CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or tne	2020 calendar year, or tax year beginning UAIN 1, 2020 and e	enaing S	EP 30, 2020	
B	Check if applicable	C Name of organization		D Employer identific	cation number
·	Addres	SHELTER FOR LIFE INTERNATIONAL, INC.			
	Name change	Doing business as		39-16570	81
	Initial return		Room/suite	E Telephone number	
	Final return/	• • • • • • • • • • • • • • • • • • • •	.10	763-416-	
	termin- ated	1		G Gross receipts \$	4,065,960.
	Amend return	MINNEIONAA, MN 33303		H(a) Is this a group re	
	Applica tion pending	F Name and address of principal officer: MOSTAFA OMAK		for subordinates	? Yes X No
	•	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		mpt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	r 527	If "No," attach a	list. See instructions
		e: ► WWW.SHELTER.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1989 N	¶ State of legal domicile; ₩I
Pŧ		Summary			
ø	1 6	Briefly describe the organization's mission or most significant activities: ${ m \underline{TO}}$ ${ m EN}$			
Activities & Governance	9	CONFLICT AND DISASTER TO REBUILD THEIR LIV			
Ĕ	2 (Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	
ŏ	3 1			3	5
ত	4 1	Number of independent voting members of the governing body (Part VI, line 1b) $$			5
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0
<u>viti</u>	6	Total number of volunteers (estimate if necessary)		6	5
Ç	7 a ¯	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	1 d	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Revenue	ł	Contributions and grants (Part VIII, line 1h)		3,405,845.	3,353,442.
		Program service revenue (Part VIII, line 2g)		1,337,858.	710,239.
Şe.		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		725.	138.
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,456.	2,141.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,745,884.	4,065,960.
	4	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $$		1,306,196.	1,158,671.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
×	b 7		4.		
ш	'' \	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,414,517.	2,806,565.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,720,713.	3,965,236.
	19	Revenue less expenses. Subtract line 18 from line 12		25,171.	100,724.
SOF	20 T 21 T 22 I		Be	ginning of Current Year	End of Year
sset	20 1	Total assets (Part X, line 16)		4,311,493.	1,869,903.
et A	21	Fotal liabilities (Part X, line 26)		3,609,074.	1,066,760.
25 De	22	Net assets or fund balances. Subtract line 21 from line 20	l	702,419.	803,143.
	art II				
		ties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true,	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which	cn preparer	nas any knowleage.	
		Signature of officer		Date	4
Sign		•	No. o	1./()	0/0/01
Her	e	MUSTAFA OMAR, CHIEF EXECUTIVE OFFICER Type or print name and title	17101	Francis	0/3/61
			11	Date Check	PTIN
Paid		Print/Type preparer's name Preparer's signature DEIRDRE HODGSON DEIRDRE HODGSON		8/05/21 if self-employ	L
			IU		41-0746749
-	-	Firm's address 220 S 6TH STREET, SUITE 300		Firm's EIN ▶	<u> </u>
086	Jilly	MINNEAPOLIS, MN 55402		Dhone no £1	2-376-4500
Mar	the ID	S discuss this return with the preparer shown above? See instructions		Lenone no. o T	X Yes No
ividy	ี แเฮ เกิ	O GIOGGO ENO TOLUNI WILL THE PLEPALET SHOWN ADDIVE! OF INSTRUCTIONS			LT IES NO

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SHELTER FOR LIFE INTERNATIONAL, INC. EXISTS TO DEMONSTRATE GOD'S LOVE
	BY ENABLING PEOPLE AFFECTED BY CONFLICT AND DISASTER TO REBUILD THEIR
	COMMUNITIES AND RESTORE THEIR LIVES.
	COLLIGHTING THE RESTORE THEIR STYLES.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	, , , , , , , , , , , , , , , , , , , ,
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
2	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program 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.
4a	
	SENEGAL PROGRAM:
	SHELTER FOR LIFE INTERNATIONAL (SFL) HAS BEEN WORKING IN THE NATURAL
	REGION OF CASAMANCE (SEDHIOU, KOLDA AND ZIGUINCHOR) IN SENEGAL SINCE
	2012. AS A RESULT OF A CIVIL WAR OF SEVERAL DECADES WHICH HAS
	OCCASIONALLY OVERTAKEN CAPITAL AND MARKET DEVELOPMENT IN THIS REGION,
	SFL'S WORK IN CASAMANCE FOCUSES ON IMPROVING MARKET CONNECTIONS,
	PARTICULARLY IN THE CASHIEW SECTOR, AND RESETTLEMENT OF FAMILIES
	DISPLACED BY CONFLICT.
	AFTER SUCCESSFULLY CONSTRUCTING FEEDER ROADS BY THE LIFFT CASHEW
	LINKING CASAMANCE FARMING COMMUNITIES TO NATIONAL AND REGIONAL MARKETS,
	SFL IS LAUNCHING TWO NEW PROJECTS TO FACILITATE THE RETURN OF FAMILIES
4b	(Code:) (Expenses \$
	AFGHANISTAN PROGRAM
	SHELTER FOR LIFE INTERNATIONAL HAS BEEN WORKING IN AFGHANISTAN SINCE
	1998 WITH A PRIMARY FOCUS OF RESTORING THE LIVES OF THE VICTIMS OF THE
	COUNTRY'S WARS AND DISASTERS AND REBUILDING THEIR COMMUNITIES. MOST OF
	THE COMMUNITIES WHERE SFL OPERATES ARE RETURNED REFUGEES WHO HAVE
	STARTED FARMING IN THEIR ANCESTRAL LAND. IN 2020 SFL WORKED IN NORTHERN
	PROVINCES OF BADAKHSHAN, TAKHAR, KABUL, KUNDUZ AND SAMANGAN TO RESTORE
	FOOD AND AGRICULTURE SECTORS' PRODUCTIVITY, RESTORE AND PRESERVE SOIL
	QUALITY IN FARMING COMMUNITIES, REDUCE THE IMPACT OF NATURAL DISASTERS,
	PARTICULARLY LANDSLIDES AND SOIL EROSION.
	1. SFL NEWLY BUILT 2500 METERS OF IRRIGATION CANALS IN BADAKHSHAN
4c	(Code:) (Expenses \$ 0 • _ including grants of \$) (Revenue \$)
	GUINEA BISSAU PROGRAM
	SHELTER FOR LIFE INTERNATIONAL STARTED WORKING IN GUINEA BISSAU IN
	2019. AS A RESULT OF YEARS OF POLITICAL INSTABILITY AND INTERNAL
	CONFLICT, GUINEA BISSAU ECONOMY STAGNATED. GUINEA BISSAU IS A MAJOR
	PRODUCER OF CASHEW-NUTS IN THE WORLD, AND THE QUALITY OF ITS CASHEWS IS
	DEEMED TO BE MORE DESIRABLE IN GLOBAL MARKETS BUT, BECAUSE IT IS DEEMED
	TO BE A FRAGILE STATE, THE COUNTRY HAS HAD A HARD TIME ATTRACTING
	INVESTMENT IN HARVEST-HANDING, PROCESSING AND TRADE OF CASHES TO GLOBAL
	MARKETS.
	SFL'S WORK IN GUINEA BISSAU IS PART OF ITS REGIONAL CASHEW VALUE CHAIN
	PROGRAM, FINANCED BY THE UNITED STATES DEPARTMENT OF AGRICULTURE. IN
44	Other program services (Describe on Schedule O.)
Tu	
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 3,389,668.
10	Form 990 (2020)

