRAM RESEARCH | 38,000. | 38,000. | | |
| EDUCATIONAL EVENTS - DIRECT | 57,944. | 57,944. | | |
| OTHER PROFESSIONAL FEES | 259,676. | 81,165. | 6,449. | 172,062 |
| SPECIAL EVENT - DIRECT COST | 20,260. | 20,260. | | |
| TOTALS | 1,231,751. | 672,502. | 339,341. | 219,908 |

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions.

Attach to your tax return.

OMB No. 1545-0172

ldentifying number

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

| | SHATTERPROOF A NON | | DRATION | | | | | 45-4619712 |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------|------------|------------------------|---------------------------------------|-------------|----------------------------|
| Bus | iness or activity to which this form relates | ; | | | | | | |
| (- | ENERAL DEPRECIATI | | | | | · | | |
| Pa | Irt I Election To Expense Note: If you have any | | | | уои сотр | lete Part I. | | |
| 1 | Maximum amount (see instructions | s) | | | | | 1 | |
| 2 Total cost of section 179 property placed in service (see instructions) | | | | | | | | |
| 3 | Threshold cost of section 179 pro | | | | | | | |
| 4 5 | Reduction in limitation. Subtract li Dollar limitation for tax year. Subtract line 4 separately, see instructions | ine 3 from line 2. If zero of from line 1. If zero or less, enter | or less, enter -0- -0 If married filing | | | | 5 | |
| 6 | (a) Descript | tion of property | (b) | Cost (bu | ısiness use onl | y) (c) Elec | ted cost | |
| | | | | | | | | |
| | | | | | | | | |
| 7 | Listed property. Enter the amount | | | | | | | |
| 8 | Total elected cost of section 179 | property. Add amounts i | in column (c), lines | s 6 and | 7 | | 8 | |
| 9 | Tentative deduction. Enter the small | aller of line 5 or line 8 | | | | | 9 | |
| 10 | Carryover of disallowed deduction | n from line 13 of your 20 | 12 Form 4562 | | | | 10 | |
| 11 | Business income limitation. Enter | | | | | | | |
| 12 | Section 179 expense deduction. A | Add lines 9 and 10, but | do not enter more | e than lir | ne 11 . <u></u> | | 12 | |
| 13 | Carryover of disallowed deduction | | | | ▶ 13 | | | |
| Note | e: Do not use Part II or Part III below | , , , | • | | | · · · · · · · · · · · · · · · · · · · | | |
| Pε | rt II Special Depreciation | n Allowance and Ot | her Depreciat | tion (D | o not includ | le listed prope | erty.) (See | instructions.) |
| 14 | Special depreciation allowance | for qualified property | y (other than l | listed | property) pl | aced in servi | ce | |
| | during the tax year (see instruction | s) | | | | | 14 | |
| 15 | Property subject to section 168(f)(| (1) election | | | | | 15 | |
| 16 | Other depreciation (including ACR) | S) | <u> </u> | | | | 16 | |
| Pa | rt MACRS Depreciation | (Do not include liste | d property.) (Se | e instr | ructions.) | | | |
| | | | Section | n A | | | | |
| 17 | MACRS deductions for assets pla | ced in service in tax yea | rs beginning befor | re 2013 | | | 17 | |
| 18 | If you are electing to group any | y assets placed in ser | vice during the | tax yea | ar into one | or more gener | al_ | |
| | asset accounts, check here | | | | | | 100000 | |
| | Section B - Asse | ets Placed in Service | , | | | General Dep | reciation S | ystem |
| | (a) Classification of property | (b) Month and year placed in service | (c) Basis for depri (business/investm only - see instruc | nent use | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
| 19a | 3-year property | SEE | 205, | 000. | 3.000 | MQ | S/L | 34,167. |
| d | 5-year property | DETAIL | 6, | 847. | 5.000 | MQ | MACRS | 1,141. |
| c | 7-year property | | | | | | | |
| d | 10-year property | | | | | | | |
| е | 15-year property | | | | | | | |
| f | 20-year property | | | | | | | |
| g | 25-year property | | | | 25 yrs. | | S/L | |
| h | Residential rental | | | | 27.5 yrs. | MM | S/L | |
| | property | | | | 27.5 yrs. | MM | S/L | |
| i | Nonresidential real | | | | 39 yrs. | MM | S/L | |
| | property | | | | | MM | S/L | |
| | Section C - Assets | Placed in Service D | uring 2013 Tax | (Year | Using the A | Alternative De | preciation | System |
| 20a | Class life | | | | | | S/L | |
| b | 12-year | | | | 12 yrs. | | S/L | |
| С | 40-year | | | | 40 yrs. | MM | S/L | |
| Pa | rt IV Summary (See instruc | ctions.) | | • | | | | |
| | Listed property. Enter amount from | | | | | | 21 | |
| | Total. Add amounts from line 12, | | lines 19 and 20 | in colu | ımn (g), and | line 21. Enter | | |
| | and on the appropriate lines of your | | | | | | | 35,308. |
| 23 | For assets shown above and pla | | | | | T | | |
| | portion of the basis attributable to | section 263A costs | • | | 23 | | | |

