** PUBLIC INSPECTION COPY **

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning OCT 1. 2022 and ending SEP 30, D Employer identification number C Name of organization B Check If applicable Address change SHELTER FOR LIFE INTERNATIONAL. Name change 39-1657081 Initial return E Telephone number Number and street (or P.O. box if mall is not delivered to street address) Room/suite Final return/ termin-ated 10201 WAYZATA BLVD 110 763-416-0441 City or town, state or province, country, and ZIP or foreign postal code 7,254,540. G Gross receipts \$ Amende MINNETONKA, MN 55305 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MUSTAFA OMAR for subordinates? Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.SHELTER.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation L Year of formation: 1989 M State of legal domicile; WI Trust Association Other Part I Summary Briefly describe the organization's mission or most significant activities: TO ENABLE PEOPLE AFFECTED BY Governance CONFLICT AND DISASTER TO REBUILD THEIR LIVES AND COMMUNITIES. 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 5 Number of voting members of the governing body (Part VI, line 1a) 5 Number of independent voting members of the governing body (Part VI, line 1b) Activities & 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 5 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** Contributions and grants (Part VIII, line 1h) 6,827,797. 3,343,720. 8 3,224,593. 3,825,745. 9 Program service revenue (Part VIII, line 2g) 8,757. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 169. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,600. 76,318. 11 10,056,159. 7,254,540. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 3,525,087. 3,491,810. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 3,63<mark>8,101.</mark> 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,481,180. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 9,006,267. 7,129,911. 19 Revenue less expenses. Subtract line 18 from line 12 1,049,892. 124,629. **Beginning of Current Year** End of Year 5 Ssets 9,754,568. 12,079,004. 20 Total assets (Part X, line 16) 7,656,692. 9,856,499. 21 Total liabilities (Part X, line 26) 2,097,876. 2,222,505 Net assets or fund balances, Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Mustafa Omar Signature404 pfficer Date Sign MUSTAFA OMAR. CHIEF EXECUTIVE OFFICER Here Type or print name and title Check PTIN Print/Type preparer's name Preparer's signature 07/25/24 self-amployed P01484710 Paid DEIRDRE HODGSON DEIRDRE HODGSON CLIFTONLARSONALLEN LLP Firm's EIN 41-0746749 Preparer Firm's name Firm's address 220 S 6TH STREET, SUITE 300 Use Only Phone no. 612-376-4500 MINNEAPOLIS, MN 55402 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

		1657081	Page 2
Par	rt III Statement of Program Service Accomplishments		[47]
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:	anla ross	
	SHELTER FOR LIFE INTERNATIONAL, INC. EXISTS TO DEMONSTRATE GOOD BY ENABLING PEOPLE AFFECTED BY CONFLICT AND DISASTER TO REBU		
	COMMUNITIES AND RESTORE THEIR LIVES.	TRD IUPTI	7
	COMMONITIED AND REDIONE THEIR DIVERS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	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 measure	d by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	tal expenses, an	ıd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 2,784,591. including grants of \$ 0.) (Revenue \$	3,293,2	<u>170.</u>)
	SENEGAL PROGRAM:		
	GUELDED DOD I THE THEODIS STONIS / GUEL VIA DUDY MODULING THE SUB-	373 MITTO 4 7	
	SHELTER FOR LIFE INTERNATIONAL (SFL) HAS BEEN WORKING IN THE		
	REGION OF CASAMANCE (SEDHIOU, KOLDA, AND ZIGUINCHOR) IN SENECTION OF A CIVIL WAR OF SEVERAL DECADES WHICH HAS	GAL SINC	<u> </u>
		S REGION	
	SFL'S WORK IN CASAMANCE FOCUSES ON IMPROVING MARKET CONNECTION		<u> </u>
	PARTICULARLY IN THE CASHEW SECTOR, AND RESETTLEMENT OF FAMIL:		
	DISPLACED BY CONFLICT. DURING THE FY 2023, TWO PROJECTS HAVE		TT.T.
	UNDER IMPLEMENTATION. ONE OF THE PROJECTS IS LIFFT CASHEW WI		
	INCLUDES THE FOLLOWING ACTIVITIES AND OUTCOMES:		
4b	(Code:) (Expenses \$ 8,935. including grants of \$) (Revenue \$	10,	624.)
	THE GAMBIA PROGRAM:		,
	SFL SUCCESSFULLY COMPLETED THE RE-REGISTRATION PROCESS SFL AS		
	NON-PROFIT NON-GOVERNMENTAL ORGANIZATION (NGO) AND OBTAINED		
	CERTIFICATE (EARLIER ACCORDING TO THE GAMBIAN LAW IT WAS REG		
	CHARITY ORGANIZATION, BECAUSE ELIGIBILITY FOR NGO STATUS REQU)
	YEARS OF HAVING CHARITY ORGANIZATION). TO MEASURE THE IMPACT		T CITE
	ROAD CONSTRUCTION IMPLEMENTED BY SFL, AN EVALUATION WAS CONDUCTED OF STREET OF THE PROPERTY OF		LCH
	SHOWED SIGNIFICANT IMPROVEMENTS IN ROAD TRAFFIC VOLUMES ON ROEXPERIENCING A 251% INCREASE AND ROAD N3 SEEING A 107% INCREASE		<u> </u>
	IMPROVEMENT INCREASED ACCESS TO THE MARKET FOR THE PRODUCERS		<u> </u>
	POSITIVELY IMPACTING THEIR ECONOMIC GROWTH. ADDITIONALLY, A S		
4c	(Code:) (Expenses \$3 , 736 , 210 . including grants of \$0) (Revenue \$		951.)
	AFGHANISTAN PROGRAM:		,
	SHELTER FOR LIFE INTERNATIONAL IS BEING WORKING IN AFGHANIST	N SINCE	
	1998 WITH A PRIMARY FOCUS OF RESTORING THE LIVES OF THE VICT:	MS OF TH	ΙE
	COUNTRY'S WARS AND DISASTERS AND REBUILDING THEIR COMMUNITIES	S. MOST ()F
	THE COMMUNITIES WHERE SFL OPERATES ARE INTERNALLY DISPLACED		
	POPULATIONS, RETURNED REFUGEES AND THOSE AFFECTED BY NATURAL		
	DURING THE YEARS. DURING THE YEARS 2023 SFL WORKED IN THE PI		OF
	BADAKHSHAN, TAKHAR, BALKH, JOWZJAN, SUR -E POL, FARYAB, GHAZI		
	KABUL. TO RESTORE FOOD AND AGRICULTURE SECTORS' PRODUCTIVITY		
	AND PRESERVE SOIL QUALITY IN FARMING COMMUNITIES, AND REDUCE	THE IMPA	ACT
	OF NATURAL DISASTERS, PARTICULARLY LANDSLIDES, FLOODS,		
4d	Other program services (Describe on Schedule O.)	1	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 6,529,736.)	
70	Total program dervice expended 0 0 0 0	Form 9	90 (2022)
232002	SEE SCHEDULE O FOR CONTINUATION(S)	1 Ottli O	- 12422)
	2		

Form 990 (2022) SHELTER FOR Part IV Checklist of Required Schedules SHELTER FOR LIFE INTERNATIONAL, INC.