3

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
·	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ü	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,	-		
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
_	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?			٠,,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
124	•	12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D	•	12b		V X
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	21	_
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	441	Х	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			\ . ,
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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	17		<u> </u>
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		<u> </u>
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		X
20a	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

Page **4**

Form 990 (2020) SHELTER FOR LIFE INTERNATIONAL, INC.

Part IV | Checklist of Required Schedules (continued)

	Continued)		Vaa	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			7.7
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? f	28c		x
29	"Yes," complete Schedule L, Part IV 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	25		
30	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? <i>If</i> "Yes," <i>complete</i>	 •		
-	Coloradida N. Dort 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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Pal	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		 I	
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
00000	(gambling) winnings to prize winners?	1c	990	(2020)
U32UU4	\$ 12-23-20	LOUIT	. 555	(CUZU)

Form 990 (2020) SHELTER FOR LIFE INTERNATIONAL, INC. 39-1657081 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No

				Yes	No				
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
	· · · · · · · · · · · · · · · · · · ·		3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule of		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•	_	3.7					
b	financial account in a foreign country (such as a bank account, securities account, or other financial are "Yes," enter the name of the foreign country AFGHANISTAN, SENEGAL, GUIN		4a	X					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	, ,							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?								
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).				37				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv		7a		X				
b			7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•	_						
	to file Form 8282?		7c		X				
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7.		Х				
e •	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	-	7e 7f		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra If the organization received a contribution of qualified intellectual property, did the organization file For		7g		-25				
g h	If the organization received a contribution of qualified intellectual property, and the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		79 7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
Ŭ	an analysis of a regardant for the suppose business heldings at any time during the very		8						
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the appropriate organization make any toyoble distributions under section 40662		9a						
b			9b						
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1							
	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c			77				
14a			14a 14b		X				
	b If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," provide an explanation on Schedule O								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				37				
	excess parachute payment(s) during the year?		15		X				
40	If "Yes," see instructions and file Form 4720, Schedule N.	·			v				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X				
	If "Yes," complete Form 4720, Schedule O.		F	aan	(0000				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	5								
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent 1b	5								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b										
12a										
b										
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
	Other officers or key employees of the organization	15b		Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶MN, WI									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only)	availa	ble						
	for public inspection. Indicate how you made these available. Check all that apply.	. ,								
	X Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial							
=	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	ASFAW SEYOUM - 763-416-0441									
	10201 WAYZATA BOULEVARD, NO. 110, MINNETONKA, MN 55305									

022006 12 22 20

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

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

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

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) BRINT PATRICK	2.00			v				0	0	0	
CHARIMAN OF THE BOARD	1 00	X		Х				0.	0.	0	
(2) GORDON WRIGHT	1.00	₩.		х				0.	0	0	
VICE CHAIR OF THE BOARD (3) KYLE NEWKIRK	2.00	X	\vdash	^				0.	0.	0	
TREASURER	2.00	X		х				0.	0.	0	
(4) THOMAS LANE	1.00	Α		^				0.	0.	0	
DIRECTOR	1.00	X						0.	0.	0	
(5) VICTOR WEIR	1.00							•	•	<u> </u>	
DIRECTOR		х						0.	0.	0	
(6) MUSTAFA OMAR	55.00	T							•		
CEO				х				0.	0.	0	
(7) ASFAW SEYOUM	55.00										
CFO				Х				0.	0.	0	
	-	-									
		1									
		1									
		1				_					
		-									
		1	\vdash		_	-					
		1	l	l	l	1					