| Forn | n 4562 (2013) | | • | | | • | | | | | | | , ,,,,,,, | ,, | Page 2 |
|------|------------------------------------------|-------------------------------------------|------------------------------------------|--------------------|----------------------|--------------------|------------------------|----------------|------------------------|--------------|------------------|--------------------------------------------------|---------------------|---------------------|-------------------|
| Pa | entertainme | perty (Include ent, recreation, o | r amusem | ent.) | | | | | | | | | . , | · | |
| | Note: For a 24b, column | ny vehicle for wh s (a) through (c) of | ich you ar Section A, | e usin all of S | g the s Section E | tandar 3, and 3 | rd milea Section (| ge ra Cifap | te or de oplicable. | ducting | lease | expens | e, com _i | olete o i | า l y 24a |
| | Section A - | Depreciation and | Other Info | rmatio | n (Caut | | | | ctions for | limits fo | r passe | nger au | ıtomobil | es.) | |
| 24a | Do you have evidence | e to support the bus | iness/investn | nent use | claimed | ?' ` | Yes X | No | 24b lf " | Yes," is | the evide | ence writ | ten? | Yes | X No |
| | (a) | (b) | (c) | | (d) | | (e) asis for dep | ropiotion | (f) | | (g) | 1 | (h) | 1 | (i) |
| | Type of property (list vehicles first) | Date placed in service | Business/ investment us percentage | se Cost | or other b | ! | usiness/inv use onl | estment | Recovery period | | thod/ vention | | eciation luction | | d section cost |
| 25 | Special depreciation | | | | | | | | | | | | | | |
| | the tax year and us | | | | | se (see | instruct | ions) | | | . 25 | | | Mark et | |
| 26 | Property used more | e than 50% in a qu | T . | | se: | | | | | | | T | | т | |
| | | | | % | | | | | | | | | | | |
| | | | | % | | | | | | | | | | | |
| | D | an long in a gualifi | <u> </u> | % | | i | | | <u> </u> | J | | 1 | | L | |
| 27 | Property used 50% | or less in a qualin | | wse. | | 1 | | | 1 | S/L - | | | | [0.00 to 0.00] | a taraki |
| | | | | % | | | | | | S/L - | | | | | |
| | | | | % | | | | | ļ | S/L - | | | | 4 | |
| 28 | Add amounts in col | umn (h) lines 25 | | | here ar | nd on i | ine 21 r | nage 1 | 1 | 1 | 28 | | | | |
| | Add amounts in col | | | | | | | | | | | J | . 29 | 264412650 | <u> </u> |
| | | | | | | | on Use | | | | | | -1-2 | | |
| Com | nplete this section for | vehicles used by | | | | | | | | er," or r | elated i | oerson. | If you p | rovided | vehicles |
| | our employees, first ans | | | | | | | | | | | | | | |
| | | | | | a) | I . | (b) | | (c) | 1 ' | d) | 1 | (e) | | (f) |
| 30 | Total business/inve | stment miles drive | en during | Veh | icle 1 | Vel | hicle 2 | V | ehicle 3 | Veh | ide 4 | Veh | ricle 5 | Veh | icle 6 |
| | the year (do not inc | lude commuting n | niles) | | | | | | | | | | | | |