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			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? See instructions	2	X	
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		7.7
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			7.7
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а			х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	-47	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	1 10		<u> </u>
Ů	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	1.0		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	.,,		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	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			77
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X
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					Yes	No
la	Enter the number reported in box 3 of Form 1096. Enter 0 if not applicable	1a	17			
b	Enter the number of Forms W-2G included on line 1a. Enter ·0· if not applicable	1b	0			
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portak	ole gaming			
	(gambling) winnings to prize winners?			1c	Х	
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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

If "Yes," complete Form 6069.

If "Yes," complete Form 4720, Schedule O.

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Pai	tVI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough 7b be	low, and for	a "No" ı	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See instruc	tions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
		ı		- HSI (2000)	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		<u>5</u>		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			-		
	Enter the number of voting members included on line 1a, above, who are independent	1b		5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	-		SERVICE .	an pastini	77
^	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	=				x
4			······	1 .		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99					X
5 6	Did the organization become aware during the year of a significant diversion of the organization's asserbid the organization have members or stockholders?		••••••	6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or approximation.			-		
ia				7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto			, a		
,,				7b		X
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year	hy the follow	ina.	76	1000000	
	The governing body?			8a	Х	100000000000000000000000000000000000000
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read		.,	- S.		
ŭ	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		x
Sec	ion B. Policies (This Section B requests information about policies not required by the Internal Rev					
•	This dection b requests information about policies not required by the internal nev	ende code.	<u> </u>		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha					
				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	
ь	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			6000000		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	Ĺ
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to				Х	L
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	es, " describe	9			
	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	L
15	Did the process for determining compensation of the following persons include a review and approval	by independ	dent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1000000	2000 000 000 000 000 000 000 000 000 00	
	The organization's CEO, Executive Director, or top management official			_15a	Х	L
b	Other officers or key employees of the organization			15b	2011/2012/00	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent with a		N. SASS	\$450E	
	taxable entity during the year?			16a	olemak odd Acc	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		ation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization					
0	exempt status with respect to such arrangements?			16b		Ь
	ion C. Disclosure	NAC D	7 CC 17	N MC	MD	ATIT
17	List the states with which a copy of this Form 990 is required to be filed MN, WI, KY, CO, MA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-1 (sec	tion 501(c)(3	3)s only)	availai	Эle
	for public inspection. Indicate how you made these available. Check all that apply.		.			
40	X Own website Another's website X Upon request Other (explain		•	nd flu ==	nia!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	mict of inter	est policy, a	na iinana	aaı	
20	statements available to the public during the tax year.	o and was:	rde			
20	State the name, address, and telephone number of the person who possesses the organization's book BERHANU SHASHEGO $-$ (612)298 $-$ 7616	s and recor	นธ			
	10201 WAYZATA BLVD 110, MINNETONKA, MN 55305					
232006	12-13-22			Form	990	(2022)
						,,

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Part VII Compensation				ey Employee:	s, Highest C	ompensated				
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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X	(A) Name and title	(B) Average hours per week	box	not c , unle cer an	Pos heck i ss per	more rson i	than a s both	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
X		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the organization and related
(2) JAMOLIDIN VOHIDOV	(1) MUSTAFA OMAR	55.00								_	
DIRECTOR OF INTERNATIONAL			<u> </u>		X				180,603.	0.	22,083.
(3) BRINT PATRICK (4) GORDON WRIGHT (5) KYLE NEWKIRK (6) THOMAS LANE (7) VICTOR WEIR (3) BRINT PATRICK (2.00		40.00	-						445 000		06 = 04
CHARIMAN OF THE BOARD			-			_	X	<u> </u>	115,000.	0.	36,534.
(4) GORDON WRIGHT 1.00 VICE CHAIR OF THE BOARD X X 0. 0. 0. (5) KYLE NEWKIRK 2.00 X X 0. 0. 0. TREASURER X X 0. 0. 0. 0. (6) THOMAS LANE 1.00 X 0. 0. 0. 0. DIRECTOR X 0. 0. 0. 0. 0. (7) VICTOR WEIR 1.00 0. 0. 0. 0. 0.		2.00	١,,		τ,					_	^
VICE CHAIR OF THE BOARD		1 00	X		X.	-			0.	U.	0.
(5) KYLE NEWKIRK (6) THOMAS LANE DIRECTOR (7) VICTOR WEIR 2.00 X X X 0. 0. 0. 0. 0. 0. 0.		1.00	- v		v					_	^
TREASURER			┞≏		Δ			ļ	<u> </u>	0.	0.
(6) THOMAS LANE		2.00	Į.,		v					0	n
DIRECTOR		1 00	1	-	Λ	 	-	 	0.	0.	0.
(7) VICTOR WEIR 1.00		1.00	x						0	٥.	0.
	(7) VICTOR WEIR	1.00				 	-			· ·	
	DIRECTOR		x						0.	0.	0.
			_								
			1								
	 		-			_					
									A-1		
 											
			-								

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	990 (2022) SHELTER I					******	*** * **			39-1657	7081 Page 8
Par	t VII Section A. Officers, Directors, Trus		loy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)	
	(A) Name and title	(B) Average hours per week	box	not cl unle:	ss per	ition more rson i	then of the state	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	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
								-			
1b	Subtotal						•••••		295,603.	0.	
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								295,603.	0.	
	Total number of individuals (including but no compensation from the organization								**************************************	<u> </u>	2
3	Did the organization list any former officer,			-		-		_	·	•	Yes No
4	line 1a? If "Yes," complete Schedule J for st For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportable	e co	mpe	nsat	tion	and	oth	er compensation from t		4 X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	•							•		5 X
Sect	ion B. Independent Contractors			a. v.u	~	,0,0,0	· ·				
	Complete this table for your five highest cor the organization. Report compensation for t	•									ation from
	(A) Name and business			NE					(B) Description of s		(C) Compensation
2	Total number of independent contractors (in	cludina but no	t lim	nited	to f	hos	e list	ed :	above) who received mo	ore than	
	\$100,000 of compensation from the organiz				_ *	0			,		Form 990 (2022)

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Part VIII Statement of Revenue

