

Form 990

**PUBLIC INSPECTION COPY**

OMB No. 1545-0047

**Return of Organization Exempt From Income Tax****2011**Open to Public  
Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury  
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning

07/01/2011, and ending

06/30, 2012

|  |  |   |  |
|--|--|---|--|
| B Check if applicable:   | C Name of organization<br><b>SHELTERBOX USA, INC</b>   | D Employer identification number<br><b>20-0471604</b> |  |
| Address change   | Doing Business As  |   |  |
| Name change  | Number and street (or P.O. box if mail is not delivered to street address)<br><b>7359 MERCHANT COURT</b>               |   | Room/suite   |
| Initial return   |  |   | (941) 907-6036   |
| Terminated   | City or town, state or country, and ZIP+4<br><b>LAKWOOD RANCH, FL 34240</b>  |   | G Gross receipts \$ <b>1,997,015.</b>  |
| Amended return   | F Name and address of principal officer: <b>WAYNE ROBINSON</b><br><b>8374 MARK STREET #203 LAKWOOD RANCH, FL 34202</b> |   | H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| Application pending  |  |   | H(b) Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)  |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 |  |   | H(c) Group exemption number ►  |
| J Website: ► <a href="http://WWW.SHELTERBOXUSA.COM">WWW.SHELTERBOXUSA.COM</a>  |  |   | K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► L Year of formation: <b>2004</b> M State of legal domicile: <b>FL</b> |

**Part I Summary**

|   |  |             |              |
|---|--|-------------|--------------|
| Activities & Governance   | 1 Briefly describe the organization's mission or most significant activities:<br><b>PROVIDING HUMANITARIAN RELIEF AND AID IN THE FORM OF EQUIPMENT AND MATERIALS THAT PROVIDE SHELTER, WARMTH AND COMFORT TO PEOPLE DISPLACED BY NATURAL OR OTHER DISASTERS.</b> |             |              |
|   | 2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.  |             |              |
| Revenue   | 3 Number of voting members of the governing body (Part VI, line 1a)  | 3           | 11.          |
|   | 4 Number of independent voting members of the governing body (Part VI, line 1b)  | 4           | 11.          |
|   | 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)   | 5           | 8.           |
|   | 6 Total number of volunteers (estimate if necessary)   | 6           | 378.         |
|   | 7a Total unrelated business revenue from Part VIII, column (C), line 12  | 7a          | 0            |
|   | b Net unrelated business taxable income from Form 990-T, line 34   | 7b          | 0            |
|   |  | Prior Year  | Current Year |
| 8 Contributions and grants (Part VIII, line 1h)                                       | 4,804,737.   | 1,996,387.  |              |
| 9 Program service revenue (Part VIII, line 2g)  | 0  | 0           |              |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)                      | 1,060.   | 628.        |              |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)           | 0  | 0           |              |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 4,805,797.   | 1,997,015.  |              |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)                   | 3,015,981.   | 1,929,171.  |              |
| 14 Benefits paid to or for members (Part IX, column (A), line 4)                      | 0  | 0           |              |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 399,487.   | 428,024.    |              |
| 16a Professional fundraising fees (Part IX, column (A), line 11e)                     | 0  | 0           |              |
| b Total fundraising expenses (Part IX, column (D), line 25) ► <b>168,571.</b>         |  |             |              |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                       | 591,307.   | 415,015.    |              |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)          | 4,006,775.   | 2,772,210.  |              |
| 19 Revenue less expenses. Subtract line 18 from line 12                               | 799,022.   | -775,195.   |              |
|   | Beginning of Current Year  | End of Year |              |
| 20 Total assets (Part X, line 16)   | 1,680,698.   | 913,191.    |              |
| 21 Total liabilities (Part X, line 26)  | 23,146.  | 30,886.     |              |
| 22 Net assets or fund balances. Subtract line 21 from line 20                         | 1,657,552.   | 882,305.    |              |

