# 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)

OM8 No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.lrs.gov/lorm990. JAN 1, 2015 DEC 31, 2015 A For the 2015 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable: Address change SHELTER FOR LIFE INTERNATIONAL, INC. Name change 39-1657081 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return termin ated 10201 WAYZATA BOULEVARD 230 763-253-4082 G Gross receipts \$ 2,443,891 City or town, state or province, country, and ZIP or foreign postal code Arnended return MINNETONKA, MN 55305 H(a) is this a group return Applica-F Name and address of principal officer: MUSTAFA OMAR for subordinates? ..... Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? | Tax-exempt status: | X | 501(c)(3) | 501(c) ( )◀ (insert no.) L 4947(a)(1) or L If "No," attach a list. (see instructions) J Website: ➤ WWW.SHELTER.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation; 1989 M State of legal domicite; WI Part | 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. Check this box | I 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) 6 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 **Current Year** 2.436.031. 1,666,105. Contributions and grants (Part VIII, line 1h) 497,559 753,272. Program service revenue (Part VIII, line 2g) 44,980 23,409. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,354. 1,105. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,982,924 2,443,891. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ O Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 807,141. 775,239 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 630. 35 b Total fundraising expenses (Part IX, column (D), line 25) 1,665,984. 2,272,256 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,047,530 2,473,125. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -29.234. -64,606. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 6,832,377. 5,158,955. 20 Total assets (Part X, line 16) 6,111,530. 4,467,342. 21 Total liabilities (Part X, line 26) 720,847. 691,613. 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. Signature of officer Date Sign MUSTAFA OMAR, EXECUTIVE DIRECTOR Here Type or print name and title Print/Type preparer's name nnature (Milion P01591802 Paid CHRISTINE OLSEN Firm's name CLIFTONLARSONALLEN LLP Firm's EIN 🕨 41-0746749 Preparer Firm's address 220 SOUTH SIXTH STREET, SUITE 300 Use Only Phone no.612-376-4500 MINNEAPOLIS, MN 55402 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Form	990 (2015) SHELTER FOR LIFE INTERNATIONAL, INC.	39-1657081	Page 2
Par	t III Statement of Program Service Accomplishments		ভো
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: SHELTER FOR LIFE INTERNATIONAL, INC. EXISTS TO DEMONSTRA	ጥፑ ሮርክነዊ ፒብ	WE.
	BY ENABLING PEOPLE AFFECTED BY CONFLICT AND DISASTER TO	REBUILD THE	TR
	COMMUNITIES AND RESTORE THEIR LIVES.	THEOTEN AND	
	COMMONITIED AND VEDICAL HIGH BIVED.		
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	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses,	and
	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 1,365,558. Including grants of \$ 0.) (Revenue)		
4a		e\$	0.)
	SENEGAL PROGRAM:	AMAD AN SILLIN T	MOTE
	SHELTER FOR LIFE INTERNATIONAL (SFL) HAS BEEN WORKING IN REGION OF SENEGAL SINCE 2012. BECAUSE OF A CIVIL WAR, THE	IE CAPITAL A	
	MARKET DEVELOPMENT IN THIS REGION HAD BEEN STAGNANT. SFI		
	ENABLED THE RECONNECTION BETWEEN FARMS AND MARKETS AND F		
	OF AGRICULTURAL MARKETS THROUGH REBUILDING OF FARM TO MARKETS	RKET ROADS.	
	HIRING OF 1,138 CASH-FOR-WORK LABORERS AND LOCAL PROCURE		
	MATERIAL. IN ADDITION, THE EFFORTS OF SFL'S ROAD CONSTRU		AD A
	PARTICULAR ATTENTION TO EMPLOYING WOMEN IN ALL ASPECTS (	F THE PROJE	CT.
	NEARLY 30% OF THE WORK FORCE ARE WOMEN; AN UNPRECEDENTED	ACHIEVEMEN	TIN
	SUCH A CONSERVATIVE SOCIETY. IN 2015 ALONE, SFL COMPLETE	D THE	
	CONSTRUCTION OF 35KM OF FARM TO MARKET ROADS.		
4b	(Code:) (Expenses \$ 705, 253 • Including grants of \$ 0 • ) (Revenue	os 753,	272.)
	AFGHANISTAN PROGRAM:		
	SHELTER FOR LIFE INTERNATIONAL HAS BEEN WORKING IN AFGHA		
	1998 WITH A PRIMARY FOCUS OF RESTORING THE LIVES OF THE	ATCLING OF	THE
	COUNTRY'S WARS AND DISASTERS AND REBUILDING THEIR COMMUNITIES WHERE SFL OPERATES ARE RETURNED REFUGEES		OF
	STARTED FARMING IN THEIR ANCESTRAL LAND. IN 2015 SFL WOR		HERN
	PROVINCES OF SAR-I PUL, JAWZJAN, KUNDUZ AND TAKHAR TO RE		
	AGRICULTURE SECTORS' PRODUCTIVITY, RESTORE AND PRESERVE	SOIL QUALIT	YIN
	FARMING COMMUNITIES, REDUCE THE IMPACT OF NATURAL DISAST		
	PARTICULARLY LANDSLIDES, AND PROVIDE SCHOOL FEEDING ASSI		-
	1. SFL BUILT OR RESTORED 62,000 METERS OF IRRIGATION CAN	VALS AND SYS	TEMS
	THAT ENABLES THE IRRIGATION OF THOUSANDS OF ACRES OF FAR		
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue	e\$	)
	Prince the designation of the second of the		
4d	Other program services (Describe in Schedule O.)		_
	(Expenses \$ Including grants of \$ ) (Revenue \$	)	
40	Total program service expenses ▶ 2,070,811.		100
532002	SEE SCHEDULE O FOR CONTINUATION (S		90 (2015)
12-16-	SEE SCHEDULE OF FOR CONTINUATION (S	" /	
	200 404000 0F0 404F4000 004F 04000 07F7 7FF 7FF	DDMARTO OFO	4 77 774