			Check if Schedule O	cont	tains a	response	or note to any lir	ne in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									Tariction revenue	Dusaless reveile	sections 512 - 514
t t	1	a Fe	ederated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts			embership dues			1b					
O E		c Fu	ındraising events		********	1c					
affig ar /						1d					
S, G		e Go	overnment grants (contri	ibuti	ions)	1e 3	,303,794.				
S.S		f All	other contributions, gifts,	gran	its, and			1			
but		sin	nilar amounts not included	abo	ve	1 f	39,926.				
들은		g Noi	ncash contributions included in l	lines	1a-1f	1g \$					
<u>8</u> 8		h To	otal. Add lines 1a-1f					3,343,720.			
							Business Code				
ģ.	2	а <u>W</u>	ORLD FOOD PR	OG	RAM		900099	3,665,101.	3,665,101.		
Ş		ь <u>V</u>	EHICLE RENTA	L	INC	OME	900099	160,644.	160,644.		
Program Service Revenue	,	c						· · · · · · · · · · · · · · · · · · ·			
am											
Pg		е									
P	1	f All	other program service i	reve	nue						
			tal. Add lines 2a-2f					3,825,745.			
	3		vestment income (includ								
		otl	her similar amounts)					8,757.			8,757.
	4	Inc	come from investment o					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	5	Ro	yalties			·	*******************				
					(i)	Real	(ii) Personal				
	6 a Gros		oss rents	6a							
	1	b Le		6b							
		c Re	ental income or (loss)	6с							
	(d Ne	t rental income or (loss)								
	7 :	a Gre	oss amount from sales of		(i) Se	ecurities	(ii) Other				
		ass	sets other than inventory	7a							
	ı	b Le	ss: cost or other basis								
e		and	d sales expenses	7b							
Other Revenue	•	c Ga	in or (loss)	7c	<u> </u>						
æ			et gain or (loss)			<u>,,,,</u>	***************************************	į			
Ē	8 a	a Gro	oss income from fundraisin	ıg ev	ents (n	ot	İ			5	
₹		inc	cluding \$			of					
		CO	ntributions reported on l	line	1c). Se	e					
		Pa	rt IV, line 18			8a					
	ŀ) Le	ss: direct expenses			8b					
	•	o Ne	t income or (loss) from f	und	Iraising	events					
ŀ	9 a		oss income from gamino								
			rt IV, line 19								
	ł	Le:	ss: direct expenses			9b					
	(: Ne	t income or (loss) from o	gami	ing act	ivities					
	10 a		oss sales of inventory, le								
			d allowances				3				
			ss: cost of goods sold				<u> </u>				
\dashv		: Ne	t income or (loss) from s	sales	s of inv	entory .			Description and the following transfer the state of the first		
ای		~-		~	~		Business Code	D0 4 PP			
Miscellaneous Revenue	11 8		AIN ON FOREIC		CUF	KKEN	900099	73,157.			73,157.
	_		ANAGEMENT FE	ഥ		· · · · · · · · · · · · · · · · · · ·	900099	3,161.			3,161.
e Se	C										
Σ			other revenue					76 242			
								76,318.	2 025 745		OF ARE
	12	Tot	al revenue. See instruction	ns				7,254,540.	」, ʊ⊿ɔ , /4ɔ.	0.	<u>85,075.</u>

232009 12-13-22

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	'	éxpenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		İ		
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees	273,785.	133,424.	140,361.	
6	Compensation not included above to disqualified	2/3,/03.	133,424.	140,301.	
Ü	persons (as defined under section 4958(f)(1)) and				
7	Other salaries and wages	2,990,063.	2,898,500.	91,563.	
8	Pension plan accruals and contributions (include	_,,		22,303.	
J	section 401(k) and 403(b) employer contributions)	1,591.		1,591.	
9	Other employee benefits	199,740.	188,378.	11,362.	
10	Payroll taxes	26,631.	10,425.	16,206.	
11	Fees for services (nonemployees):				
a	Management				
b	Legal	11,586.		11,586.	
С		68,855.		68,855.	
d	I				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch O.)	530,983.	530,983.		
12	Advertising and promotion				
13	Office expenses				
14	Information technology	17,036.		17,036.	
15	Royalties				
16	Occupancy	87,959.	65,105.	22,854.	
17	Travel	144,819.	144,819.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	40 125			
22	Depreciation, depletion, and amortization	12,466.		12,466.	
23	Insurance				
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e, If				
	line 24e amount exceeds 10% of line 25, column (A).				
	amount, list line 24e expenses on Schedule 0.)	2 004 515	1 700 400	100 000	C 400
a	OTHER DIRECT PROGRAM CO FIELD SUPPLIES AND CONS	2,004,715. 717,024.	1,798,420.	199,869.	6,426
p		42,658.	717,024.		
C	EQUIPMENT	44,000.	42,658.		
d	All other evenences				
e oe	All other expenses	7,129,911.	6,529,736.	593,749.	6,426
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	1,143,3114	U,JGJ,130.	333,143+	0,420
26	,				
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here for following SOP 98-2 (ASC 958-720)				
	(National of the state of				Form 990 (202

Pai	rt X	Balance Sheet		-			
		Check if Schedule O contains a response or not	e to an	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			7,969,984.	1	9,554,356.
	2	Savings and temporary cash investments		363,882.	2	420,073.	
	3	Pledges and grants receivable, net		1,313,878.	3	1,996,102.	
	4	Accounts receivable, net			21,262.	4	11,386.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes			,	5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	-	·	•	6	•
s	7	Notes and loans receivable, net	8,075.	7	8,075.		
Assets	8	Inventories for sale or use				8	·
As	9	B 11			42,409.	9	31,676.
		Land, buildings, and equipment: cost or other				WAR AND	
		basis. Complete Part VI of Schedule D	10a	178,042.			
	b		10b	155,430.	35,078.	10c	22,612.
	11	Investments - publicly traded securities		· · · · · · · · · · · · · · · · · · ·		11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0.	15	34,724.
	16	Total assets. Add lines 1 through 15 (must equa			9,754,568.	16	12,079,004.
	17	Accounts payable and accrued expenses			415,756.	17	493,968.
	18	Grants payable			18		
	19	Deferred revenue	7,240,936.	19	9,327,514.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
.,	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa		i i			
ig		controlled entity or family member of any of thes			ekseling (120) er er er er er er er er er er er er er	22	especialistic managed present despecial contracts and despecial
<u>E</u> :	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay	-				
i		parties, and other liabilities not included on lines		i i			
		of Schedule D			0.	25	35,017.
	26	Total liabilities. Add lines 17 through 25			7,656,692.	26	9,856,499
\neg		Organizations that follow FASB ASC 958, chec	k here	X		10000000	
SS		and complete lines 27, 28, 32, and 33.		·			
au c	27				2,031,264.	27	2,222,505.
3ak	28	Net assets with donor restrictions			66,612.	28	0.
g		Organizations that do not follow FASB ASC 95					
Ē		and complete lines 29 through 33.	,				
ō	29	Capital stock or trust principal, or current funds			and the second second second section is a second section of the section is a second section of the section section is a second section of the section section is a second section of the section section section is a second section of the section se	29	enter en en entre en en en en en en en en en en en en en
ets	30	Paid-in or capital surplus, or land, building, or equ				30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,097,876.	32	2,222,505.
-	33	Total liabilities and net assets/fund balances			9,754,568.	33	12,079,004.