**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.

|                        |  |   |                     |   |                       |
|------------------------|--|---|---------------------|---|-----------------------|
| Sign Here              | ► <i>Wayne Robinson, Treasurer</i><br>Signature of officer               | Date <b>5/31/13</b>                             |                     |   |                       |
|                        | ► WAYNE ROBINSON<br>Type or print name and title                         | TREASURER                                       |                     |   |                       |
| Paid Preparer Use Only | Print/Type preparer's name<br><b>ALLISON H. FRANKLIN</b>                 | Preparer's signature <i>Allison H. Franklin</i> | Date <b>5/15/13</b> | Check <input type="checkbox"/> if self-employed | PTIN <b>P0044B640</b> |
|                        | Firm's name ► KPMG LLP   | Firm's EIN ► <b>13-5565207</b>                  |                     |   |                       |
|                        | Firm's address ► 300 NORTH GREENE STREET, SUITE 400 GREENSBORO, NC 27401 | Phone no. <b>336-275-3394</b>                   |                     |   |                       |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

**FILED ELECTRONICALLY**

Form 8868

(Rev. January 2012)

Department of the Treasury  
Internal Revenue ServiceApplication for Extension of Time To File an  
Exempt Organization Return

OMB No. 1645-1708

 File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box.
  - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Electronic Filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Franchise Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only. All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter data identifying number, see instructions

|   |  |   |
|---|--|---|
| Type or print   | Name of exempt organization or other filer, see instructions.  | Employer identification number (EIN) or<br><input checked="" type="checkbox"/> 20-0471604 |
| Fill by the due date for filing your return. See Instructions | Number, street, and room or suite no. if a P.O. box, see instructions.<br><input type="checkbox"/> 2354 MERCHANT COURT                       | Social security number (SSN)<br><input type="checkbox"/>                                  |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><input type="checkbox"/> LAKWOOD RANCH, FL 34240 |   |

Enter the Return code for the return that this application is for (File a separate application for each return)  01

| Application Is For                       | Return Code | Application Is For       | Return Code |
|--|-------------|--------------------------|-------------|
| Form 990                                 | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                              | 02          | Form 1041-A              | 08          |
| Form 990-PZ                              | 03          | Form 4720                | 09          |
| Form 990-PF                              | 04          | Form 5227                | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                | 12          |

\* The books are in the care of  EMILY SPERLING

- Telephone No.  (407) 911-6016 FAX No.
- If the organization does not have an office or place of business in the United States, check this box.
  - If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) N/A. If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15/2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
 calendar year 2011 or  
 tax year beginning 07/01/2011, and ending 06/30/2012.

2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  
 Change in accounting period

|   |                                    |
|---|------------------------------------|
| 3a If this application is for Form 990-BL, 990-PF, 990-PZ, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                  | 3a \$ <input type="checkbox"/> N/A |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | b \$ <input type="checkbox"/> N/A  |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.             | c \$ <input type="checkbox"/> N/A  |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8070-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

JSA  
W-2012-000KPMG LLP 13-6688207  
300 N Green St, Suite 400  
Chapel Hill, North Carolina 27401

Form 8868 (Rev. 1-2012)

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box.  Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies no idea).**

Enter Beta's identifying number, see Instructions  
Employer identification number (EIN) or

|  |   |  |
|--|---|--|
| Type of print  | Name of exempt organization or other filer, see Instructions.<br><b>SHELTERBOX USA, INC.</b>                                | (x) 20-0471604   |
| File by the due date for filing your return. See Instructions. | Number, street, and room or suite no. If a P.O. box, see Instructions.<br><b>7359 MERCHANT COURT</b>                        | Social security number (SSN)<br><input type="checkbox"/> |
|  | City, town or post office, state, and ZIP code. For a foreign address, see Instructions.<br><b>LAKENDOD RANCH, TX 76240</b> |  |

Enter the Return code for the return that this application is for (file a separate application for each return).  0  1

| Application                             | Return Code | Application Is For | Return Code |
|---|-------------|--------------------|-------------|
| Form 620                                | 01          |                    |             |
| Form 990-BL                             | 02          | Form 1041-A        | 06          |
| Form 990-EZ                             | 01          | Form 4720          | 09          |
| Form 990-PF                             | 04          | Form 5227          | 10          |
| Form 990-T (see 401(a) or 408(a) trust) | 05          | Form 8009          | 11          |
| Form 8868-T (trust other than above)    | 03          | Form 8870          | 12          |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- \* The books are in the care of **EMILY SPARLING**

Telephone No. **1941-907-6036** FAX No.