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			١.
	public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			١
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X.
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			1111
	as applicable.		iil. m	der.
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		٧,,	
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			.,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			7,7
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	l		v
	Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Λ.
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f	^	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
	Schedule D, Parts XI and XII	12a	Λ	
Ð	Was the organization included in consolidated, independent audited financial statements for the tax year?			Х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?		х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	-43	
D				
	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	х	
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	140		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	- 13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.	10		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			**
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	-10		^^_
10	complete Schedule G, Part III	19	l	X
	Complete Contract of Factor Contract of the Co		990 <i>i</i>	2015)
		· VIIII		~~1~)

#### Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H Х 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II Х 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х Schedule J 23 24a Dld the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If 'No', go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete Х Schedule L, Part I 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," Х complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ..... 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 X If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Х Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 sections 301.7701·2 and 301.7701·3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X If "Yes," complete Schedule R, Part V, line 2

37

Х

38

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Note. All Form 990 filers are required to complete Schedule O .

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Pa	Check if Schedule O contains a response or note to any line in this Part V					$\Box$
		*******	l		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	13			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- If not applicable	1b	0			
¢	Did the organization comply with backup withholding rules for reportable payments to vendors and re				1111	
	(gambling) winnings to prize winners?		 I	10		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		_			
	filed for the calendar year ending with or within the year covered by this return	2a	6		,	***
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х	11.11.71.7
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	·)	•••••	.ef ;		
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b	<u> </u>	ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		-		٠,,	
_	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a	Х	l
b	If "Yes," enter the name of the foreign country: ► AFGHANISTAN, SENEGAL			******		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad					v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction to the state of the st			5b		<u> </u>
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		ـ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					٠,
	any contributions that were not tax deductible as charitable contributions?			6a	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi		ŭ			
	were not tax deductible?	• • • • • • • • • • • • • • • • • • • •	,	6b	3145 1	
7	Organizations that may receive deductible contributions under section 170(c).				11.13	v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly as a contribution and partly as	-		7a		X
	•			7b		<del> </del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			<b></b> .		Х
	to file Form 8282?			7c	77 <u>15</u> 11	Α
Q.	If "Yes," Indicate the number of Forms 8282 filed during the year		-10		F.I.	Х
4	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7e 7f		X
ť	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control if the organization received a contribution of qualified intellectual property, did the organization file Fo					<u> </u>
g h	If the organization received a contribution of qualified intellectual property, did the organization file ro			7g 7h		<del> </del>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					1100
~		-		8		l '
9	Sponsoring organizations maintaining donor advised funds.	•••••		1	-1.57	384.
а				9a		112.71
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:				l-j.gg	
		10a				
ь		10b				
11	Section 501(c)(12) organizations. Enter:					
		11a		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	in the second	
	Gross income from other sources (Do not net amounts due or paid to other sources against				31	
		11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		}	12a		
	· · · · · · · · · · · · · · · · · · ·	12b			V. 11	
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					1
		13b				
	<b>1</b>	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	Ο,,		14b		
				Form	990	(2015)

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

	to little da, 60, 61 100 below, describe the circumstances, processes, or changes in Schedule C. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
la	Enter the number of voting members of the governing body at the end of the tax year	2	1.11	
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	. Sign		
b	Enter the number of voting members included in line 1a, above, who are independent	2	7.55	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	14 2.7	1. "I.i.i.	3.5
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1_		
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		$\frac{\Lambda}{X}$
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	l _	ļ	
	more members of the governing body?	7a		Х
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			х
_	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	4	
8		0.0	X	
	The governing body?	8a	X	
b	, , , , , , , , , , , , , , , , , , , ,	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		Х
200	organization's mailing address? If *Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests Information about policies not required by the Internal Revenue Code.)	1 9	L	
360	tion b. Folicies (fills section b requests information about policies not required by the internal nevertile code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	163	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IVA		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b		1.11	: 111, T	** ip
12a	Did the organization have a written conflict of interest policy? If *No, " go to line 13	12a	X	ľ
b		12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
•	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			: 15:
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	. ;		
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			11.5
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		-1-	
	taxable entitly during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	11		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure		·	
17	List the states with which a copy of this Form 990 is required to be filed ►MN, WI			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	····		
	ASFAW SEYOUM - 763-253-4082			
	10201 WAYZATA BOULEVARD, NO. 230, MINNETONKA, MN 55305			

Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

Check this box if neither the organization (A)	on nor any related (B)	I		10	3)			(D)	director, or trustee.	(F)
Name and Title	Average	١		Pos	(C) osition ock more than one person is both an			Reportable	Reportable	Estimated
7,3,1,5,7,1,5	hours per	pox	not c , unte	heck sspe	mere rson	than is bot	one han	compensation	compensation	amount of
	week	<del> </del> -	cer an	dad	recto	x/โยบร ไ	tee)	from	from related	other
	(list any	Individual trustee or director			l			the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for related	eord	ag:			23		(W-2/1099-MISC)	(44-27 1099-141130)	organization
	organizations	truste	institutional trustee		èe.	Highest compensated employee		(** 2) 1000 111100)		and related
	below	쿌	rigon.	ia	Key employee	93.63	를			organizations
	line)	휼	inst	Officer	Key	돌	Former			
(1) BRINT PATRICK	2.00								_	_
CHAIR		X		Х	L.	<u>L</u>		0.	0.	0.
(2) GORDON A, WRIGHT	1.00								,	•
VICE CHAIR		X		Х	<u> </u>	<u> </u>	_	0.	0.	0.
(3) KYLE NEWKIRK	2.00	١							0	^
TREASURER	1 00	X		Х	<u> </u>	<u> </u>		0.	0.	0
(4) THOMAS LANE	1.00	١.,							۸	0
BOARD MEMBER	1.00	X	<b></b>			ļ		0.	0.	0
(5) VICTOR WEIR III	1.00	x						0.	0.	0.
BOARD MEMBER (6) MUSTAFA OMAR	55.00	^			<u> </u>			0.	- 0.	
EXECUTIVE DIRECTOR	33.00			х				108,123.	0.	31,054
(7) ASPAW SEYOUM	55.00	$\vdash$		Λ	┝	⊢		100,143.	· · ·	32,034
DIRECTOR OF FINANCE	33.00	ł		Х				94,383.	0.	47,415.
		$\vdash$				ļ		3 2 7 3 3 3 7		27,722
			_		┢					
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		<u> </u>								
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		<u> </u>	$\vdash$				_		···	
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		├	$\vdash$	-						
	<del>                                     </del>	1								
	i	Ц	ш					I	L	Form 990 (2015

532008 12-16-15

\$100,000 of compensation from the organization

Form 990 (2015)

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2015)

	Check If Schedule O contains a resport not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	Individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	•			
	trustees, and key employees	280,974.	219,158.	61,816.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	487,549.	344,109.	143,440.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	10,404.		10,404.	
10	Payroll taxes	28,214.	8,860.	19,354.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	10,662.		10,662.	***
c	Accounting	28,156.		28,156.	
đ	Lobbying				
	Professional fundraising services. See Part IV, line 17			rë dështerat da s	
f	Investment management fees				
g					<del>-</del>
	column (A) amount, list line 11g expenses on Sch O.)	148,387.	138,278.	9,479.	630
12	Advertising and promotion				
13	Office expenses				
14	Information technology	6,010.		6,010.	
15	Royalties				
16	Occupancy	72,878.	42,705.	30,173.	
17	Travel	60,585.	22,903.	37,682.	
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				
22	Depreciation, depletion, and amortization	6,321.		6,321.	
23	Insurance				
24	Other expenses, itemize expenses not covered				
	above. (List miscellaneous expenses in line 24e, If line 24e amount exceeds 10% of line 25, column (A)				
	amount, fist line 24e expenses on Schedule O.)				
а	SUPPLIES	1,247,753.	1,247,753.		
b	OTHER DIRECT COSTS	73,155.	34,968.	38,187.	
c	EQUIPMENT	12,077.	12,077.		
d					
Ð	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,473,125.	2,070,811.	401,684.	630
26	Joint costs. Complete this line only if the organization				
	reported in column (8) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 4,353,043. 6,172,066. Cash - non-interest-bearing 1 202,850. Savings and temporary cash investments 122,168. 2 215,290. 65,747. Pledges and grants receivable, net 3 1,972. 22,800. Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 241,186. 312,270. Notes and loans receivable, net Inventories for sale or use 64,547. 174,623. Prepald expenses and deferred charges 10a Land, buildings, and equipment: cost or other 73,123 basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 15,148 27,622. b Less: accumulated depreciation \_\_\_\_\_\_10b 10c Investments · publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments · program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 6,832,377. 5,158,955. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) ..... 272,005. 221,678. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 5,641,525. 4,122,664. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 198,000. 123,000.23 Unsecured notes and loans payable to unrelated third parties \_\_\_\_\_\_ 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 6,111,530. 4.467.342. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 713,381. 679,047. Unrestricted net assets 27 7,466. Temporarily restricted net assets 12,566. 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Pald-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds ...... 32 32 Total net assets or fund balances 720,847. 691,613. 33 33 6,832,377. Total liabilities and net assets/fund balances 5,158,955.

Form 990 (2015)

	990 (2015) SHELTER FOR LIFE INTERNATIONAL, INC.	<u> 39-165</u>	7081	Pag	e 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)		2,443		
2	Total expenses (must equal Part IX, column (A), line 25)		2,473		
3	Revenue less expenses. Subtract line 2 from line 1	3	-29		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	720	, 8	<u>47.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	691	. , 6	<u>13.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		. # . 4  -		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
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	lon a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		, in the		- 11
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:		ur el li	1	
	X Separate basis Consolidated basis Both consolidated and separate basis			#. I.	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in 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 Sir		1. 17	3 : 3	
	Act and OMB Circular A-133?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	
			Form	990 (	2015)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

Part I

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Employer identification number

39-1657081

Name of the organization

SHELTER FOR LIFE INTERNATIONAL, INC.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8 A community trust described in section 170(b)(1)(A)(vI). (Complete Part II.)