Form 990 (2022)

Forn	1990 (2022) SHELTER FOR LIFE INTERNATIONAL, INC.	39-16	57081	Pag	ge 12
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	7,254	1,5	40.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,129	9;9:	11.
3	Revenue less expenses. Subtract line 2 from line 1	3	124	.,6:	29.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,097	7,8'	76.
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	2,222	3,5	05.
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	(02.00 mil) 1		
	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?		2b	Х	
	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:		9000000		
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u></u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			Х	
			Form !	990 ((2022)

SCHEDULE A

(Form 990)

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

IVali	ie oi r	ne organization					Embiose	r identification number				
		SHEI	TER FOR LI	FE INTERNATIO	ONAL,	INC.		39-1657081				
Pa	rt I	Reason for Public	Charity Status.	(All organizations must o	omplete ti	his part.) S	See instructions.					
The	organi	ization is not a private found	dation because it is: (For lines 1 through 12, c	heck only	one box.)						
1		A church, convention of ch	nurches, or associatio	n of churches described	l in sectio	on 170(b)(1)(A)(i).					
2		A school described in sec										
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	\Box	A medical research organiz	, ,				•	the hospital's name.				
-		city, and state:						, , , , , , , , , , , , , , , , , , , ,				
5		An organization operated f	or the benefit of a co	llege or university owner	or operat	ed by a go	wernmental unit describ	ed in				
_		section 170(b)(1)(A)(iv). (o. apolai	, 5.						
6		A federal, state, or local go	-	nantal unit described in	caction 1	プロイトンノイン/ 人り	(s)					
7	X	An organization that norma						nublic described in				
,		-	-	ilital part of its support if	oni a gove	emmemai	unit or from the general	public described in				
		section 170(b)(1)(A)(vi). (C	• •	Id)(A)(-1) (Campulata Day	. 11 3							
8	\vdash	A community trust describ					11. 44. 4 4	11				
9	لـــــا	An agricultural research or					-	-				
		or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the college	e or				
		university:										
10	Li	An organization that norma										
		activities related to its exer	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support	from gross investment				
		income and unrelated busi	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the organization	after June 30, 1975.				
		See section 509(a)(2). (Co	mplete Part III.)									
11		An organization organized	and operated exclusi	vely to test for public sa	fety.See	section 50	09(a)(4).					
12		An organization organized	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to carry out the	purposes of one or				
		more publicly supported or	rganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3).	Check the box on				
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and 12g.					
а		Type I. A supporting org	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), typically by	giving				
		the supported organizati	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees of the s	upporting				
		organization. You must	complete Part IV, Se	ections A and B.								
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organization(s), by ha	vina				
		control or management of	•			* *	• ,	-				
		organization(s). You mus			'			•				
c		Type III functionally inte			in connect	tion with a	and functionally integrate	ed with				
Ī	L	its supported organization						J. 1811.1.				
d		Type III non-functionall		:			•	antion(e)				
u	L	that is not functionally in										
		•			•		•	veriess				
	-	requirement (see instruct	•	•	-							
е	L	Check this box if the org					type i, type ii, type iii					
_		functionally integrated, o		nally integrated supporting	ng organiz	ation.						
f		r the number of supported			• • • • • • • • • • • • • • • • • • • •							
g		ide the following informatio Name of supported	n about the supporte	d organization(s). (iii) Type of organization	(iv) is the gra	anization listed	(v) Amount of monetary	(vi) Amount of other				
	(1)	organization	(11) E114	(described on lines 1-10	in your govern	ing document?	support (see instructions)	support (see instructions)				
		Organization		above (see instructions))	Yes	No	adport (add matractoria)	support (see motidations)				
				···								
					183406324463464	GAALGESTERS						

39-1657081 Page 2 Schedule A (Form 990) 2022 SHELTER FOR LIFE INTERNATIONAL, INC. Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (c) 2020 (b) 2019 (d) 2021 (e) 2022 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 3363542. 3405845. 4906150. 6827797. 3343720.21847054. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 3363542. 3405845 4906150. 6827797. 3343720.21847054. 4 Total. Add lines 1 through 3 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) 21847054. 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020(d) 2021 (e) 2022 (f) Total 3363542. 7 Amounts from line 4 3405845. 4906150. 6827797. 3343720. 21847054 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, 829 725. 116. 169 8,757 10,596. and income from similar sources 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 3,250. 3,600 76,318 assets (Explain in Part VI.) 83,168 11 Total support, Add lines 7 through 10 21940818. 12 Gross receipts from related activities, etc. (see instructions) 10,055,917. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 99.57 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 % 15 Public support percentage from 2021 Schedule A, Part II, line 14 99.88 % 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

SHELTER FOR LIFE INTERNATIONAL, INC.

Schedule A (Form 990) 2022 SHELTER FOR LIFE INTERNATIONAL Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(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

Se	ction A. Public Support	ejow, picade dom	Sioto i are ii.				
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and		***************************************				
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,	-					
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf		İ				
5	The value of services or facilities	:					
·	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
t	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.)						
	etion B. Total Support	The other Charles that by the heading person from the		***************************************	professional desiration of the second		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(- ,/	\ 		(4) ===:	(0) = 0 = 1	11/ 1014
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
h	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				1		
	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10o, 11, and 12.)					:04()(0)	
14	First 5 years. If the Form 990 is for the	-		•	•		
S0/	check this box and stop here	c Support Par	centage		*************************		
						15	
	Public support percentage for 2022 (li						<u>%</u>
	Public support percentage from 2021 ction D. Computation of Inves					16	<u>%</u>
				no 13 notume (6)		17	0/
	Investment income percentage for 20						%
	Investment income percentage from 3					18	<u>%</u>
เรล	33 1/3% support tests - 2022. If the						
t -	more than 33 1/3%, check this box ar	•	-	, ,			
מ	33 1/3% support tests - 2021. If the	-			•	•	10 1
00	line 18 is not more than 33 1/3%, che		-	•		•	
- 111	Private foundation. If the organizatio	n ala not check a	box on line 14, 19:	i, or 190, check th	us box and see in:	structions	

232023 12-09-22

39-1657081 Page 4

Schedule A (Form 990) 2022

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain,
- 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)
- 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?
- 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
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.)

service and account	Yes	No
	Yes	
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	edule A (Form 990) 2022 SHELTER FOR LIFE INTERNATIONAL, INC. 39-1	<u>65708:</u>	1 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
		Managar Walder	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a				
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b	-0.000-0000	
¢	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		\$100000	
Sec	detail in Part VI. Stion B. Type I Supporting Organizations	11c		L
	Non be type I cupper this organizations		Vaa	Na
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or	100000000000000000000000000000000000000	Yes	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			100000
	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	Augus Progesti	00000000
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			
	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			Š. K.
	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	300000000		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	13 - 13 15 15 15 15 15 15 15 15 15 15 15 15 15	56 6855455
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			VARIA.
200	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	,			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction.	5).		
a	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 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below.	nstruction		No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	350000000000000000000000000000000000000	Yes	No
а				
	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	operate.	, Perintenti L
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	40		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b	an atribation	150,4005947
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	4.1		Name of
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За	eser een sist	enussesein L
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja	55000	
_	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b	egetyre (1947)	er, mort bere