| 31 | Total commuting m | iles driven during | the year . | | | | | | | | | | | | **** |
| 32 | Total other pe | ersonal (nonco | mmuting) | | | | | | | | | - | | | |
| | miles driven | | | | | | | | | | | | | | |
| 33 | Total miles driver | | | | | | | | | | | | | | |
| | lines 30 through 32 | | | | т | | T | ļ | 1 | | т | | · · | | T |
| 34 | Was the vehicle | | • | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| | use during off-duty | | 1 | | ļ | | | <u> </u> | | | | | - | | |
| 35 | Was the vehicle u | | | | | | 1 | | | | | | | | |
| 20 | than 5% owner or related another vehicle | | | | | | | | | | | | - | | |
| 36 | use? | | | | | | | | | | | | | | |
| | | tion C - Questio | | nlovo | re Who | Prov | ide Veli | niclos | for Hea | by Th | air Fm | nlovo | | 1 | i |
| Δns | wer these questions | | | | | | | | | | | | | who are | not |
| | e than 5% owners o | | | | puon u | 00111 | proting t | | 5 .0 | 01110100 | 4004 2 | , op. | 0,000 . | o ure | , ,,,,, |
| 37 | Do you maintain a | written nolicy s | tatement t | hat no | ohihits | all ner | sonal II | se of | vehicles | inclu | dina co | mmutir | ia by | Yes | No |
| | | | | | | | | | | | - | | | | |
| 38 | your employees? Do you maintain a | written policy s | tatement t | hat pr | ohibits | persor | nal use | of ve | hicles, e | xcept o | commu | ting, by | / your | | |
| | employees? See the | | | | | | ers, direc | ctors, | or 1% or | more o | wners | | | | |
| | Do you treat all use | | | | | | | | | | | | | | |
| 40 | Do you provide m | | | | | s, obta | ain infor | matio | n from | your er | nployee | es abo | ut the | | |
| | use of the vehicles, | and retain the info | rmation re | ceived? | | | | | | | | | | | |
| 41 | Do you meet the rec | quirements conce | rning qualifi | ied aut | omobile | demo | onstratio | n use: | ? (See ins | truction | ns.) | | | 24225 Q56 S | : <u>154.4999</u> |
| | Note: If your answe | |), Of 41 IS | res, a | o not cc | mpieu | e Section | 1 6 101 | THE COVE | reu ver | iicies. | | | asuga art | |
| | rt VI Amortizati | on | | | I | | | | | | | | | | |
| | (a) Description of | costs | (b) Date amorti | | Arr | (c) ortizable |) e amount | | (d) Code se | ction | Amorti perio | zation | Amortiza | (f) ation for th | nis vear |
| | · · · · · · · · · · · · · · · · · · · | | begins | | | , | | | | | percer | | | | ., |
| 42 | Amortization of cos | ts that begins duri | ng your 20 | 13 tax | year (se | e instr | uctions) | : | | | 1 | | | | |
| | | | | | | | | | | | | | | | |
| 40 | A | | | 10 1 | | | | L_ | | | L | | | | |
| | Amortization of cost Total. Add amounts | | | | | ra to ra | | | | | | 43 | | | |
| | i otal. Add amounts | in Column (I). Set | eee | UIU118 | IOI WITE | - WIE | port | • • • | | · · · · | <u></u> | 44 | Ec. | m 4562 | (2012) |
| JSA | | | | | | | | | | | | | F-01 | | . (2013) |