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **N/A**. If this is for the whole group, check this box  if it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **05/15/2013**
- 5 For calendar year **2011**, or other tax year beginning **07/01/2011**, and ending **06/30/2012**
- 6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period
- 7 State in detail why you need the extension **INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE**

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 8009, enter the tentative tax and any nonrefundable credits. See Instructions. **8a \$ N/A**
- 8b If this application is for Form 990-PF, 990-T, 4720, or 8009, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. **8b \$ N/A**
- 8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See Instructions. **8c \$ N/A**

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge it is true, correct, and complete, and that I am authorized to prepare this form.

**Signatures** **Alison H. Franklin**

Title **CPA**

Date **2/27/13**

Form 8868 (Rev. 1-2012)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III 

1 Briefly describe the organization's mission

PROVIDING HUMANITARIAN RELIEF AND AID IN THE FORM OF EQUIPMENT AND MATERIALS THAT PROVIDE SHELTER, WARMTH AND COMFORT TO PEOPLE DISPLACED BY NATURAL OR OTHER DISASTERS.

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  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  No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code:       ) (Expenses \$ 2,029,277, including grants of \$ 1,929,171) (Revenue \$ 1,996,431)

SHELTERBOX USA INSURED FAMILIES LEFT VULNERABLE FOLLOWING DISASTERS AROUND THE WORLD WERE PROVIDED WITH SUPPLIES TO LIVE INDEPENDENTLY AND WITH DIGNITY. THE ORGANIZATION PROVIDED ASSISTANCE TO DISPLACED FAMILIES IN SEVERAL COUNTRIES INCLUDING COLOMBIA, TURKEY, MEXICO, KENYA, THAILAND, PHILIPPINES AND BRAZIL. DURING THE TIME PERIOD SHELTERBOX USA PROVIDED GRANTS TO SHELTERBOX TRUST, WHICH PREPARES AND DISTRIBUTES SHELTERBOXES AND OTHER NON-FOOD ITEMS, SUCH AS RELIEF TENTS, COOKING STOVES, BLANKETS, WATER PURIFICATION UNITS AND OTHER EQUIPMENT THAT CAN SUSTAIN A FAMILY FOLLOWING A NATURAL OR HUMANMADE DISASTER.

4b (Code:       ) (Expenses \$             , including grants of \$             ) (Revenue \$             )4c (Code:       ) (Expenses \$             , including grants of \$             ) (Revenue \$             )

4d Other program services (Describe in Schedule O.)

(Expenses \$             , including grants of \$             ) (Revenue \$             )4e Total program service expenses ► 2,029,277

**Part IV Checklist of Required Schedules**

|     |   | Yes   | No |
|-----|---|-------|----|
| 1   | Is the organization described in section 601(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.  | 1 X   |    |
| 2   | Is the organization required to complete Schedule H, Schedule of Contributions (see instructions)?  | 2 X   |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.   | 3 X   |    |
| 4   | Section 501(e)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule G, Part II.   | 4 X   |    |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(8) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-18? If "Yes," complete Schedule G, Part III.  | 5 X   |    |
| 6   | Did the organization maintain any bank or advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.   | 6 X   |    |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.   | 7 X   |    |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.  | 8 X   |    |
| 9   | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.  | 9 X   |    |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.   | 10 X  |    |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable:   |       |    |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.  | 11a X |    |
| b   | Did the organization report an amount for investments—other securities in Part X, line 12 that is 6% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part VII.  | 11b X |    |
| c   | Did the organization report an amount for investments program related in Part X, line 13 that is 3% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part VIII.  | 11c X |    |
| d   | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 10? If "Yes," complete Schedule D, Part IX.   | 11d X |    |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  | 11e X |    |
| f   | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.   | 11f X |    |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.  | 12a X |    |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.   | 12b X |    |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.  | 13 X  |    |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   |       |    |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, banking, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 14b X |    |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$6,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.  | 15 X  |    |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV.  | 16 X  |    |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 8 and 11a? If "Yes," complete Schedule G, Part I (see instructions).  | 17 X  |    |
| 18  | Did the organization report more than \$16,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.   | 18 X  |    |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.   | 19 X  |    |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.  |       |    |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b X |    |