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	edule A (Form 990) 2022 SHELTER FOR LIFE INTERN		NAL, INC. 3	9-1657081 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifyir			art VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations mus tion A - Adjusted Net Income	t complet	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		<u>, , , , , , , , , , , , , , , , , , , </u>
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
_	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount	, 0	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):	\$300 (000) \$300 (000)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		ted Type III supporting organ	ization (see
	instructions).	. .	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	,

		IFE INTERNATION			<u>9-1657081</u>	Page 7
, essentiation	t V Type III Non-Functionally Integrated 509					
	on D - Distributions	Current Ye	ar			
1	Amounts paid to supported organizations to accomplish exe					
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<u> </u>	3		
4_	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	·	
<u>6</u>	Other distributions (describe in Part VI). See instructions.			6		
	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
^	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	(2)	/::\	10	tim\	
Dant	on E. Dictribution Allocations (occinetwestions)	(i)	(ii) Underdistribution	s	(iii) Distributab	le
Secu	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2022	_	Amount for 2	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
-	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
	From 2017					
	From 2018					
	From 2019					
	From 2020			007/009		
	From 2021					
	Total of lines 3a through 3e					
	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
	Carryover from 2017 not applied (see instructions)					
i	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7:					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
c	Remainder, Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:				5.50,5 65 65 65 65	
	Excess from 2018					
	Excess from 2019					
	Excess from 2020			Mark Wales		
	Excess from 2021					
e	Excess from 2022					

	(Form 990) 2022	SHELTER F					9-1657081 Page 8
Part VI	Supplemental Infor	mation. Provide t	he explanation:	s required by Part	II. line 10: Part	t II. line 17a or 17b	: Part III, line 12:
	Part IV, Section A, lines 1	, 2, 3b, 3c, 4b, 4c, 5	a, 6, 9a, 9b, 9c	, 11a, 11b, and 11	lc; Part IV, Sec	tion B. lines 1 and	2: Part IV, Section C.
	line 1: Part IV. Section D.	lines 2 and 3: Part I\	Section E. lin	es 1c. 2a. 2b. 3a.	and 3b: Part V	line 1: Part V. Se	ction B. line 1e: Part V.
	Section D, lines 5, 6, and	8; and Part V, Section	on E, lines 2, 5,	and 6. Also comp	olete this part f	or any additional ir	formation.
	(See instructions.)						*************
PART I	I, SHORT YEAR	EXPLANATIO	ON:				*
	•						
COLUMN	(D) 2020 REP	RESENTS A E	PERIOD F	ROM 1/1/2	0 - 9/3	0/20 DHE '	TO A
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization Employer identification number SHELTER FOR LIFE INTERNATIONAL, INC. 39-1657081 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______\$___ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

SHELTER FOR LIFE INTERNATIONAL, INC.

39-1657081

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-15-2	22	\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Name of organization

Employer identification number

SHELTER FOR LIFE INTERNATIONAL, INC.

39-1657081

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			·
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
23453 11-15-2	22		Schedule B (Form 990) (2022)

	B (Form 990) (2022)		Page 4
Name of c	organization		Employer identification number
SHELT Part III	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively retigious,	ons to organizations described in sec) through (e) and the following line entr charitable, etc., contributions of \$1,000 or to	39-1657081 Stion 501(c)(7), (8), or (10) that total more than \$1,000 for the year y. For organizations \$ Stion the year. (Enter this info. once.) \$
/a) No	Use duplicate copies of Part III if additional	space is needed.	***************************************
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	L
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	<u> </u>
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

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.

Name of the organization

Employer identification number

-	SHELTER FOR LIFE II		39-1657081
Pa			ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(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 v		ds
_	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
	• •	• • • •	
Pai		replication anguered "Vee" on Form 200, Dest W	Yes No
			, mile 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreat		orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a co	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	ifter July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		ization during the tax
	year		ŭ
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l		
Ū	The state of the s	manaking of tholahono, and omoroling contool take	on sussification during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conservation ea	sements during the year
•	A modern of experience moderned in moderning, inspecting, reality	ing of violations, and officing conservation ca	donients during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirements of section 170/h/4//P	N6)
U			
_	and section 170(h)(4)(B)(ii)?		tesNO
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements th	at describes the
Do	organization's accounting for conservation easements. TIII Organizations Maintaining Collections of	Art Historical Transuras or Other S	Similar Accots
[Car			ommai Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	·	
	of art, historical treasures, or other similar assets held for pub		nce of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research 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 trea		provide
٠	the following amounts required to be reported under FASB A	-	•
а	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		
	For Panaryuark Paduation Ast Nation, see the Instructions		Sahadula D (Farm 990) 2022

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		FOR LIFE					<u> </u>	39-16		Page 2
Ha	rt III Organizations Maintaining C			******					3 (continu	ıed) ⊸
3	Using the organization's acquisition, access	ion, and other record	ts, check	any of the f	ollowing tha	it make s	ignificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	•			hange progi	ram				
b	Scholarly research	•	е 📙 (Other						
¢	Preservation for future generations									
4	Provide a description of the organization's c							se in Part	XIII.	
5	During the year, did the organization solicit							,	-	
l B	to be sold to raise funds rather than to be m								Yes	No_
Pal	rt IV Escrow and Custodial Arran		lete if the	organizatio	n answered	"Yes" on	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod		-						٦.	
_	on Form 990, Part X?						•••••	L	_ Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	illowing ta	able:				1		
								ļ .	Amount	
C .	Beginning balance									
	• • • • • • • • • • • • • • • • • • • •									
e	Distributions during the year									
f	Ending balance							<u> </u>	"1	
	Did the organization include an amount on F						ity?	L	_ Yes	∐ No
Pai	If "Yes," explain the arrangement in Part XIII † V Endowment Funds. Complete									
1.561	Lite Li	(a) Current year	1	rior vear	(c) Two year			years back	(a) Four s	roare back
	Desirable of control of		(a) r-r	nor year	(C) I WU yea	at S Dack	(a) Three	years back	(e) rour y	ears back
1a	Beginning of year balance									
р	Contributions									
c	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs									
f	Administrative expenses									
g	End of year balance		n: 4							
2	Provide the estimated percentage of the cur	•	,	, column (a)) neid as:					
	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С		%								
٥-	The percentages on lines 2a, 2b, and 2c sho	•	-4! 464	ana balalana	al a desired					
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are neid an	a administe	rea for th	e		Г	es No
	organization by:									res No
	(i) Unrelated organizations			***************************************	• • • • • • • • • • • • • • • • • • • •	••••••			3a(i)	
2.	(ii) Related organizations	utions listed as assert		hadula DO		• • • • • • • • • • • • • • • • • • • •			3a(ii)	<u> </u>
	Describe in Part XIII the intended uses of the								3b	
Par	t VI Land, Buildings, and Equipm		wment iu	mas.						
	Complete if the organization answere) Part IV	line 11a Se	ee Form 996) Part X	line 10			
	Description of property	(a) Cost or o		(b) Cost		1		od	/at Deels	
	Description of property	basis (investr		(b) Cost basis (ccumulat oreciatior		(d) Book	value
	tand			Dasis (outery	ue	or eclated!			
	Land									
	Buildings				•	 				
	Leasehold improvements			17	8,042.	-	L55,4	30	2.2	,612.
	Equipment			± / ¹	0,044.	 	LJJ,4	201	44	, U L & •
	Other . Add lines 1a through 1e. (Column (d) must e		V 25.1	/D\ P 10	N= 1	<u> </u>			22	,612.
utal	i Aud intes la unough le, (Cojumn (a) must e	quai Form 990. Part	д. columi	n (6). Ilne 10	<i>IC.)</i>		<u></u>	<u></u>	44	, (144