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)

10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4),

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

Provide the following information about the supported organization(s). (iii) Type of organization (i) Name of supported (ii) EIN iv) Is the organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-9 listed in your support (see other support (see joverning document abova (see Instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 592021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990 EZ) 2015 SHELTER FOR LIFE INTERNATIONAL, INC. 39-1657081 Page 2

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				•		
	include any "unusual grants.")	5,699,653.	5,159,960.	3,648,872.	2,436,031,	1,666,105,	18,610,621.
2	Tax revenues levied for the organ-				•		
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						<u>-</u> , ,
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5,699,653.	5,159,960.	3,648,872.	2,436,031,	1,666,105,	18,610,621.
5	The portion of total contributions						
	by each person (other than a	k Hasali					
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the					n af lassaud tetal in la digi. Nacionalista	
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 6 from line 4.			rungida, siribas			18,610,621.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	5,699,653,	5,159,960.	3,648,872.	2,436,031.	1,666,105,	18,610,621.
8	Gross Income from Interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	25,044.	44,817.	65,340.	44,980.	23,409.	203,590.
9	Net income from unrelated business						
	activities, whether or not the	1					
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	2,771.	18,076.	23,340.	4,354.	1,105.	49,646.
11	Total support. Add lines 7 through 10						18,863,857.
	Gross receipts from related activities,					12 1	,163,990.
	First five years, if the Form 990 is for	•				n 501(c)(3)	- "
•	organization, check this box and stor	o here	***************************************	***************************************			<b>&gt;</b> □
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2015 (	line 6, column (1) di	ivided by line 11, o	olumn (f))		14	98.66 %
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	98.85 %
16a	33 1/3% support test - 2015. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2014. If the o						
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not o	heck a box on line	13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"		·	-	· ·		
ь	10% -facts-and-circumstances tes						
_	more, and if the organization meets ti	_					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		-	•	• • • •		
	7					dute A /Form 990	

# Schedule A (Form 990 or 990 EZ) 2015 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	GIOW, PIGRAG COIII	pioto r ait inj		<u></u>		· · · · · · · · · · · · · · · · · · ·
	indar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
2	Include any "unusual grants.")  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		<u></u>				
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				ļ	ļ	
Ł	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 11/5 of the amount on line 13 for the year						
(	Add lines 7a and 7b				<u> </u>		
	Public support. (Subtract line Telemana 6.)			j i jangangang	nga commercial		
Se	ction B. Total Support					VIII T-1	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6				,		
	Gross Income from Interest, dividends, payments received on securities loans, rents, royalities and Income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			<u> </u>	<u> </u>		
	Add lines 10a and 10b						
	regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain In Part VI.)						
	Total support. (Add lines 9, 100, 11, and 12.)		<u> </u>		<u> </u>	504(-)(0)	<u> </u>
14	First five years, If the Form 990 is for	=					L   "1
<u>-</u>	check this box and stop here						<u>-</u>
	ction C. Computation of Publ					146	
	Public support percentage for 2015 (	• • • • • • • • • • • • • • • • • • • •	=	column (I))		15	<u>%</u>
	Public support percentage from 2014					16	%
	ction D. Computation of Inve					T 1 T	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	%
198	33 1/3% support tests - 2015. If the						
	more than 33 1/3%, check this box a						
ŧ	33 1/3% support tests - 2014. If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 00-23-15	ala not oncon g	(-1, 10				990 or 990-EZ) 2015

#### Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)			
Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	F. 12 4.1		
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1_1_		<u>l</u>
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		ľ
20	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	71.71		1.11
Ua	(b) and (c) below.	3a		
b			: E	
IJ	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			1.27.27
		3b		
_	organization made the determination.  Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	- 0%	सुधं ।	111
C		3c		l .
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	- 00		 
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	40	De lia	J.FR.118
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	:	1
b				
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	1400.428		
	despite being controlled or supervised by or in connection with its supported organizations.	4b	: 3 * 13	<del> </del>
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)	:	l '	1.
	purposes.	4c		<del> </del>
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	111114	:	
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		↓
c	Substitutions only, Was the substitution the result of an event beyond the organization's control?	5c		<u> </u>
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class		-11)	
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also	1879		
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		<u> </u>
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	7.55		
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		ing ting	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		ľ
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	1,7,7,7		
_	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			1
Ü	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	90	'	1
ተበኅ	Was the organization subject to the excess business holdings rules of section 4943 because of section			
įva	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a	1 177	1
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	100	111,51	1
ט	determine whether the organization had excess business holdings.)	10b	3447 (82)	1
	determine meetres the organization rade excess business hereings.	, .00		