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V. 

|     |  | Yes<br>No |
|-----|--|-----------|
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable.  | 1a<br>0   |
| b   | Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable.   | 1b<br>0   |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | 1c<br>X   |
| 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<br>A   |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).</i>  | 2b<br>X   |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a<br>X   |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.  | 3b        |
| 4a  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                   | 4a<br>X   |
| b   | If "Yes," enter the name of the foreign country ►<br><i>See Instructions for filing requirements for Form 1041-WO-22-1, Report of Foreign Bank and Financial Accounts.</i>   | 4b        |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a<br>X   |
| b   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b<br>X   |
| c   | If "Yes" to line 5a or 5b, did the organization file Form 8880-T?  | 5c        |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  | 6a<br>X   |
| b   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6b        |
| 7   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   | 7         |
| a   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a<br>X   |
| b   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b        |
| c   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   | 7c<br>X   |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year.   | 7d        |
| e   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e<br>X   |
| f   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f<br>X   |
| g   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8282 as required?   | 7g        |
| h   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1045-C?   | 7h        |
| 8   | <b>Sponsoring organizations maintaining donor advised funds and section 669(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8<br>X    |
| 9   | <b>Sponsoring organizations maintaining donor advised funds.</b>   | 9         |
| a   | Did the organization make any taxable distributions under section 4088?  | 9a        |
| b   | Did the organization make a distribution to a donor, donor advisor, or related person?   | 9b        |
| 10  | <b>Section 601(c)(7) organizations.</b> Enter:   | 10        |
| a   | Initiation fees and capital contributions included on Part VIII, line 12.  | 10a       |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.   | 10b       |
| 11  | <b>Section 601(c)(12) organizations.</b> Enter:  | 11        |
| a   | Gross income from members or shareholders.   | 11a       |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   | 11b       |
| 12a | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> If the organization filing Form 990 in lieu of Form 10417  | 12a       |
| b   | If "Yes," enter the amount of tax exempt interest received or accrued during the year.   | 12b       |
| 13  | <b>Section 601(a)(29) qualified nonprofit health insurance issuers.</b>  | 13        |
| a   | Is the organization licensed to issue qualified health plans in more than one state?<br><i>Note: See the instructions for additional information the organization must report on Schedule O.</i>   | 13a       |
| b   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.   | 13b       |
| c   | Enter the amount of reserves on hand.  | 13c       |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a<br>X  |
| b   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.   | 14b       |

**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.

Check if Schedule O contains a response to any question in this Part VI.  X

### Section A. Governing Body and Management

|    |  | Yes | No |
|----|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year. 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. | 14  | 11 |
| 1b | Enter the number of voting members included in line 1a, above, who are independent.  | 18  | 11 |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | 2   | X  |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision 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 in 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   | X  |
| 6  | Did the organization have members or stockholders?   | 6   | X  |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   | 7a  | X  |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | 7b  | X  |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| 8a | a. The governing body?   | 8a  | X  |
| 8b | b. Each committee with authority to act on behalf of the governing body?   | 8b  | X  |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.  | 9   | X  |

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

|     |  | Yes | No |
|-----|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates?   | 10a | X  |
| b   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   | 10b | .. |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | 11a | X  |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13.   | 12a | X  |
| b   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b | X  |
| c   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  | 12c | X  |
| 13  | Did the organization have a written whistleblower policy?  | 13  | X  |
| 14  | Did the organization have a written document retention and destruction policy?   | 14  | X  |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| a   | The organization's CEO, Executive Director, or top management official   | 15a | X  |
| b   | Other officers or key employees of the organization  | 15b | X  |
|     | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)  |     |    |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 16a | X  |
| b   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | .. |

### Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed. **ATTACHMENT 1**
- 18 Section 5104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (Section 601(c)(3)s only) available for public inspection. Indicate how you made them available. Check all that apply.
 

|                                      |  |  |
|--------------------------------------|--|--|
| <input type="checkbox"/> Own website | <input type="checkbox"/> Another's website | <input checked="" type="checkbox"/> Upon request |
|--------------------------------------|--|--|
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. **ATTACHMENT 2** **ATTACHMENT 3** **ATTACHMENT 4** **ATTACHMENT 5** **ATTACHMENT 6** **ATTACHMENT 7** **ATTACHMENT 8** **ATTACHMENT 9** **ATTACHMENT 10** **ATTACHMENT 11** **ATTACHMENT 12** **ATTACHMENT 13** **ATTACHMENT 14** **ATTACHMENT 15** **ATTACHMENT 16** **ATTACHMENT 17** **ATTACHMENT 18** **ATTACHMENT 19** **ATTACHMENT 20** **ATTACHMENT 21** **ATTACHMENT 22** **ATTACHMENT 23** **ATTACHMENT 24** **ATTACHMENT 25** **ATTACHMENT 26** **ATTACHMENT 27** **ATTACHMENT 28** **ATTACHMENT 29** **ATTACHMENT 30** **ATTACHMENT 31** **ATTACHMENT 32** **ATTACHMENT 33** **ATTACHMENT 34** **ATTACHMENT 35** **ATTACHMENT 36** **ATTACHMENT 37** **ATTACHMENT 38** **ATTACHMENT 39** **ATTACHMENT 40** **ATTACHMENT 41** **ATTACHMENT 42** **ATTACHMENT 43** **ATTACHMENT 44** **ATTACHMENT 45** **ATTACHMENT 46** **ATTACHMENT 47** **ATTACHMENT 48** **ATTACHMENT 49** **ATTACHMENT 50** **ATTACHMENT 51** **ATTACHMENT 52** **ATTACHMENT 53** **ATTACHMENT 54** **ATTACHMENT 55** **ATTACHMENT 56** **ATTACHMENT 57** **ATTACHMENT 58** **ATTACHMENT 59** **ATTACHMENT 60** **ATTACHMENT 61** **ATTACHMENT 62** **ATTACHMENT 63** **ATTACHMENT 64** **ATTACHMENT 65** **ATTACHMENT 66** **ATTACHMENT 67** **ATTACHMENT 68** **ATTACHMENT 69** **ATTACHMENT 70** **ATTACHMENT 71** **ATTACHMENT 72** **ATTACHMENT 73** **ATTACHMENT 74** **ATTACHMENT 75** **ATTACHMENT 76** **ATTACHMENT 77** **ATTACHMENT 78** **ATTACHMENT 79** **ATTACHMENT 80** **ATTACHMENT 81** **ATTACHMENT 82** **ATTACHMENT 83** **ATTACHMENT 84** **ATTACHMENT 85** **ATTACHMENT 86** **ATTACHMENT 87** **ATTACHMENT 88** **ATTACHMENT 89** **ATTACHMENT 90** **ATTACHMENT 91** **ATTACHMENT 92** **ATTACHMENT 93** **ATTACHMENT 94** **ATTACHMENT 95** **ATTACHMENT 96** **ATTACHMENT 97** **ATTACHMENT 98** **ATTACHMENT 99** **ATTACHMENT 100** **ATTACHMENT 101** **ATTACHMENT 102** **ATTACHMENT 103** **ATTACHMENT 104** **ATTACHMENT 105** **ATTACHMENT 106** **ATTACHMENT 107** **ATTACHMENT 108** **ATTACHMENT 109** **ATTACHMENT 110** **ATTACHMENT 111** **ATTACHMENT 112** **ATTACHMENT 