Sch	nedule D (Form 990) 2022 SHELTE		LIFE IN	TERNAT	'IONAL,	INC.	39-3	L657081	Page 3
P	art VII Investments - Other Securi						·		_
	Complete if the organization answer								
(2	a) Description of security or category (including name of	of security)	(b) Book	/alue	(c) Metho	od of valuation: (Cost or end-of	-year market v	alue
	Financial derivatives								
	Closely held equity interests								
	Other								
	(A)								
	(B)								
	(C)								
	(D)								
	<u>(E)</u>								
	(F) (C)								 ,
	(G)								
	(H)	10 \	<u> </u>						
P	al. (Col. (b) must equal Form 990, Part X, col. (8) lir art VIII Investments - Program Rel	ated.		<u> </u>					
1000	Complete if the organization answer		on Form 990 P	art IV line 1	1c. See Form	990 Part X line	13		
	(a) Description of investment	<u> </u>	(b) Book			ed of valuation: O		-vear market v	alue
	(1)		(2) =00		(0) 11101111	or taldation.	7001 07 0710 01	your market t	
	(2)							<u> </u>	
	(3)								
	(4)								
	(5)								
	(6)								
	(7)								
	(8)								
	(9)								
	al. (Col. (b) must equal Form 990, Part X, col. (B) lir	ne 13.)		Ş					
Pa	art IX Other Assets.	•				· · · · · · · · · · · · · · · · · · ·			
	Complete if the organization answer	ed "Yes"	on Form 990, Pa	art IV, line 1	1d. See Form	990, Part X, line	15.		
		(a)	Description					(b) Book va	lue
	(1)								
	(2)								
	(3)								
- 1	(4)								
	(5)								
,	(6)								
-	(7)								
	(8)								
	(9)								
ot	al. (Column (b) must equal Form 990, Part X, c	ol. (B) line	9 15.)						
۲ŧ	art X Other Liabilities.								
	Complete if the organization answer		on Form 990, Pa	art IV, line 1	1e or 11f. See	Form 990, Part	X, line 25.		
1	(a) Description of liabil	ity						(b) Book va	ilue
	(1) Federal income taxes		-			· · · · · ·			
	(2) SHORT-TERM LEASE LIAE		<u> </u>						906.
	(3) LONG-TERM LEASE LIABI	TTTA						25,	111.
	(4)								
	(5)								
	(6)								
	(7)								
	(8)								
	(9)							זר	017
	al. (Column (b) must equal Form 990, Part X. c								017.
	Liability for uncertain tax positions. In Part XII				_			•	[TV]
	organization's liability for uncertain tax position	under	FASB ASC 740	. Grieck her	e ii riie text o	ine tootnote ha			X
							Sched	ule D (Form 9	9UJ 2022

Part XI Reconciliation of Revenue per Audited Finan Complete if the organization answered "Yes" on Form 990,	cial Statements With Revenue p	oer Return.
Total revenue, gains, and other support per audited financial state	-	1 7,254,540.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	***************************************	
a Net unrealized gains (losses) on investments	1 1	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		2e 0.
3 Subtract line 2e from line 1		3 7,254,540.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	1 1	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		40 0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Par		
Part XII Reconciliation of Expenses per Audited Final	ncial Statements With Expenses	
Complete if the organization answered "Yes" on Form 990,	*	·
Total expenses and losses per audited financial statements		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		2e 0.
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)		
		4c 0.
c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Pa		
Part XIII Supplemental Information.	ILLI, IIIIE TO.I	101 //120/014
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to PART X, LINE 2:		V, line 4; Part X, line 2; Part XI,
THE ORGANIZATION IS QUALIFIED AS A TA	AX-EXEMPT ORGANIZATIO	N UNDER SECTION
501(C)(3) OF THE INTERNAL REVENUE COL	DE AND APPLICABLE STA	TE STATUTES AND
GENERALLY IS NOT SUBJECT TO INCOME TA	AXES.	
THE ORGANIZATION FOLLOWS GUIDANCE IN	THE INCOME TAX STAND	ARD REGARDING THE
RECOGNITION AND MEASUREMENT OF UNCERT	TAIN TAX POSITIONS. T	HE ORGANIZATION'S
TAX RETURNS ARE SUBJECT TO REVIEW BY	FEDERAL AND STATE AU	THORITIES. THE
ORGANIZATION IS NOT AWARE OF ANY ACT	VITIES THAT WOULD JE	OPARDIZE ITS
TAX-EXEMPT STATUS.		

Schedule D (Form 990) 2022	SHELTER F	OR LIFE	INTERNATIONAL,	INC.	39-1657081	Page 5
Schedule D (Form 990) 2022 Part XIII Supplemental Infor	mation _{(continued}	1)				
						
						
						<u> </u>
		•				
	<u>. </u>					
						
·						
 						
•						

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CH1	ELTER FOR LIF	E INTERNI	ልጣ ፐ∩እ፣ልፐ.	TNC		39-165708	1
Pa	rt I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "Y	es" on
	Form 990, Part IV			on photos of the control of the cont	sto ii tilo organi	ization anawored 1	GG OII
1			maintain record	ds to substantiate the amount of its gra	nts and other a	assistance,	
	the grantees' eligibility for	or the grants or a	ssistance, and t	the selection criteria used to award the	grants or assis	tance?	Yes No
2	For grantmakers. Described States.	ribe in Part V the	organization's	procedures for monitoring the use of its	grants and oth	ner assistance outsi	de the
3		he following Part	L line 3 table ca	an be duplicated if additional space is n	eeded)		
	(a) Region	(b) Number of	(c) Number of			vity listed in (d)	(f) Total
		offices	employees,	(by type) (such as, fundraising, pro-		gram service,	expenditures
		in the region	agents, and independent contractors	gram services, investments, grants to	describe	specific type	for and
			contractors in the region	recipients located in the region)	of service	s) in the region	investments in the region
			W Mo Jogion		VARIOUS PRO	GRAMS WERE	
					CONDUCTED I		
					SENEGAL. SE		
uB-	SAHARAN AFRICA	3	61	PROGRAM SERVICES	FOR DETAILS		2,772,371.
					VARIOUS PRO		, , ,
					CONDUCTED I	N 2022 IN	
						SEE PART III	
ENT	RAL ASIA	4	366	PROGRAM SERVICES	FOR DETAILS		3,732,303.
							<u> </u>
		-			-,		
3 а	Subtotal	7	427				6,504,674.
b	Total from continuation						
	sheets to Part I	0	0		Victoria de la composición del composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la		0.
C	Totals (add lines 3a						
	and 3b)	7	427				6.504.674.