Sche		55708	1 <sub>Ра</sub>	ige 5
Pa	t IV   Supporting Organizations (continued)		14	NI-
	the the second the process of a sittle constitution from any of the following persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		11.1
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	Nο
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1	
	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 directors or trustees were allocated among the supported		F - 1.	wir.
	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		11.2	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1		er Telt
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2	litte r	1. 151
800	supervised, or controlled the supporting organization.	<u> </u>		L
Sec	tion C. Type II Supporting Organizations		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	Plant?	Ť	
1	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		11.7
Sec	tion D. All Type III Supporting Organizations		<u> </u>	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		ii .i/r.	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		11 14 21. 111	117 21 4
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	11	ļ	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	a de la constitución de la const		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<del></del>	supported organizations played in this regard.	3	<u> </u>	i
Sec	tion E. Type III Functionally-integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the integral Part Test during the yea(see instructions)			
1	The organization satisfied the Activities Test, Complete line 2 below.	•		
a b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity, Describe in Part VI how you supported a government entity (see in	structions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	,		
-	the supported 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,	1	7711111	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	<u> </u>	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	Çalini'.		
	activities but for the organization's involvement.	2b	<u></u>	l
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		<b>l</b> eció	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	.4
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			lagi.
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	00.53	1 00-11
53202	5 09-23-16 Schedule A (Form	220 OL 2	ひい・にん	) ZU 10

Sch	edule A (Form 990 or 990-EZ) 2015 SHELTER FOR LIFE INTERN	ATIO	NAL, INC. 3	9-1657081 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	on Nov. 20, 1970. See instru	ctions. All
	other Type III non-functionally Integrated supporting organizations must co	mplete	Sections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	· · · · · -	
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
đ	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax Imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v-integr	ated Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Schedule A (Form 990 or 990 EZ) 2015 SHELTER FOR LIFE INTERNATIONAL, INC. 39-1657081 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2015 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (ii) (III)Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2015 Amount for 2015 1 Distributable amount for 2015 from Section C, line 6 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions) Excess distributions carryover, if any, to 2015: d From 2013 e From 2014 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2015 distributable amount i Carryover from 2010 not applied (see instructions) J Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2015 from Section D, a Applied to underdistributions of prior years b Applied to 2015 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions). Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions). Excess distributions carryover to 2016. Add lines 3 and 4c. Breakdown of line 7: a children in the c Excess from 2013 d Excess from 2014 e Excess from 2015

Schedule A (Form 990 or 990-EZ) 2015

#### SCHEDULE D

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/lorm990. Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

OMB No. 1545-0047

	SHELTER FOR LIFE 1		<u> </u>
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or A	Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		nds
	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		
	impermissible private benefit?		Yes No
Pa	till Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historically	y important land area
	Protection of natural habitat	Preservation of a certified h	ilstoric structure
	Preservation of open space		
2	Complete lines 2a through 2d If the organization held a qualit	fled conservation contribution in the form of a co	onservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements	***************************************	2a
	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic str		2c
đ	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-		nizatlon during the tax
	year >		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b>▶</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	asements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(l	B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the or	ganization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtherance of	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and i	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items;		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gain,	, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 532051 11-02-15

Schedule D (Form 990) 2015

Sche	edule D (Form 990) 2015 SHELTER	FOR LIFE	INTE	RNATIO	NAL, I	NC.		39-16	57081	Page 2
Pa	rt III Organizations Maintaining (	Collections of A	rt, His	torical Tr	easures,	or Othe	r Simil	ar Asse	ts(continu	ed)
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following the	at are a sig	gnificant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	C	. 🖳	Loan or exc	hange progr	ams				
b	Scholarly research	6	, [_]	Other						
¢										
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5										
	to be sold to raise funds rather than to be m								Yes	<u> No</u>
Pa	TTIV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on	Form 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
la	Is the organization an agent, trustee, custod	lian or other interme	diary for	contribution	is or other as	ssets not l	included	_	7	
	on Form 990, Part X7							L	Yes	L_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
									Amount	
	Beginning balance									
	Additions during the year									
е	Distributions during the year							····		
f	Ending balance						. 1f			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?									∐ No	
	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII									
Pa	TV Endowment Funds. Complete	r								
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (	d) Three y	ears back	(e) Four y	ears back
	Beginning of year balance									<del></del> ,
	b Contributions									
	c Net investment earnings, gains, and losses									
	Grants or scholarships									
e	Other expenditures for facilities					- 1				
	and programs		<b> </b>		·····			····· · · · · · · · · · · · · · · · ·		
	Administrative expenses									
_	The state of the s									
2	, , , , , , , , , , , , , , , , , , , ,									
a	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
C	c Temporarily restricted endowment ▶%									
_	The percentages on lines 2a, 2b, and 2c sho	•								
За	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization									
	by:									es No
									3a(i)	
	(ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?								3a(ii)	
					••••••		•••••		3b	<u> </u>
	4 Describe in Part XIII the Intended uses of the organization's endowment funds.  Part VI. Land, Buildings, and Equipment.									
1: 41	Complete if the organization answere		) Dort II	l line 11e C	on Form OO	1 Dad V 1	ina 10			
		(a) Cost or o		(b) Cost				d	(d) Book	
	Description of property	basis (investr		basis (		, , ,	cumulate reclation	ia	(a) BOOK	value
	Load		nong	มดอเจา	outory -	чер				
	Land					*********			-	
D	Buildings									
	Equipment			7	3,123.		45,5	01.	27	,622.
	Other				-,		,5			,
	. Add lines 1a through 1e. (Column (d) must e		X. colun	nn (B). line 1	Oc.}				27	,622.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X
Schedule D (Form 990) 2015