	OK DIFE	, Т	. T/I T	LK	AVI.	T.T	ON	IAL, INC.	39-165	7081	. P	age 8
t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)							(D)	(E)		(F)	
Name and title	Average hours per week (list any	box	not c , unle	heck i	more rson is	than o	n an	Reportable compensation from the	Reportable compensation from related organizations	COI	mount other npensa	of ation
	related	Individual trustee or dir	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	or a	ganizat nd relat	tion ted
Cohantal								0	0			0.
Total from continuation sheets to Part VI	I, Section A						>	0.	0			0.
•) wh	o re	eceived more than \$100,	000 of reportable	•		0
											Yes	No
For any individual listed on line 1a, is the su	ım of reportabl	e co	mpe	ensa	tion	and	oth	er compensation from t	he organization			X
Did any person listed on line 1a receive or a	accrue comper	ısati	on fi	rom	any	unre	elate	ed organization or individ	dual for services			X
	ipicie corredan	307	07 30	1011 <u>,</u>	<i>J</i> 0/3	<i>O</i> 11 .				_	I.	
										sation f	rom	
(A) Name and business	address	NC	ONE	3				(B) Description of s	services			n
	· ·	ot lin	nited	d to 1	_		ted	above) who received me	ore than		000	
	Subtotal Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization) Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for some form of the organization of the same related organization of the organization of the organization of the organization of the organization? If "Yes," complete than \$150 (including but no compensation from the organization of the same related organization of the organization of the organization of the organization? If "Yes," contion B. Independent Contractors Complete this table for your five highest conthe organization. Report compensation for (A) Name and business Total number of independent contractors (including but no contractors).	Subtotal Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Did the organization list any former officer, director, trust line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual For any individual listed on line 1a receive or accrue compensated to the organization? If "Yes," complete Schedule J for such individual for any person listed on line 1a receive or accrue compensated to the organization? If "Yes," complete Schedule J for such individual for any individual listed on line 1a receive or accrue compensated to the organization? If "Yes," complete Schedule J for such individual for any person listed on line 1a receive or accrue compensated to the organization? If "Yes," complete Schedule J for such individual for the calendar yet (A) Name and business address	Subtotal Subtotal Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Did the organization list any former officer, director, trustee, I line 1a? If "Yes," complete Schedule J for such individual cand related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual sized on line 1a receive or accrue compensation red related organization? If "Yes," complete Schedule J for such individual cand related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual cand related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual cand related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual included to the organization? If "Yes," complete Schedule J for such individual included to the organization greater than \$150,000? If "Yes," complete Schedule J for such individual included to the organization greater than \$150,000? If "Yes," complete Schedule J for such individual included to the organization greater than \$150,000? If "Yes," complete Schedule J for such individual included included the organization greater than \$150,000? If "Yes," complete Schedule J for such individual included includ	Subtotal Subtotal Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to the organizations) greater than \$150,000? If "Yes," complete Schedule J for sur frendered to the organization spreader to the organization for the calendar year endirection. However, including but not limited to the organization. Report compensation for the calendar year endirection. Name and business address Total number of independent contractors (including but not limited to the organization. Report compensation for the calendar year endirection. Name and business address NONI Total number of independent contractors (including but not limited to the organization. Report compensation for the calendar year endirection. Name and business address NONI Total number of independent contractors (including but not limited to the organization. Report compensation for the calendar year endirection. Name and business address NONI Total number of independent contractors (including but not limited to the organization. Report compensation for the calendar year endirection. Name and business address NONI	Subtotal Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Did the organization from the organization sprate or reportable compensation from the organization sprated organizations greater than \$150,000? If "Yes," complete Schedule J for such individual listed on line 1a receive or accrue compensation from rendered to the organization. Report compensation from the organization for the calendar year ending we (A) Name and business address NONE Total number of independent contractors (including but not limited to the limited to the organization. Report compensation from the organization or accrue compensation from rendered to the organization? If "Yes," complete Schedule J for such individual lists the for your five highest compensated independent contractors Complete this table for your five highest compensated independent contractors Complete this table for your five highest compensated independent contractors Complete this table for your five highest compensated independent contractors Complete this table for your five highest compensated independent contractors Complete this table for your five highest compensated independent contractors Complete this table for your five highest compensated independent contractors Complete this table for your five highest compensated independent contractors (including but not limited to	Subtotal Subtotal Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of independent contractors (including but not limited to those listed above compensation. Report compensation for the calendar year ending with or (A) Name and business address NONE Total number of independent contractors (including but not limited to those indicated contractors.) Calc (a) C(c) (c) (c) (c) (c) (c) (c) (Subtotal Total from continuation sheets to Part VII, Section A Total [add lines 1b and 1c) Total number of individuals listed on line 1a, is the sum of reportable compensation from any unrendered to the organization. Report compensated independent Contractors Compelete Schedule J for such individual For any individual sisted on line 1a receive or accrue compensation from any unrendered to the organization. Report compensation for the calendar year ending with or with (A) Name and business address NONE Total number of independent contractors (including but not limited to those listed to those listed to those listed and business address NONE	Subtotal Subtotal Total from continuation sheets to Part VII, Section A Total roman from the organizations from the organizations from the organization from the organizations from any unrelate rendered to the organizations of the organization. Report compensation for the calendar year ending with or within (A) Name and business address NONE Total number of independent contractors (including but not limited to those listed organization. Purely a "complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and out and related organizations greater than \$150,000? If "Yes," "complete Schedule J for such person	Subtotal Subtot	Subtotal Subtotal Total fundher of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation and related organizations greater than \$150,000 of feering and and the compensation from the organization incompensation from the organization incompensation from the organization of the organization of the organization from the organization of th	Scutton A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (configured) Name and title Name and business address NoNE NoNE NoNE None None None above) who received more than \$100,000 of compensation from the organization and related above) who received more than \$100,000 of compensation from the organization and related organization is the sum of reportable compensation from the organization and related organization is the sum of reportable compensation from the organization and related organization is the sum of reportable compensation from the organization and related organization is the sum of reportable compensation from the organization and related organization is the sum of reportable compensation from the organization of the calendar year ending with or within the organization and related organization is the sum of reportable compensation from the organization of the calendar year ending with or within the organization and related organization is services and the properties of the organization is the sum of reportable compen	Subtotal Subtot

032008 12-23-20

Form	99	0 (2	2020) SHELTER FOR	TILE INTE	RNATIONAL,	INC.	39-103/	UOI Page 9
Pa	rt V	/	_					
			Check if Schedule O contains a respons	e or note to any lin	e 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
10 10	_	_	Federated campaigns 1a					Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts								
S O			Membership dues 1b 1c					
ifts, r A			Related organizations 1d					
nila				,333,363.				
Sir			All other contributions, gifts, grants, and	, ,				
ber			similar amounts not included above 1f	20,079.				
Öğ		g	Noncash contributions included in lines 1a-1f					
Col		h	Total. Add lines 1a-1f	>	3,353,442.			
				Business Code				
e	2	а		900099	609,737.	609,737.		
e vic		b	VEHICLE RENTAL INCOME	900099	100,502.	100,502.		
Sen		С		_				
ran Seve		d		_				
Program Service Revenue		е		-				
٩			All other program service revenue		710 000			
			Total. Add lines 2a-2f		710,239.			
	3		Investment income (including dividends, inte		120			120
	_		other similar amounts)		138.			138.
	4		Income from investment of tax-exempt bond	•				
	5		Royalties(i) Real	(ii) Personal				
	6	_	Gross rents 6a	(ii) i cisoriai				
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)	•				
	7		Gross amount from sales of (i) Securities					
	-	_	assets other than inventory 7a					
		b	Less: cost or other basis					
ne			and sales expenses 7b					
Revenue		С	Gain or (loss) 7c					
			Net gain or (loss)	>				
Other	8	а	Gross income from fundraising events (not					
₽			including \$ of					
			contributions reported on line 1c). See					
			· · · · · · · · · · · · · · · · · · ·	Ba				
				Bb				
			Net income or (loss) from fundraising events	<u></u>				
	9	а	Gross income from gaming activities. See					
		L		9a 9b				
)D 				
			Net income or (loss) from gaming activities Gross sales of inventory, less returns					
	10	а		0a				
		h		0b				
			Net income or (loss) from sales of inventory					
			The second of th	Business Code				
snc	11	а	MANAGEMENT FEE	900099	2,141.			2,141.
Miscellaneous Revenue		b						
ella		С						
Aisc B		d	All other revenue					
2			Total Add lines 11a 11d		2 141.			