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

Page 2

SHELTER FOR LIFE INTERNATIONAL, INC.

Schedule F (Form 990) 2022 SHELTER FOR LIFE INTERNATIONAL, INC. 39–1657081

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name 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 exempt 501(c)(3) organ	Enter total number of recipient organizations listed above that are exempt 501(c)(3) organization by the IRS, or for which the grantee	s listed above that are re for which the grantee c	recognized as charities by the foreign country, recognized as a tax or counsel has provided a section 501(c)(3) equivalency letter	foreign country, r xtion 501(c)(3) equ	ecognized as a tax iivalency letter	ax		
	ciner total number of burier organizations of entitles	enuues					Sched	Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

39-1657081

SHELTER FOR LIFE INTERNATIONAL, INC.

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 if additional space is needed.

						022
	(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2022
	(g) Description of noncash assistance					Schedi
	(f) Amount of noncash assistance					_
	(e) Manner of cash disbursement					
	(d) Amount of cash grant					,
	(c) Number of recipients					
Iditional space is needed	(b) Region					
ran III can de duplicated II additional space is needed	(a) Type of grant or assistance					-

Schedu	ule F (Form 990) 2022 SHELTER FOR LIFE INTERNATIONAL, INC.	39-1657081	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "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? # "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 (Forr	n 990) 2022

Schedule F (Form 990) 2022 SHELTER FOR LIFE INTERNATIONAL, INC. 39-1657081 Page 5 Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
THE ORGANIZATION HAS INTERNAL CONTROL PROCEDURES: TO APPROVE GRANT
EXPENDITURES, TO REVIEW GRANT EXPENDITURES MADE, AND TO EVALUATE PROJECT
PROGRESS AND WORK COMPLETED, ACCORDING TO THE GRANT BUDGET AND COMPLIANCE
REQUIREMENTS.
PART I, LINE 3:
ACCRUAL
•

SCHEDULE J (Form 990)

Part I

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

SHELTER FOR LIFE INTERNATIONAL, INC. Questions Regarding Compensation

Employer identification number 39-1657081

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	——————————————————————————————————————			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	and many day
	and one or a more and a second of the second	\$300E		50.55 S
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
_	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent compensation consultant Independent compensation consultant			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Point 950 of other digarilizations			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling			
7	organization or a related organization:			
_	Describes a second of the seco	1000110000	Spanie.	v
	Receive a severance payment or change-of-control payment?	4a		<u> </u>
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c	6000000	
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.			
	Out			
-	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	VARIATES	Sections	1000004
	The organization?	5a		X
b	Any related organization?	5b	698888	X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b	Constitution of the	X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Page 2

Schedule J (Form 990) 2022 SHELTER FOR LIFE INTERNATITONAL, INC. 37-103/1001

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

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

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

The state of the s		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (R)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			<u>⊕</u> 2
(1) MUSTAFA OMAR	Ξ	180,6		0.	6,600.	15,483.	202,686.	0
CEO	(ii)		• 0	• 0	•0	0	0	0
(2) JAMOLIDIN VOHIDOV	(1)	115,0(0	• 0	4,600.	31,934.	151,534.	
DIRECTOR OF INTERNATIONAL	▣		0	0.	0	0	0	0
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Page 3									***************************************		4.500	990) 2022
39-1657081	splete this part for any additional information.		THE THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY ADDRESS O									Schedule J (Form 990) 2022
Schedule J (Form 990) 2022 SHELTER FOR LIFE INTERNATIONAL, INC.	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.											

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

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

Attach to Form 990 or Form 990-EZ.

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

QMB No. 1545-0047
2022
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

SHELTER FOR LIFE INTERNATIONAL, INC.

Employer identification number 39-1657081

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: SHELTER FOR LIFE IS REGISTERED IN SENEGAL AS NON-PROFIT NGO. AS PART OF THE LIFFT CASHEW PROJECT IN SENEGAL, DURING THE FY'23, TWO (2) MORE NEW COOPERATIVES WERE ESTABLISHED, EACH RECEIVING ASSISTANCE IN VARIOUS ASPECTS OF THE VALUE CHAIN INCLUDING FURNISHING THE OFFICES OF COOPERATIVES (WEIGHING MACHINES, TRICYCLES, MOTORBIKES, PRINTERS COMPUTERS ETC) THROUGH THE GRANT FUND. ADDITIONALLY, ALL 8 COOPERATIVES PARTNERED WITH SFL RECEIVED \$5,000 EACH FOR THE 2023 CASHEW CAMPAIGN TOTALING \$40,000. TO ENSURE GOOD PRODUCTION AND NUT QUALITY, PRODUCERS WERE TRAINED IN GOOD AGRICULTURAL PRACTICES, AND 535 CASHEW SEEDLINGS IMPORTED FROM VIETNAM WERE DISTRIBUTED TO VARIOUS COOPERATIVES. TO PROMOTE GROUP SALES AT THE COOPERATIVE LEVEL, ONE WAREHOUSE WITH A CAPACITY OF 800 CUBIC METERS WAS REHABILITATED (AN 83% INCREASE), AND ANOTHER WAREHOUSE WITH A CAPACITY OF 720 CUBIC METERS WAS BUILT FOR THE NIASSENE COOPERATIVE (A 13% INCREASE) IN THE LOP 513 SFL SUPPORTED FARMER-PRODUCERS WHO ARE PARTNERING WITH SCPL PROCESSORS HAVE BEEN CERTIFIED ON ORGANIC CASHEW PRODUCTION. CERTIFICATION WAS ACHIEVED THROUGH THE ASSISTANCE AND COLLABORATION PROVIDED TO THE PROCESSOR BY THE SFL DEMONSTRATING ITS COMMITMENT TO PROMOTING ORGANIC PRODUCTS IN THE AGRICULTURE VALUE CHAIN. DURING THE PERIOD, 363 PEOPLE BENEFITED FROM FINANCIAL SERVICES, OFTEN AS DIRECT OR INDIRECT BENEFICIARIES OF GRANTS MADE TO COOPERATIVES OR AS INDIRECT BENEFICIARIES OF FUNDS GRANTED TO PROCESSORS BY THE CASHEW FUND. THESE FUNDS FACILITATED THE COLLECTION OF 597,9464.6 TONS OF CASHEW AND FOSTERED PARTNERSHIPS BETWEEN BENEFICIARY PROCESSORS AND LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022 232211 10-28-22