Schedule D (Form 990) 2015	SHELTER FOR LIFE INTE			1657081 Page 4
	on of Revenue per Audited Financial		e per Return	•
	organization answered "Yes" on Form 990, Part		1.1	2 427 050
	nd other support per audited financial statements	s	1	2,427,958.
	ine 1 but not on Form 990, Part VIII, line 12:	1.1		
	osses) on Investments			
	use of facilities			
	r grants			
	XIII.)			٥.
e Add lines 2a through 2			1 1	2,427,958.
3 Subtract line 2e from li	ne 1		3	2,421,3301
	Form 990, Part VIII, line 12, but not on line 1:	11		
	not included on Form 990, Part VIII, line 7b	4 1	,933.	
	XIII.)	······		15,933.
	The most small form 000 float I fin			2,443,891.
5 Total revenue, Add line	s 3 and 4c. (This must equal Form 990, Part I, lind on of Expenses per Audited Financia	I Statements With Evnens	ses ner Refu	
			ses per rieta	1114
	organization answered "Yes" on Form 990, Part			2,473,125.
•	ses per audited financial statements		Figure For	2,410,120
	ine 1 but not on Form 990, Part IX, line 25:	11		
	use of facilities			
		1 1		•
•	XIII.)			0
<del>-</del>	d			$\frac{0.}{2,473,125.}$
	ne 1		3	4,413,143.
	Form 990, Part IX, line 25, but not on line 1:	1 1		
•	not included on Form 990, Part Vill, line 7b			
b Other (Describe in Part	XIII.)	4b		0
				0.
	nes 3 and 4c. (This must equal Form 990, Part I, Ii	ne 18.)	5	2,473,125.
Part XIII Supplement				
	aired for Part II, lines 3, 5, and 9; Part III, lines 1a		art V, line 4; Part	X, line 2; Part XI,
lines 2d and 4b; and Part XII,	lines 2d and 4b. Also complete this part to provi	de any additional information.		
	<u> </u>			
PART X, LINE 2	) 			
THE ORGANIZATIO	ON IS QUALIFIED AS A TAX-	EXEMPT ORGANIZAT	ION UNDER	R SECTION
501(C)(3) OF T	HE INTERNAL REVENUE CODE	AND APPLICABLE S'	TATE STAT	TUTES AND
ANYDDALLU TA M	OM GUDTEOM MA TRAANE MAY	a a		
GENERALLY IS NO	OT SUBJECT TO INCOME TAXE	4 Q 4		
MINE ODGANIEGAMI	ON BOLLOWIG WILL BANGE IN UN	משט עגש פועסטעד פון	אם ממגווו	שעות יאנדרנטגי
THE ORGANIZATIO	ON FOLLOWS GUIDANCE IN TH	LE INCOME TAX STAI	NDAKD KEK	SARDING IDE
DECONTRACAL AND	O MEASUREMENT OF UNCERTAI	סארע בער אים	mur Opa	ለእየተማ አጥተብእየ ' ወ
KECOGNITION AND	MEASUREMENT OF UNCERTAI	IN TAX POSTITIONS.	Ing ORGA	MITANITON D
TAX RETURNS ARI	E SUBJECT TO REVIEW BY FE	EDERAL AND STATE	AUTHORITI	IES. THE
ORGANIZATION IS	S NOT AWARE OF ANY ACTIVE	TIES THAT WOULD	JEOPARDI:	ZE ITS
TAX-EXEMPT STAT	rus.			
PART XI. LINE	1B - OTHER ADJUSTMENTS:			
532054 69-21-16			Sched	lule D (Form 990) 2015
				•

Schedule D (Form 990) 2015 Part XIII   Supplemental Infor	SHELTER FOR LIF	E INTERNATIONAL,	INC.	39-1657081 Pag
Part XIII Supplemental Infor	mation (continued)	*** ***********		
NON-OPERATING GRANT	FUNDS RECEIVED			15,93
		· · · · · · · · · · · · · · · · · · ·		
				Military districts to the
		75		
and the state of t	······································			
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Schedule D (Form 990) 2015

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

### 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.

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

2015
Open to Public Inspection

Name of the organization

Employer identification number

Name of the organization					Semificant and control	
SHELTER FOR LIF	Е ТИФЕРИ	аттонат	TNC.		39-165708	1
Part I General Infor	mation on A	ctivities Ou	tside the United States. Comple	ete if the organ		
Form 990, Part IV						
1 For grantmakers, Does	the organization	n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,	
the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	stance?X	Yes L No
<ol><li>For grantmakers. Desc</li></ol>	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance outs	ide the
United States.						
			an be duplicated if additional space is		du totad to (d)	(f) Total
(a) Region	(b) Number of offices	(c) Number of employees.	(d) Activities conducted in region (by type) (e.g., fundraising, program	, , ,	vity listed in (d) gram service,	expenditures
•	in the region	employees, agents, and independent contractors	services, investments, grants to	,	specific type	for and
	in allo region	contractors	recipients located in the region)		ce(s) in region	investments in region
		in region		VARIOUS PRO	GRAMS WERE	
		***************************************	1	CONDUCTED I		
				AFGHANISTAL	I, SEE PART	
CENTRAL ASIA	1	52	PROGRAM SERVICES	III FOR DES	PAILS.	1,058,645.
		<del></del>		VARIOUS PRO	GRAMS WERE	
				CONDUCTED :	N 2015 IN	
				SENEGAL, SI	BE PART III	
SUB-SAHARAN APRICA	1	19	PROGRAM SERVICES	FOR DETAILS	3.	705,253.
			1			
		<u> </u>				
				<u>                                     </u>		
	E					
				1		
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		71	Francisco de la composición dela composición de la composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición dela composición dela composición dela composición dela composi	Line of a control	Sipalpio Rigitalinimo di Rec	1,763,898,
3 a Sub-total		11				2,.00,000,
b Total from continuation	,	0				0,
sheets to Part I	<u> </u>	1				
c Totals (add lines 3a		71				1,763,898,