Total revenue. See instructions

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 258,172. 58,138. 200,034. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 759,581. 627,762. 131,819. Other salaries and wages 7 Pension plan accruals and contributions (include 2,058. 2,058. section 401(k) and 403(b) employer contributions) 24,737. 114,093. 89,356. Other employee benefits 9 24,767. 5,222. 19,545. 10 Payroll taxes Fees for services (nonemployees): Management 17,108. 17,108. Legal 35,009. 35,009. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 171,498. 129,539. 41,959. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 31,635. 31,635. Information technology 14 15 Royalties 58,414. 34,083. 24,331 16 Occupancy 68,178. 63,029. 5,149. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 10,400. 10,400. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 2,256,555. 2,224,771. 31,690. OTHER DIRECT PROGRAM CO 94. $99,4\overline{68}$ FIELD SUPPLIES AND CONS 99,468. 58,300. 58,300. EQUIPMENT С d All other expenses 3,965,236. 3,389,668. 575,474. 94. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2020)

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

I G	I			as in this Dart V			
		Check if Schedule O contains a response or	note to any iir	ne in this Part X		T	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			3,538,480.	1	777,708.
	2	Savings and temporary cash investments			190,885.	2	408,043.
	3				461,741.	3	567,771.
	4	Pledges and grants receivable, net			1,437.	4	934.
	5	Accounts receivable, net Loans and other receivables from any current			1,457	4	754.
	3	trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu		<u> </u>			
	"	under section 4958(f)(1)), and persons descril		6			
	7	Notes and loans receivable, net	8,075.	7	8,075.		
Assets	8	Inventories for sale or use			0,0101	8	0,0,0,
Ass	9				81,875.	9	39,997.
		Land, buildings, and equipment: cost or othe			<u> </u>		00/00:1
		basis. Complete Part VI of Schedule D		170.642.			
	Ь	Less: accumulated depreciation	10b	170,642.	29,000.	10c	67,375.
	11	Investments - publicly traded securities		- ,	11		
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must e			4,311,493.	16	1,869,903.
	17	Accounts payable and accrued expenses		286,451.	17	288,633.	
	18	Grants payable		18			
	19	Deferred revenue			3,322,538.	19	776,430.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ű	22	Loans and other payables to any current or for	ormer officer,	director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial conf	tributor, or 35%			
abi		controlled entity or family member of any of t	nese persons	·		22	
Ξ	23	Secured mortgages and notes payable to uni	elated third p	parties		23	
	24	Unsecured notes and loans payable to unrela	ted third part	ies		24	
	25	Other liabilities (including federal income tax,	payables to r	related third			
		parties, and other liabilities not included on li	nes 17-24). Co	omplete Part X			
		of Schedule D			85.	25	1,697.
	26	Total liabilities. Add lines 17 through 25			3,609,074.	26	1,066,760.
"		Organizations that follow FASB ASC 958, or	heck here	▶ [X]			
čě		and complete lines 27, 28, 32, and 33.			645 000		E25 624
alan	27			<u> </u>	647,803.	27	735,631.
B	28				54,616.	28	67,512.
Ĕ		Organizations that do not follow FASB ASC	C 958, check	here			
F		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun			29		
SSe	30	Paid-in or capital surplus, or land, building, or				30	
χ¥	31	Retained earnings, endowment, accumulated			702 /10	31	202 112
Š	32	Total net assets or fund balances			702,419.	32	803,143.
	33	Total liabilities and net assets/fund balances			4,311,493.	33	1,869,903.

<u> FOIII</u>	1990 (2020) SHEDIER FOR DIFE INTERNATIONAL, INC.		103700	_	Page	<u>e '2</u>
Pa	rt 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	4,0			
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,9			
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>,</u> 72	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7	02	<u>, 41</u>	<u>.9.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	8	03	<u>,14</u>	<u> 3.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				_	X
			_	Y	'es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	а	\rightarrow	<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			b .	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		I			
	review, or compilation of its financial statements and selection of an independent accountant?			С	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on School					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-	I		_	
	Act and OMB Circular A-133?			a .	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed auc			_	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		1 3	b i	X	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization				TNG			identification number					
Part I Reason for Public Ch		FE INTERNATIO		INC.	oo inatruation		9-1657081					
•					ee instruction	S.						
The organization is not a private foundati	•	• ,	•	•	\\ A \\':\							
1 A church, convention of church)(A)(I).							
2 A school described in section		•										
3 A hospital or a cooperative ho						F .						
4 A medical research organizati	on operated in cor	njunction with a nospital	aescribea	in sectio	n 1/0(b)(1)(A)	(III). Enter	the nospital's name,					
city, and state:	No. 10.000 11.00 0 0 0 0 0 1						- al :					
5 An organization operated for t		lege or university owned	or operati	ed by a go	vernmentai ui	iit describe	ea in					
	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).											
7 X An organization that normally		ntial part of its support fr	om a gove	ernmental i	unit or from th	ie general p	oublic described in					
section 170(b)(1)(A)(vi). (Com												
8 A community trust described			•									
9 An agricultural research organ				-		-	-					
or university or a non-land-gra	int college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of	tne college	or					
university:	rancissas (1) mara t	than 22 1/20/ of its ours	out from o	ontribution		in food on	d areas ressints from					
10 An organization that normally												
activities related to its exempt	· · · · ·	·					-					
income and unrelated busines		(less section 511 tax) iro	in busines	sses acquii	red by the org	anization a	inter June 30, 1975.					
See section 509(a)(2). (Comp 11 An organization organized and	•	valv to toot for public oo	foty Coo	oootion E()O(a)(4)							
12 An organization organized and	•	•	•			m, out the	nurnoses of one or					
more publicly supported organized	•	•	-			•	•					
lines 12a through 12d that de							DIRECK THE DOX III					
a Type I. A supporting organi	* *			-		-	aivina					
the supported organization(· ·		•	-								
organization. You must cor			majority o	inc direc	tors or trusted	23 01 1110 30	apporting					
b Type II. A supporting organ	-		ion with its	s supporte	d organizatio	n(s) by hav	rina					
control or management of the	· ·				-		-					
organization(s). You must o			po.co.			,	33.134					
c Type III functionally integr	-		in connect	tion with, a	and functional	lv integrate	ed with.					
its supported organization(s				•		, 3	,					
d Type III non-functionally in						ted organiz	zation(s)					
that is not functionally integ	=					-	* *					
requirement (see instruction	-		•		="							
e Check this box if the organi	zation received a w	vritten determination from	m the IRS	that it is a	Type I, Type I	I, Type III						
functionally integrated, or T												
f Enter the number of supported org	anizations											
g Provide the following information a	bout the supported	d organization(s).										
(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of	•	(vi) Amount of other					
organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)					
Total												