SHATTERPROOF A NONPROFIT CORPORATION

Description of Property

45-4619712

1,141. 35,308. 35,308 Current-year depreciation Current-year amortization Current-year 179 expense MA ACRS CRS class class 3.000 Life Beginning Ending Accumulated Medepreciation depreciation thod Conv. 1,141. 200DB Accumulated Accumulated amortization amortization Code 34,167. 35,308. 35,308. Basis for depreciation 6,847. 211,847. 211,847. Basis Reduction 179 exp. reduction in basis 205,000. 100.000 6,847, 100.000 Bus. Unadjusted Cost or basis 211,847. 211,847. Cost or basis Date placed in service 07/01/2013 11/25/2013 Date placed in service AMORTIZATION Subtotals Asset description Asset description GENERAL DEPRECIATION DEPRECIATION Less: Retired Assets TOTALS, , . EQUI PMENT WEBSITE

*Assets Retired JSA 3X9024 1.000

MEN001

| FEDERAL | IDENTI | FICATION |
|---------|--------|----------|
|---------|--------|----------|

Fee: \$15.00

The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth

One Ashburton Place, Room 1717, Boston, Massachusetts 02108-1512

ARTICLES OF AMENDMENT

00/072795

| | (General Laws, Chapter 180, Section 1) | | | | | |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Name | | | | | | |
| Approved | We, Gary Mendell ,*President, *Vice President, | | | | | |
| | and Gilbert G. Menna ,*Clerk/*Assistant Clerk, | | | | | |
| | of Brian's Wish, a Nonprofit Corporation | | | | | |
| | (Exact name of corporation) | | | | | |
| | located at 53 State Street, Boston, MA 02109 | | | | | |
| | (Address of corporation in Massachusetts) | | | | | |
| | do hereby certify that these Articles of Amendment affecting articles numbered: | | | | | |
| | Article I | | | | | |
| | (Number those articles 1, 2, 3, andlor 4 being amended) | | | | | |
| | of the Articles of Organization were duly adopted at a meeting held on 20_13, by vote of: | | | | | |
| | | | | | | |
| | Being at least two-thirds of its members legally qualified to vote in meetings of the corporation; OR | | | | | |
| | ☑ Being at least two-thirds of its directors where there are no members pursuant to General Laws, Chapter 180, Section 3; OR | | | | | |
| | In the case of a corporation having capital stock, by the holders of at least two-thirds of the capital stock having the right to vote therein. | | | | | |
| | Replace the entirety of the original Article I with the below: | | | | | |

*Delete the inapplicable words.

**Clock only one box ibal applies.

Note: If the space provided under any article or item on this form is insufficient, additions shall be set forth on one side only of separate 8 1/2 x 11 sheets of paper with a left margin of at least 1 inch. Additions to more than one article may be made on a single sheet so long as each article requiring each addition is clearly indicated.

2-22-2012

"Article I: The exact name of the corporation is: Shatterproof, a Nonprofit Corporation"

С

M

R.A.

The foregoing amendment(s) will become effective when these Articles of Amendment are filed in accordance with General Laws, Chapter 180, Section 7 unless these articles specify, in accordance with the vote adopting the amendment, a later effective date not more than thirty days after such filing, in which event the amendment will become effective on such later date. Later effective date:_ SIGNED UNDER THE PENALTIES OF PERJURY, this ______day of_ , *President / *Vice President, Gilbert G. Menna *Delete the inapplicable words. MAG3E - 03/06/2012 Wolters Kluwer Online

THE COMMONWEALTH OF MASSACHUSETTS

ARTICLES OF AMENDMENT

(General Laws, Chapter 180, Section 7)

1324703

| I hereby approve the within Articles of Amendment and, the filing fee in the | |
|-----------------------------------------------------------------------------------------------|--|
| amount of \$having been paid, said articles are deemed to have been filed with me this day of | |
| Effective date: | |

1204294

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth

2013 AUG 14 PH 3: 20

CONTRACTORS DIVISION

TO BE FILLED IN BY CORPORATION Contact information:

| Susan L. Abbott | |
|-----------------------------------|---|
| Goodwin Procter LLP | |
| 53 State Street, Boston, MA 02109 | |
| Telephone: (617) 570-1787 | |
| Email: sabbott@goodwinprocter.com | ı |
| | |

A copy this filing will be available on-line at www.state.ma.us/sec/cor once the document is filed.