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

Schedule F (Form 990) 2015

Page 2

SHELTER FOR LIFE INTERNATIONAL, INC.

Schedule F (Form 990) 2015 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
								The same of the sa
2 Enter total number of the IRS, or for which t	recipient organization the grantee or counse	ns listed above that are	Enter total number of recipient organizations listed above that are recognized as charitles by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501 (c)(3) equivalency letter	foreign country, re	recognized as tax-e;	cempt by		
3 Enter total number of other organizations or entities	other organizations o	r entities				<b>A</b>		

31

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Schedule F (Form 990) 2015

Page 3

Schedule F (Form 990) 2015 SHELTER FOR LIFE INTERNATIONAL, INC. 39–1657081

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.

Schedule F (Form 990) 2015 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (c) Number of (d) Amount of recipients cash grant Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance

Sched	ule F	(Form 990) 2015	SHELTER	FOR	LIFE	INTER	NATIONA	L,	INC.	39-1	L657081	Page 4
Part	ĬΛ	Foreign Forms	S									
1	orga	s the organization a anization may be req poration (see Instruc	juired to file Forr	n 926, R	eturn by a	U.S. Trans	sferor of Prope	erty to	a Foreign		Yes	X No
2	rnay Trus	the organization have be required to separts and Receipt of Cost With a U.S. Owner	arately file Form Pertain Forelgn G	3520, An ifts, and/	nual Retu or Form S	ım To Repo 3520-A, Anı	ort Transaction nual Informatio	ns Witt on Ret	h Foreign turn of Foreign		Yes	X No
3	the	the organization hav organization may be tain Foreign Corpora	required to file	Form 547	71, Inform	ation Retu	rn of U.S. Pers	sons V	Vith Respect to	***********	Yes	X No
4	qua Info	s the organization a lified electing fund d rmation Return by a Instructions for For	luring the tax ye Shareholder of	ar? If "Ye a Passive	es," the or Forelgn	ganization Investment	may be require Company or C	ed to . Qualifi	file Form 8621,		Yes	X No
5	the	the organization hav organization may be sign Partnerships (se	required to file i	Form 886	55, Returi	of U.S. Pe	ersons With Re	espec	t to Certain		Yes	X No
6	°Yes	the organization hav s,' the organization r ructions for Form 57	may be required	to separ	ately file f	orm 5713,	International E	Зоусо	tt Report (see		Yes	X No
										Sch	adula F (For	m 00A) 2A15

Schedule F (Form 990) 2015 SHELTER FOR LIFE INTERNATIONAL, INC. 39-1657081 Page
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.
lestituated fromber of recipients), as applicable. Also complete this part to provide any additional information.
PART I, LINE 2:
THE ORGANIZATION HAS INTERNAL CONTROL PROCEDURES: TO APPROVE GRANT
EVDENDIMIDES MO DESTEN ODANM EVDENDIMIDES MADE AND MO ESTATISME DEOTECH
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
MVS-400-1

## **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

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

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
ANTICIPATES TO SEE A GREATER STABILITY IN FOOD PRODUCTION AND ACCESS TO
FOOD IN THE REGION.
2. SFL BUILT OR RENOVATED 26KM OF TERTIARY FEEDER ROADS THAT CONNECT
FARM COMMUNITIES TO MARKETS, INCREASING THE INCOME POTENTIAL OF THE
FARMERS. IN ADDITION, THE ROADS HAVE REDUCED THE TIME OF
TRANSPORTATION, WHICH HAS ALSO CONTRIBUTED TO THE IMPROVEMENT OF THE
PUBLIC HEALTH AND EASE OF ACCESS TO HEALTH FACILITIES.
3. THE SCHOOL FEEDING INITIATIVE IDENTIFIED A SERIES OF FOOD INSECURE
COMMUNITIES AND, IN COLLABORATION WITH PRIMARY AND MIDDLE SCHOOLS,
PROVIDED THE CHILDREN AND THEIR FAMILIES WITH TAKE-HOME FOOD RATIONS.
4. SFL BUILT 4,785 TERRACES, 470 CHECK DAMS/WATER-MANAGEMENT SYSTEMS, 9
CULVERTS AND 44 METERS OF AQUEDUCTS IN AN EFFORT TO MITIGATE THE
NEGATIVE IMPACT OF FLOODS AND BETTER MANAGE IRRIGATION WATER FLOW.
5. SFL PLANTED 335,300 FRUIT AND NON-FRUIT TREES. THE TREE PLANTING
EFFORTS HELP WITH SURFACE-WATER RECHARGE, SOIL-EROSION CONTROL, AND
LAND-SLIDE PREVENTION.
6. THE SFL MICROFINANCE AND ENTERPRISE DEVELOPMENT TEAM CONTINUED THEIR
WORK IN FARM COMMUNITIES OF TAKHAR AND KUNDUZ. DESPITE THE SECURITY
CONCERN, THE TEAM HAS BEEN ABLE TO WORK WITH FARM COMMUNITIES AND
AGRIBUSINESSES IN THE CYCLE OF LENDING, LOAN PROCESSING AND THE
NECESSARY TRAINING AND EDUCATION AND LOAN COLLECTION.
7. IN 2015, SFL'S FOOD FOR WORK INITIATIVES HIRED 15,800 PEOPLE.