39-165<u>7081 Page 2</u>

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

_	falls to qualify under the tests	ilsted below, pleas	se complete Part II	11.)			
Sec	ction A. Public Support	<u> </u>			r	.	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3676009.	848,006.	3363542.	3405845.	3353442.	14646844.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	2.7.7.2.2					111111
4	Total. Add lines 1 through 3	3676009.	848,006.	3363542.	3405845.	3353442.	14646844.
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)						
	Public support. Subtract line 5 from line 4.						14646844.
Sec	ction B. Total Support				r		
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	3676009.	848,006.	3363542.	3405845.	3353442.	14646844.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	23,404.	8,218.	829.	725.	138.	33,314.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	862.	5,928.				6,790.
11	Total support. Add lines 7 through 10						14686948.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 4	<u>,212,791.</u>
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						>
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	99.73 %
15	Public support percentage from 2019					15	99.50 %
16a	33 1/3% support test - 2020. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				<u>X</u>
b	33 1/3% support test - 2019. If the	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c				
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, chec	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s >
					Sche	edule A (Form 990	or 990-EZ) 2020

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

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

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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						
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	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						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	•		•	•		. —
	check this box and stop here						>
	ction C. Computation of Publi					Т Т	
15	Public support percentage for 2020 (I		•	column (f))		15	<u>%</u>
16	Public support percentage from 2019					16	%
	ction D. Computation of Inves			40		T 4= T	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
19	a 33 1/3% support tests - 2020. If the						. .
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organization	
20	Private foundation If the organization						\sim

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
- 1	4		
H	1		
L	2		
L	3a		
- 1			
H	3b		
- 1	20		
ŀ	3c		
ı	4a		
ı	ти		
Ĺ	4b		
- 1			
- 1			
- 1			
H	4c		
- 1			
- 1			
- 1			
- 1	Eo		
ŀ	5a		
- 1	5b		
f	5c		
ı			
- 1			
- 1			
	6		
-	7		
}	8		
	9a		
ŀ	Ja		
	9b		
j			
	9с		
Ī			
	10a		
	10b		

ı a	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	4.4		
Sec	<u>detail in</u> Part VI. tion B. Type I Supporting Organizations	11c		
	Ton D. Type i capporang organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	NO
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a	_		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions))-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
_	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Section E - Distribution Allocations (see instruct	ions) (i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section 6	C, line 6		
2 Underdistributions, if any, for years prior to 2	2020 (reason-		
able cause required - explain in Part VI). See	instructions.		
3 Excess distributions carryover, if any, to 202	0		
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instruc	tions)		
j Remainder. Subtract lines 3g, 3h, and 3i fror	n line 3f.		
4 Distributions for 2020 from Section D,			
line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from lin	ne 4.		
5 Remaining underdistributions for years prior	to 2020, if		
any. Subtract lines 3g and 4a from line 2. Fo	r result greater		
than zero, explain in Part VI. See instruction	s.		
6 Remaining underdistributions for 2020. Subt	ract lines 3h		
and 4b from line 1. For result greater than ze	ro, explain in		
Part VI. See instructions.			
7 Excess distributions carryover to 2021. Ad	dd lines 3j		
and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SHELTER FOR LIFE INTERNATIONAL, INC. **Employer identification number** 39-1657081

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		runds or Ad	CCOUNTS. Complete if the
	organization answered Tes Off Form 990, Factiv, line	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in do	nor advised fund	ds
	are the organization's property, subject to the organization's e	_		
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or			
Pai				
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (for example, recreating		rvation of a histo	orically important land area
	Protection of natural habitat	· —		fied historic structure
	Preservation of open space	· 		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in	the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а				2a
b				2b
С	Number of conservation easements on a certified historic structure.			2c
d	Number of conservation easements included in (c) acquired af			
	listed in the National Register	· ·		2d
3	Number of conservation easements modified, transferred, rele			zation during the tax
	year >		, ,	•
4	Number of states where property subject to conservation ease	ement is located >		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, har	ndling of	
	violations, and enforcement of the conservation easements it l	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing	conservation ea	sements during the year
	> \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of sec	tion 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and	expense statem	ent and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financia	al statements tha	at describes the
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures	s, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue sta	tement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or rese	arch in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes t	nese items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statem	ent and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or researc	ch in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical treat			
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			> \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2020

032051 12-01-20

a Board designated or quasi-endowment

Permanent endowment

Term endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

Yes (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii)

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds.

Land, Buildings, and Equipment.

Complete if the organization answered "Ves" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		170,642.	103,267.	67,375.
e Other				
Total. Add lines 1a through 1e. (Column (d) must eau	67,375.			

Schedule D (Form 990) 2020

Nο

Schedule D (Form 990) 2020		LIFE INTERNAT	IONAL, INC.	39-1657081 Page 3
	Other Securities.			
			1b. See Form 990, Part X, line	
(a) Description of security or cate	egory (including name of security)	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(2) Closely held equity interest	s			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 99	90, Part X, col. (B) line 12.)			
Part VIII Investments -	Program Related.			
Complete if the or	ganization answered "Yes" or	n Form 990, Part IV, line 1	1c. See Form 990, Part X, line	13.
(a) Description of	of investment	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 99	90. Part X. col. (B) line 13.)			
Part IX Other Assets.				
Complete if the or	ganization answered "Yes" or	n Form 990. Part IV. line 1	1d. See Form 990, Part X, line	15.
		escription	· · · · · · · · · · · · · · · · · · ·	(b) Book value
(1)		<u> </u>		
(2)				
(3)				
(4)				

(5) (6)

(7) (8) (9)

Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

<u>1. </u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DEFERRED RENT	1,697.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,697.

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

Schedule D (Form 990) 2020

	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	4,065,960.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	4,065,960.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			4,065,960.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With Expe	nses per Returr	١.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	3,965,236.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	1 2 1		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	3,965,236.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,965,236.
Pa	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a		Part V, line 4; Part X	K, line 2; Part XI,
PAI	RT X, LINE 2:			
THI	E ORGANIZATION IS QUALIFIED AS A TAX-EXEM	IPT ORGANIZAT	TION UNDER	SECTION
<u>501</u>	L(C)(3) OF THE INTERNAL REVENUE CODE AND	APPLICABLE S	STATE STATU	JTES AND
<u>G</u> E1	NERALLY IS NOT SUBJECT TO INCOME TAXES.			