113** **ATTACHMENT 114** **ATTACHMENT 115** **ATTACHMENT 116** **ATTACHMENT 117** **ATTACHMENT 118** **ATTACHMENT 119** **ATTACHMENT 120** **ATTACHMENT 121** **ATTACHMENT 122** **ATTACHMENT 123** **ATTACHMENT 124** **ATTACHMENT 125** **ATTACHMENT 126** **ATTACHMENT 127** **ATTACHMENT 128** **ATTACHMENT 129** **ATTACHMENT 130** **ATTACHMENT 131** **ATTACHMENT 132** **ATTACHMENT 133** **ATTACHMENT 134** **ATTACHMENT 135** **ATTACHMENT 136** **ATTACHMENT 137** **ATTACHMENT 138** **ATTACHMENT 139** **ATTACHMENT 140** **ATTACHMENT 141** **ATTACHMENT 142** **ATTACHMENT 143** **ATTACHMENT 144** **ATTACHMENT 145** **ATTACHMENT 146** **ATTACHMENT 147** **ATTACHMENT 148** **ATTACHMENT 149** **ATTACHMENT 150** **ATTACHMENT 151** **ATTACHMENT 152** **ATTACHMENT 153** **ATTACHMENT 154** **ATTACHMENT 155** **ATTACHMENT 156** **ATTACHMENT 157** **ATTACHMENT 158** **ATTACHMENT 159** **ATTACHMENT 160** **ATTACHMENT 161** **ATTACHMENT 162** **ATTACHMENT 163** **ATTACHMENT 164** **ATTACHMENT 165** **ATTACHMENT 166** **ATTACHMENT 167** **ATTACHMENT 168** **ATTACHMENT 169** **ATTACHMENT 170** **ATTACHMENT 171** **ATTACHMENT 172** **ATTACHMENT 173** **ATTACHMENT 174** **ATTACHMENT 175** **ATTACHMENT 176** **ATTACHMENT 177** **ATTACHMENT 178** **ATTACHMENT 179** **ATTACHMENT 180** **ATTACHMENT 181** **ATTACHMENT 182** **ATTACHMENT 183** **ATTACHMENT 184** **ATTACHMENT 185** **ATTACHMENT 186** **ATTACHMENT 187** **ATTACHMENT 188** **ATTACHMENT 189** **ATTACHMENT 190** **ATTACHMENT 191** **ATTACHMENT 192** **ATTACHMENT 193** **ATTACHMENT 194** **ATTACHMENT 195** **ATTACHMENT 196** **ATTACHMENT 197** **ATTACHMENT 198** **ATTACHMENT 199** **ATTACHMENT 200** **ATTACHMENT 201** **ATTACHMENT 202** **ATTACHMENT 203** **ATTACHMENT 204** **ATTACHMENT 205** **ATTACHMENT 206** **ATTACHMENT 207** **ATTACHMENT 208** **ATTACHMENT 209** **ATTACHMENT 210** **ATTACHMENT 211** **ATTACHMENT 212** **ATTACHMENT 213** **ATTACHMENT 214** **ATTACHMENT 215** **ATTACHMENT 216** **ATTACHMENT 217** **ATTACHMENT 218** **ATTACHMENT 219** **ATTACHMENT 220** **ATTACHMENT 221** **ATTACHMENT 222** **ATTACHMENT 223** **ATTACHMENT 224** **ATTACHMENT 225** **ATTACHMENT 226** **ATTACHMENT 227** **ATTACHMENT 228** **ATTACHMENT 229** **ATTACHMENT 230** **ATTACHMENT 231** **ATTACHMENT 232** **ATTACHMENT 233** **ATTACHMENT 234** **ATTACHMENT 235** **ATTACHMENT 236** **ATTACHMENT 237** **ATTACHMENT 238** **ATTACHMENT 239** **ATTACHMENT 240** **ATTACHMENT 241** **ATTACHMENT 242** **ATTACHMENT 243** **ATTACHMENT 244** **ATTACHMENT 245** **ATTACHMENT 246** **ATTACHMENT 247** **ATTACHMENT 248** **ATTACHMENT 249** **ATTACHMENT 250** **ATTACHMENT 251** **ATTACHMENT 