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** SHELTER FOR LIFE INTERNATIONAL, INC. 39-1657081 COOPERATIVES IN THE FATICK AREA. CONSULTATIVE MEETINGS WERE HELD TO DISCUSS PROPOSED INCENTIVES FOR THE CASHEW VALUE CHAIN IN SENEGAL. THESE MEASURES AIM TO BOOST CASHEW PRODUCTION, COMPETITIVENESS, AND VALUE CHAIN DEVELOPMENT IN THE COUNTRY. ALSO, SFL THOUGHT THE CASHEW FUND COMPONENT, PROVIDED ASSISTANCE TO 3 PROCESSORS DURING THE CASHEW SEASON WITH OPERATIONAL CAPITAL TO ENABLE THEM FOR PURCHASE AND PROCESS OF CASHEW PRODUCTS. IN ADDITION TO THAT, WITH THE INVOLVEMENT OF LICENSED CONSULTANTS, PROVIDED SUPPORT FOR OBTAINING HACCP CERTIFICATIONS PROCESSES. SFL, THROUGH ITS LIFFT CASHEW PROJECT TEAM, CONTINUES TO ASSIST PROCESSORS AND PRODUCERS IN SENEGAL, THE GAMBIA AND GUINEA-BISSAU WITH ORGANIC CERTIFICATION AUDITS, PROMOTING SUSTAINABLE AGRICULTURAL PRACTICES AND FACILITATING MARKET ACCESS FOR ORGANIC PRODUCTS. A SECOND PROJECT, FUNDED BY THE U.S. DEPARTMENT OF STATE, BUREAU OF POPULATION, REFUGEES AND MIGRATION, AIMS TO INITIATE AND FACILITATE A EXPLICABLE PROCESS FOR THE RETURN OF DISPLACED POPULATIONS TO THEIR COMMUNITIES OF ORIGIN. SINCE 2018, SFL HAS FACILITATED THE CONSTRUCTION OF 1,450 DURABLE SHELTERS, BUILT 1,600 LATRINES AND CONSTRUCTED AND INSTALLED 53 DRINKING WATER WELLS. SINCE 2021, SFL HAS ALSO DISTRIBUTED 600 HYGIENE KITS TO RETURNEE FAMILIES. IN 2023, SFL ASSISTED 300 FAMILIES IN THE CONSTRUCTION OF THEIR SHELTERS, EACH OF THESE FAMILIES BENEFITED FROM A LATRINE; 15 NEW WATER WELLS WERE BUILT TO FACILITATE THEIR ACCESS TO DRINKING WATER. THESE 300 HOUSEHOLDS ALSO RECEIVED HYGIENE KITS AND HAND-WASHING STATIONS. PROJECT BENEFICIARIES ARE SELECTED FROM AMONG THE MOST VULNERABLE FAMILIES OF FORMER REFUGEES AND INTERNALLY DISPLACED POPULATIONS, WHO HAVE RETURNED TO THEIR HOME VILLAGES IN CASAMANCE. THE PROJECT HAS HAD A DIRECT IMPACT ON MORE THAN

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Name of the organization SHELTER FOR LIFE INTERNATIONAL, INC.	Employer identification number 39–1657081
17,500 PEOPLE IN SOUTHERN CASAMANCE, THE SOUTHERN REGION O	F SENEGAL.
GUINEA BISSAU PROGRAM	
SHELTER FOR LIFE INTERNATIONAL BEGAN WORKING IN GUINEA BIS	SAU IN 2019.
FOLLOWING YEARS OF POLITICAL INSTABILITY AND INTERNAL CONF	LICT, GUINEA
BISSAU'S ECONOMY HAS STAGNATED. GUINEA BISSAU IS ONE OF TH	E MAJOR
CASHEW PRODUCERS IN THE IN WEST AFRICA, AND THE QUALITY OF	' ITS CASHEWS
IS CONSIDERED MORE DESIRABLE IN GLOBAL MARKETS, BUT BECAUS	E IT IS
CONSIDERED A FRAGILE STATE, THE COUNTRY HAS HAD DIFFICULTY	ATTRACTING
INVESTMENT IN THE HARVESTING, PROCESSING, AND TRADE OF CAS	HEWS TO
GLOBAL MARKETS. ALMOST 60% OF CASHEW NUTS PRODUCTION COUNT	ESS TO GUINEA
BISSAU WITHIN SEGABI REGION. SFL'S WORK IN GUINEA BISSAU I	S PART OF ITS
REGIONAL CASHEW VALUE CHAIN PROGRAM, FUNDED BY THE U.S. DE	PARTMENT OF
AGRICULTURE. DURING THE FISCAL YEAR 2023, A TOTAL OF 20,24	4 CUBIC
METERS OF INFRASTRUCTURE (STORAGE SPACE) WERE REHABILITATE	D IN
GUINEA-BISSAU AS PART OF EFFORTS TO ENHANCE THE CASHEW VAL	UE CHAIN. A
BUSINESS-TO-BUSINESS (B2B) EVENT WAS ORGANIZED TO FACILITA	TE
COLLABORATION AMONG ALL STAKEHOLDERS INVOLVED IN THE INDUS	TRY.
FINANCIAL SERVICES RECEIVED A BOOST WITH THE DISBURSEMENT	OF \$1,000,000
FROM THE CASHEW FUNDS TO TWO PROCESSORS IN GUINEA-BISSAU.	THESE
INVESTMENTS, ALONG WITH PEE-FINANCING ARRANGEMENTS BETWEEN	PROCESSORS
AND COOPERATIVES, RESULTED IN THE PROCUREMENT OF 61,964.42	METRIC TONS
OF CASHEWS BY THE PROCESSORS FROM PRODUCER COOPERATIVES SU	PPORTED BY
SFL. THIS ACHIEVEMENT REPRESENTS 103% OF THE FY2023 TARGET	
ADDITIONALLY, 461 INDIVIDUALS HAVE BENEFITED FROM FINANCIA	L SERVICES
FACILITATED BY SFL, ACHIEVING 73% OF THE LOP TARGET, WHILE	
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80 UNITS OF FRUIT ORCHARDS AND SUPPORTED 80 MOST VULNERABLE MEN

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6. SMALL AGRICULTURE MARKET SYSTEMS (SAMS) WHEAT VALUE CHAIN: BASIC

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Name of the organization SHELTER FOR LIFE INTERNATIONAL, INC.	Employer identification number 39-1657081
FORM 990, PART XII, LINE 2C:	
THE PROCESS FOR OVERSIGHT AND SELECTION OF AN INDEPENDENT	ACCOUNT HAS
NOT CHANGED FROM THE PRIOR YEAR.	