THE ORGANIZATION FOLLOWS GUIDANCE IN THE INCOME TAX STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW BY FEDERAL AND STATE AUTHORITIES. THE ORGANIZATION IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX-EXEMPT STATUS.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020	SHELTER	FOR	LIFE	INTERNATIONAL,	INC.	39-1657081	Page 5
Schedule D (Form 990) 2020 Part XIII Supplemental Infor	mation (contin	ued)					
• • • • • • • • • • • • • • • • • • • •	(COTILIT	<u>ucu)</u>					

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

 \blacktriangleright Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

2020
Open to Public Inspection

Name of the organization

Employer identification number

SHELTER FOR LIF	E INTERNA	ATIONAL.	INC.		39-165708	1
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "Y	es" on
Form 990, Part IV			·			
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	ints and other a	assistance,	
the grantees' eligibility for	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	tance? X	Yes No
2 For grantmakers. Desc	ribe in Part V the	e organization's i	procedures for monitoring the use of its	s grants and ot	ner assistance outsi	de the
United States.		3	3	3		
3 Activities per Region. (Th	ne following Part	I, line 3 table ca	ın be duplicated if additional space is n	eeded.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to	1	specific type	investments
		in the region	recipients located in the region)	of service	(s) in the region	in the region
				VARIOUS PRO	GRAMS WERE	
				CONDUCTED I	N 2020 IN	
				SENEGAL. SE	E PART III	
SUB-SAHARAN AFRICA	3	51	PROGRAM SERVICES	FOR DETAILS	•	2,790,350.
				VARIOUS PRO	GRAMS WERE	
				CONDUCTED I	N 2020 IN	
				AFGANISTAN.	SEE PART III	
CENTRAL ASIA	1	58	PROGRAM SERVICES	FOR DETAILS	•	599,318.
2 a Cubtotal	4	109				3,389,668.
3 a Subtotal b Total from continuation	<u> </u>	109				3,303,000.
sheets to Part I	0	0				0.
c Totals (add lines 3a		<u> </u>				
and 3b)	4	109				3,389,668.

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

Schedule F (Form 990) 2020

exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Part II	Grants and Othe	er Assistance to Org	janizations or Entities (Outside the United States. C	omplete if the o	rganization answered	d "Yes" on Form	990, Part IV, line 15, for	any
r	ecipient who rec	ceived more than \$5,0	000. Part II can be duplic	cated if additional space is nee	ded.				
1 (a) Name o	of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter	total number of	recipient organization	ns listed above that are r	ecognized as charities by the	oreign country,	recognized as a tax			

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.							
Part III can be duplicated (a) Type of grant or assistance	if additional space is neede	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2020 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

INC.

2020 Open to Public Inspection

OMB No. 1545-0047

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

Name of the organization

SHELTER FOR LIFE INTERNATIONAL,

Employer identification number 39-1657081

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: DISPLACED BY THE CIVIL WAR TO THEIR LAND BY HELPING THEM REBUILD THEIR HOMES AND LIVELIHOODS. SFL ALSO LAUNCHES A MULTI-YEAR (2018 2023) REGIONAL PROJECT LINKG INFRASTRUCTURE FINANCE AND FARMS TO CASHEW (LIFFT CASHEW) TO STRENGTHEN AND IMPROVE CASHEW NUT PRODUCTION AND GUINEA-BISSAU AND THE GAMBIA. TRADE IN SENEGAL, THE MAIN OBJECTIVES OF THE PROJECT ARE TO DEVELOP KEY MARKET INFRASTRUCTURE, FACILITATE THE FINANCING OF CASH RELATED BUSINESSES, IMPROVE FARMING PRACTICES ON CASHIEW FARMS AND BUILD THE CAPACITY OF CASHIEW PROCEDURES TO ORGANIZE FOR GREATER BARGAINING POWER. UNDER THE LIFFT CASHEW AN ADDITIONAL 56 KM OF FEEDER ROADS HAVE BEEN CONSTRUCTED IN SENEGAL, EIGHT ASSOCIATIONS SUPPORTED TO REGISTER AS COOPERATIVES AND LINKED THEM WITH FINANCIAL INSTITUTIONS TO ACCESS CREDIT FOR FINANCING THE COLLECTION AND SALE OF MEMBERS' PRODUCE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

PROVINCE OF AFGHANISTAN, THAT CHANGE MORE THAN FIVE THOUSANDS OF ACRES

OF RAIN-FED LAND TO IRRIGATED LAND. SFL ANTICIPATES TO SEE A GREATER

STABILITY IN FOOD PRODUCTION AND ACCESS TO FOOD IN THE REGION.

2. SFL EXPANDED/ WIDENING 25,000 METERS OF IRRIGATION CANAL IN

BADAKHSHAN PROVINCE, BY IMPLEMENTATION OF THIS, IRRIGATION IS SET UP ON

A BETTER WAY, JOB OPPORTUNITY AND, CROP PRODUCTION IS INCREASED AND

ECONOMIC SITUATION OF THE PEOPLE IS POSITIVELY CHANGED.

3. SFL CONSTRUCTED DISASTER RISK REDUCTION (DRR) INFRASTRUCTURES: BUILT

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

Schedule O (Form 990 or 990-EZ) 2020

Employer identification number Name of the organization SHELTER FOR LIFE INTERNATIONAL, INC. 39-1657081 1,631 METERS (STONE MASONRY, RCC, AND GABION PROTECTION WALL IN DIFFERENT LOCATIONS FOR THREE PROVINCES (BADAKHSHAN, SAMANGAN AND KABUL). THESE SYSTEMS IN AN EFFORT TO MITIGATE THE NEGATIVE IMPACT OF FLOODS AND BETTER MANAGE IRRIGATION WATER FLOW AND PROTECTED MORE THAN 850 OF RESEDINTIAL HOUSES, SCHOOLS, AND MORE THAN OF 2000 ACRES OF AGRICULTURAL LANDS AND NUMBER OF PUBLIC ROADS. 4. THE SFL LIVELIHOODS PROJECTS STABLISHED 89 KITCHEN GARDENS AND SUPPORTED 89 MOST VULNERABLE WOMEN/HOUSEHOLDS TO ESTABLISH OR MEASURABLY IMPROVE A SOURCE OF SUPPLEMENTARY INCOME THROUGH POTENTIAL AGRICULTURAL TECHNICAL TRAINING IN BADAKHSHANAND SAMANGAN PROVINCES. 5. FORESTATION ACTIVITIES, SFL WORKED AND MADE DEMOSTRATION PLOTS ON 40000M2 IN FOUR PROVINCES (TAKHAR, KUNDUZ, BALKKH AND JAWZJAN). AND ESTABLISHING OF REFORESTATION ACTIVITIES (PISTACHIO TREES AND TERRCING) ON 35,000M2 AND NURSARIES ON 11,500M2 IN BADAKHSHAN AND KABUL PROVINCES, CONSTRUCTION OF 4 UNITS OF GREEN HOUSESES, 18 UNITS OF HOUSE GARDENING IN BADAKHSHAN. THROUGH THESE ACTIVITIES, WOMEN RECEIVED TECHNICAL TRAINING ON PLANTING TREES, MAKETING METHODES CONCERNING THE SALE OF TREES, PROVIDED WOMEN WITH INCREASED KNOWLEDGE IN AGRICULTURE RELATED ACTIVITIES, BESIDED THAT, JOB OPPORTUNITIES AND OR INCREASED INCOME AMONG VULNERABLE HOUSEHOLDS AND IMPROVING OVERALL QUALITY LIVING CONDITION. 6. SFL BUILT 4 UNITS OF MUDDY WATER RESERVOIRS WITH DIFFERENT SIZES (30M X 30M X 2.5M AND 20M X 30M 2.5M) IN KABUL PROVINCE, THESE