252** **ATTACHMENT 253** **ATTACHMENT 254** **ATTACHMENT 255** **ATTACHMENT 256** **ATTACHMENT 257** **ATTACHMENT 258** **ATTACHMENT 259** **ATTACHMENT 260** **ATTACHMENT 261** **ATTACHMENT 262** **ATTACHMENT 263** **ATTACHMENT 264** **ATTACHMENT 265** **ATTACHMENT 266** **ATTACHMENT 267** **ATTACHMENT 268** **ATTACHMENT 269** **ATTACHMENT 270** **ATTACHMENT 271** **ATTACHMENT 272** **ATTACHMENT 273** **ATTACHMENT 274** **ATTACHMENT 275** **ATTACHMENT 276** **ATTACHMENT 277** **ATTACHMENT 278** **ATTACHMENT 279** **ATTACHMENT 280** **ATTACHMENT 281** **ATTACHMENT 282** **ATTACHMENT 283** **ATTACHMENT 284** **ATTACHMENT 285** **ATTACHMENT 286** **ATTACHMENT 287** **ATTACHMENT 288** **ATTACHMENT 289** **ATTACHMENT 290** **ATTACHMENT 291** **ATTACHMENT 292** **ATTACHMENT 293** **ATTACHMENT 294** **ATTACHMENT 295** **ATTACHMENT 296** **ATTACHMENT 297** **ATTACHMENT 298** **ATTACHMENT 299** **ATTACHMENT 300** **ATTACHMENT 301** **ATTACHMENT 302** **ATTACHMENT 303** **ATTACHMENT 304** **ATTACHMENT 305** **ATTACHMENT 306** **ATTACHMENT 307** **ATTACHMENT 308** **ATTACHMENT 309** **ATTACHMENT 310** **ATTACHMENT 311** **ATTACHMENT 312** **ATTACHMENT 313** **ATTACHMENT 314** **ATTACHMENT 315** **ATTACHMENT 316** **ATTACHMENT 317** **ATTACHMENT 318** **ATTACHMENT 319** **ATTACHMENT 320** **ATTACHMENT 321** **ATTACHMENT 322** **ATTACHMENT 323** **ATTACHMENT 324** **ATTACHMENT 325** **ATTACHMENT 326** **ATTACHMENT 327** **ATTACHMENT 328** **ATTACHMENT 329** **ATTACHMENT 330** **ATTACHMENT 331** **ATTACHMENT 332** **ATTACHMENT 333** **ATTACHMENT 334** **ATTACHMENT 335** **ATTACHMENT 336** **ATTACHMENT 337** **ATTACHMENT 338** **ATTACHMENT 339** **ATTACHMENT 340** **ATTACHMENT 341** **ATTACHMENT 342** **ATTACHMENT 343** **ATTACHMENT 344** **ATTACHMENT 345** **ATTACHMENT 346** **ATTACHMENT 347** **ATTACHMENT 348** **ATTACHMENT 349** **ATTACHMENT 350** **ATTACHMENT 351** **ATTACHMENT 352** **ATTACHMENT 353** **ATTACHMENT 354** **ATTACHMENT 355** **ATTACHMENT 356** **ATTACHMENT 357** **ATTACHMENT 358** **ATTACHMENT 359** **ATTACHMENT 360** **ATTACHMENT 361** **ATTACHMENT 362** **ATTACHMENT 363** **ATTACHMENT 364** **ATTACHMENT 365** **ATTACHMENT 366** **ATTACHMENT 367** **ATTACHMENT 368** **ATTACHMENT 369** **ATTACHMENT 370** **ATTACHMENT 371** **ATTACHMENT 372** **ATTACHMENT 373** **ATTACHMENT 374** **ATTACHMENT 375** **ATTACHMENT 376** **ATTACHMENT 377** **ATTACHMENT 378** **ATTACHMENT 379** **ATTACHMENT 380** **ATTACHMENT 381** **ATTACHMENT 382** **ATTACHMENT 383** **ATTACHMENT 384** **ATTACHMENT 385** **ATTACHMENT 386** **ATTACHMENT 387** **ATTACHMENT 388** **ATTACHMENT 389** **ATTACHMENT 