FORM 990, PART VI, SECTION A, LINE 1:

THE BOARD OF DIRECTORS MAY APPOINT THREE OR MORE DIRECTORS TO SERVE AS THE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15 Schedule O (Form 990 or 990-EZ) (2015) SHELTER FOR LIFE INTERNATIONAL, INC.

Employer identification number 39-1657081

EXECUTIVE COMMITTEE, THE EXECUTIVE COMMITTEE, IF APPOINTED BY THE BOARD,

HAS THE AUTHORITY TO TRANSACT SUCH BUSINESS NECESSARY FOR THE

ADMINISTRATION AND OPERATION OF THE ORGANIZATION BETWEEN BOARD OF DIRECTORS MEETINGS AND HAS SUCH POWER AS, FROM TIME TO TIME, IS VESTED IN IT BY THE

BOARD OF DIRECTORS. IN NO EVENT SHALL THE EXECUTIVE COMMITTEE HAVE

AUTHORITY TO:

- (A) AMEND THE ARTICLES OF INCORPORATION OR BYLAWS OF THIS CORPORATION;
- (B) CHANGE THE QUALIFICATIONS AND VOTING RIGHTS OF DIRECTORS OR ELECT OR REMOVE DIRECTORS FROM OFFICE;
- (C) AUTHORIZE THE TRANSFER, GIFT, OR ENCUMBRANCE OF ALL OR SUBSTANTIALLY ALL THE ASSETS OF THE ORGANIZATION IN A SINGLE OR RELATED TRANSACTION;
- (D) AUTHORIZE THE DISSOLUTION, MERGER OR CONSOLIDATION OF THE ORGANIZATION;
- (E) CHANGE THE QUALIFICATIONS OF OFFICERS OR ELECT OR REMOVE OFFICERS FROM OFFICE.

FORM 990, PART VI, SECTION B, LINE 11:

THE FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM AND THE MANAGEMENT TEAM REVIEWS THE FORM 990. A COPY OF THE FORM 990 IS FORWARDED TO THE BOARD FOR REVIEW PRIOR TO FILING WITH THE IRS.

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

A CONTRACT OR OTHER TRANSACTION BETWEEN THE ORGANIZATION AND ONE OR MORE OF ITS DIRECTORS, OR BETWEEN THE ORGANIZATION AND ANY OTHER ENTITY IN WHICH A DIRECTOR IS A DIRECTOR OR OFFICER OR HAS A MATERIAL FINANCIAL INTEREST - IS VOIDABLE AT THE SOLE ELECTION OF THE ORGANIZATION IF NEITHER OF THE FOLLOWING PROVISIONS ARE SATISFIED:

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

OR INTEREST WERE DISCLOSED OR KNOWN TO THE BOARD OF DIRECTORS OR A 532212 09-02-15

Name of the organization

SHELTER FOR LIFE INTERNATIONAL, INC.

Employer Identification number 39-1657081

COMMITTEE OF THE BOARD;

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

COMMON OR INTERESTED DIRECTORS MAY BE COUNTED IN DETERMINING THE PRESENCE

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

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

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

MINUTES.

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

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

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

SUPPLYING PRODUCTS, MATERIALS, OR SERVICES TO THE ORGANIZATION SHALL BE

DISCLOSED IMMEDIATELY TO DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS.

FORM 990, PART VI, SECTION B, LINE 15A:

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization SHELTER FOR LIFE INTERNATIONAL, INC.	Employer Identification number 39-1657081
THE BOARD OF DIRECTOR'S PERSONNEL COMMITTEE REVIEWS THE C	OB PERFORMANCE OF
THE EXECUTIVE DIRECTOR. THEY USE APPROPRIATE COMPARABILIT	TY DATA TO
DETERMINE THE COMPENSATION. RAISES FOR EMPLOYEES ARE BASE	ED ON EMPLOYEE
EVALUATIONS. THE LAST EVALUATION WAS DONE FOR EXECUTIVE I	DIRECTOR, MUSTAFA
OMAR IN 2015.	
THE EXECUTIVE DIRECTOR REVIEWS THE JOB PERFORMANCE OF THE	OFFICERS. THE
EXECUTIVE DIRECTOR USES APPROPRIATE COMPARABILITY DATA TO	DETERMINE THE
COMPENSATION. RAISES FOR THE EMPLOYEES ARE BASED ON EMPLO	OYEES' EVALUATIONS.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	UPON REQUEST.
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