RESERVOIRS ARE BUILT TO GET WATER FROM THE NATURAL SPRINGS AND USE FOR

AGRICULTURAL ACTIVITIES PURPOSES.

Name of the organization **Employer identification number** 39-1657081 SHELTER FOR LIFE INTERNATIONAL, INC. 7. SFL BUILT ADDITIONAL NUMBER OF STRUCTURES ALONG TO THE IRRIGATION CANALS IN PROVINCES (BADAKHSHAN AND KABUL), SUCH (CONSTRUCTED 37 METERS RCC AQUEDUCT, 73.5 METER WASH CULVERT, 26 METER RCC WEIR AND 25 METER RCC DITCH). 8. ESTABLISHMENT OF 50 POULTRIES AND 15 BEE-KEEPING ON HOUSEHOLD LEVEL IN BADAKHSHAN RPVINCE. FOR THESE TWO ACTIVITIES 65 MOST VULNERABLE WOMEN/HOUSEHOLDS WILL IMPROVE A SOURCE OF SUPPLEMENTARY INCOME THROUGH AFOREMENTIONED ACTIVITES AND TECHNICAL TRAINING IN BADAKHSHANAND AND KABUL PROVINCES. 9. 1100 SMALLHOLDER FARMERS UNDER SUSTAINABLE FOOD SYSTEM (STRENGTHENING SOYA FOOD SYSTEM) PROGRAM RECEIVED INPUT (IMPROVED WEHAT SEEDS, FERTILIZERS (DAP AND UREA) AND TECHNICAL TRAININGS. 10. 11,818 METRIC TONS OF MIXED FOOD DISTRIBUTED TO 11,164 VULNERABLE AND FOOD-INSECURE HOUSESHOLDS IN TAKHAR, BADAKHSHAN, KABUL PROVINCES FOR THE YEAR 2020. 11. 2,162,681 USD DISTRIBUTED AS CASH TO 58,862 MOST VULNERABLE BENEFICIARIES (HHS) IN TAKHAR AND BADAKHSHAN PROVINCES FOR THE YEAR 2020. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: MAY 2019, SFL ESTABLISHED AN OFFICE IN GUINEA BISSAU, REGISTERED ITS PRESENCE WITH THE GOVERNMENT OF THE COUNTRY AND HOSTED A RIBBON-CUTTING CEREMONY, IN WHICH THE DIPLOMATIC REPRESENTATIVES OF THE UNITED STATES Schedule O (Form 990 or 990-EZ) 2020

Name of the organization **Employer identification number** SHELTER FOR LIFE INTERNATIONAL, INC. 39-1657081 AND OFFICIALS FROM THE PRESIDENT AND PRIME-MINISTER OF GUINEA BISSAU PARTICIPATED. BASED ON THE RESULTS OF RURAL FEEDER ROADS ASSESSMENT THAT SFL HAS CONDUCTED IN ORDER TO INDENTIFY BASIC NEEDS FOR IMPROVED ACCESS TO MARKETS OF FARM PRODUCE, TWO FEEDER ROADS OF 20KM AS PART OF THE SEVEN ROADS FOR A TOTAL OF 65KM (OVER THE PROJECT DURATION) HAVE SO FAR BEEN CONSTRUCTED. THE REMAINING ROADS ARE PLANNED TO BE COMPLETED IN THE NEXT FISCAL YEAR 2021. SFL HAS ALSO ESTABLISHED PARTNERSHIPS WITH EXISTING CASHEW-PROCESSORS, CASHEW-FARMER-ASSOCIATIONS AND COOPERATIVES TO PROMOTE ENHANCED MARKET OF RAW CASHEW NUTS THROUGH DIRECT BULK SALE OF FARMERS PRODUCE BY THE COOPERATIVES/ASSOCIATIONS OTHERWISE REFERRED AS 'COLLECTIVE SALES'. THIS SYSTEM ENSURES A MORE DIRECT LINK AND NEGOTIATING ANGLE BETWEEN THE RCN PRODUCERS AND THE BUYERS (PROCESSORS AND EXPORTERS), THUS MINIMIZING THE INVOLVMENT OF INTERMEDIARIES, ENGENDERING A WIN-WIN SITUATION FOR BOTH THE PRODUCERS (HIGHER PRICES) AND THE BUYERS (REDUCED OPERATIONAL COSTS). THEREFORE, DURING THE RCN MARKETING SEASON OF FISCAL YEAR 2020, THE SFL FACILITATED THE LINKING OF PRODUCER COOPERATIVES AND BUYERS THROUGH WHICH COOPERATIVES WERE ABLE TO MOBILIZE AND SOLD 6800 TONS OF RCN THOUGH COLLECTIVE/BULK SALES. IN ORDER TO IMPROVE THE QUALITY OF PRODUCTION OF THE RCN, SFL HAS ALSO STARTED TRAINING OF THE MEMBERS OF THE FARMER COOPERATIVES IN GOOD AGRICULTURAL PRACTICES (GAP), SEEDLING NURSERY MANAGEMENT AND ORGANIC PRODUCTION STANDARDS. TO SUPPORT THESE, 4 DEMONSTRATION PLOTS HAVE BEEN ESTABLISHED AS TRAINING CENTERS TO REINFORCE EFFECTIVE LEARNING AND EVENTUALLY SERVE AS A MOTIVATION FOR APPLICATION OF LEARNED GAPS. THUS,

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization **Employer identification number** SHELTER FOR LIFE INTERNATIONAL, INC. 39-1657081 PERIOD. FORM 990, PART VI, SECTION A, LINE 1: THE BOARD OF DIRECTORS MAY APPOINT THREE OR MORE DIRECTORS TO SERVE AS THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE, IF APPOINTED BY THE BOARD, HAS THE AUTHORITY TO TRANSACT SUCH BUSINESS NECESSARY FOR THE ADMINISTRATION AND OPERATION OF THE ORGANIZATION BETWEEN BOARD OF DIRECTORS MEETINGS AND HAS SUCH POWER AS, FROM TIME TO TIME, IS VESTED IN IT BY THE BOARD OF DIRECTORS. IN NO EVENT SHALL THE EXECUTIVE COMMITTEE HAVE AUTHORITY TO: (A) AMEND THE ARTICLES OF INCORPORATION OR BYLAWS OF THIS CORPORATION; (B) CHANGE THE QUALIFICATIONS AND VOTING RIGHTS OF DIRECTORS OR ELECT OR REMOVE DIRECTORS FROM OFFICE; (C) AUTHORIZE THE TRANSFER, GIFT, OR ENCUMBRANCE OF ALL OR SUBSTANTIALLY ALL THE ASSETS OF THE ORGANIZATION IN A SINGLE OR RELATED TRANSACTION; (D) AUTHORIZE THE DISSOLUTION, MERGER OR CONSOLIDATION OF THE ORGANIZATION; (E) CHANGE THE QUALIFICATIONS OF OFFICERS OR ELECT OR REMOVE OFFICERS FROM OFFICE. FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND THE MANAGEMENT TEAM REVIEWS THE FORM 990. A COPY OF THE FORM 990 IS FORWARDED TO THE BOARD FOR REVIEW PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

A CONTRACT OR OTHER TRANSACTION BETWEEN THE ORGANIZATION AND ONE OR MORE OF

ITS DIRECTORS, OR BETWEEN THE ORGANIZATION AND ANY OTHER ENTITY IN WHICH A

DIRECTOR IS A DIRECTOR OR OFFICER OR HAS A MATERIAL FINANCIAL INTEREST - IS

FOLLOWING PROVISIONS ARE SATISFIED:

Name of the organization

Employer identification number

SHELTER FOR LIFE INTERNATIONAL, INC. 39-1657081

VOIDABLE AT THE SOLE ELECTION OF THE ORGANIZATION IF NEITHER OF THE

- (A) THE MATERIAL FACTS OF THE TRANSACTION AND THE DIRECTOR'S RELATIONSHIP

 OR INTEREST WERE DISCLOSED OR KNOWN TO THE BOARD OF DIRECTORS OR A

 COMMITTEE OF THE BOARD;
- (B) THE BOARD OR COMMITTEE AUTHORIZED, APPROVED OR RATIFIED THE TRANSACTION WITHOUT COUNTING THE VOTE OF THE INTERESTED DIRECTOR;
- (C) THE TRANSACTION WAS FAIR AND REASONABLE TO THE ORGANIZATION.

COMMON OR INTERESTED DIRECTORS MAY BE COUNTED IN DETERMINING THE PRESENCE

OF A QUORUM AT A MEETING OF THE BOARD OF DIRECTORS (OR A COMMITTEE THEREOF)

WHICH AUTHORIZES, APPROVES, OR RATIFIES SUCH CONTRACT OR TRANSACTION, BUT

MAY NOT VOTE ON SUCH TRANSACTION. PROCEEDINGS ARE DOCUMENTED IN THE MEETING

MINUTES.

NO EMPLOYEE SHALL ENGAGE IN ANY OUTSIDE BUSINESS OR FINANCIAL ACTIVITY
WHICH INTERFERES WITH HIS OR HER ABILITY TO FULLY PERFORM JOB
RESPONSIBILITIES. NO EMPLOYEE WHOSE JOB INCLUDES PURCHASING OR INFLUENCING
PURCHASE DECISIONS SHALL HAVE A FINANCIAL INTEREST IN ANY BUSINESS THAT
FURNISHES PRODUCTS, MATERIALS, OR SERVICES TO THE ORGANIZATION. ANY SUCH
INTEREST IS GROUNDS FOR IMMEDIATE DISMISSAL. THE ONLY EXCEPTION APPLIES TO
AN EMPLOYEE WHO OWES LESS THAN FIVE PER CENT OF THE SHARE OF STOCK OF
PUBLICLY TRADED COMPANY. NO EMPLOYEE MAY BENEFIT DIRECTLY OR INDIRECTLY
FROM A THIRD PARTY WHO FURNISHES PRODUCTS, MATERIALS, OR SERVICES TO THE
ORGANIZATION. ANY SUCH BENEFIT IS GROUND FOR IMMEDIATE DISMISSAL.

FINANCIAL INTEREST HELD BY MEMBERS OF AN EMPLOYEE'S IMMEDIATE FAMILY

(SPOUSE, PARENTS, CHILDREN, OR MEMBER OF EMPLOYEE'S HOUSEHOLD) IN COMPANIES

032212 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

SHELTER FOR LIFE INTERNATIONAL, INC.	39-1657081
SUPPLYING PRODUCTS, MATERIALS, OR SERVICES TO THE ORGANIZA	TION SHALL BE
DISCLOSED IMMEDIATELY TO DETERMINE WHETHER A CONFLICT OF I	NTEREST EXISTS.
FORM 990, PART VI, SECTION B, LINE 15A:	
THE BOARD OF DIRECTOR'S PERSONNEL COMMITTEE REVIEWS THE JO	B PERFORMANCE OF
THE CEO. THEY USE APPROPRIATE COMPARABILITY DATA TO DETERM	INE THE
COMPENSATION. RAISES FOR EMPLOYEES ARE BASED ON EMPLOYEE E	VALUATIONS. THE
LAST EVALUATION WAS DONE FOR CHIEF EXECUTIVE OFFICER, MUST	AFA OMAR IN 2020.
THE CEO REVIEWS THE JOB PERFORMANCE OF THE OFFICERS. THE C	EO USES
APPROPRIATE COMPARABILITY DATA TO DETERMINE THE COMPENSATI	ON. RAISES FOR
THE EMPLOYEES ARE BASED ON EMPLOYEES' EVALUATIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC U	PON REQUEST.
FORM 990, PART XII, LINE 2C:	
THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT	ACCOUNT HAS
NOT CHANGED FROM THE PRIOR YEAR.	