390** **ATTACHMENT 391** **ATTACHMENT 392** **ATTACHMENT 393** **ATTACHMENT 394** **ATTACHMENT 395** **ATTACHMENT 396** **ATTACHMENT 397** **ATTACHMENT 398** **ATTACHMENT 399** **ATTACHMENT 400** **ATTACHMENT 401** **ATTACHMENT 402** **ATTACHMENT 403** **ATTACHMENT 404** **ATTACHMENT 405** **ATTACHMENT 406** **ATTACHMENT 407** **ATTACHMENT 408** **ATTACHMENT 409** **ATTACHMENT 410** **ATTACHMENT 411** **ATTACHMENT 412** **ATTACHMENT 413** **ATTACHMENT 414** **ATTACHMENT 415** **ATTACHMENT 416** **ATTACHMENT 417** **ATTACHMENT 418** **ATTACHMENT 419** **ATTACHMENT 420** **ATTACHMENT 421** **ATTACHMENT 422** **ATTACHMENT 423** **ATTACHMENT 424** **ATTACHMENT 425** **ATTACHMENT 426** **ATTACHMENT 427** **ATTACHMENT 428** **ATTACHMENT 429** **ATTACHMENT 430** **ATTACHMENT 431** **ATTACHMENT 432** **ATTACHMENT 433** **ATTACHMENT 434** **ATTACHMENT 435** **ATTACHMENT 436** **ATTACHMENT 437** **ATTACHMENT 438** **ATTACHMENT 439** **ATTACHMENT 440** **ATTACHMENT 441** **ATTACHMENT 442** **ATTACHMENT 443** **ATTACHMENT 444** **ATTACHMENT 445** **ATTACHMENT 446** **ATTACHMENT 447** **ATTACHMENT 448** **ATTACHMENT 449** **ATTACHMENT 450** **ATTACHMENT 451** **ATTACHMENT 452** **ATTACHMENT 453** **ATTACHMENT 454** **ATTACHMENT 455** **ATTACHMENT 456** **ATTACHMENT 457** **ATTACHMENT 458** **ATTACHMENT 459** **ATTACHMENT 460** **ATTACHMENT 461** **ATTACHMENT 462** **ATTACHMENT 463** **ATTACHMENT 464** **ATTACHMENT 465** **ATTACHMENT 466** **ATTACHMENT 467** **ATTACHMENT 468** **ATTACHMENT 469** **ATTACHMENT 470** **ATTACHMENT 471** **ATTACHMENT 472** **ATTACHMENT 473** **ATTACHMENT 474** **ATTACHMENT 475** **ATTACHMENT 476** **ATTACHMENT 477** **ATTACHMENT 478** **ATTACHMENT 479** **ATTACHMENT 480** **ATTACHMENT 481** **ATTACHMENT 482** **ATTACHMENT 483** **ATTACHMENT 484** **ATTACHMENT 485** **ATTACHMENT 486** **ATTACHMENT 487** **ATTACHMENT 488** **ATTACHMENT 489** **ATTACHMENT 490** **ATTACHMENT 491** **ATTACHMENT 492** **ATTACHMENT 493** **ATTACHMENT 494** **ATTACHMENT 495** **ATTACHMENT 496** **ATTACHMENT 497** **ATTACHMENT 498** **ATTACHMENT 499** **ATTACHMENT 500** **ATTACHMENT 501** **ATTACHMENT 502** **ATTACHMENT 503** **ATTACHMENT 504** **ATTACHMENT 505** **ATTACHMENT 506** **ATTACHMENT 507** **ATTACHMENT 508** **ATTACHMENT 509** **ATTACHMENT 510** **ATTACHMENT 511** **ATTACHMENT 512** **ATTACHMENT 513** **ATTACHMENT 514** **ATTACHMENT 515** **ATTACHMENT 516** **ATTACHMENT 517** **ATTACHMENT 518** **ATTACHMENT 519** **ATTACHMENT 520** **ATTACHMENT 521** **ATTACHMENT 522** **ATTACHMENT 523** **ATTACHMENT 524** **ATTACHMENT 525** **ATTACHMENT 526** **ATTACHMENT 527** **ATTACHMENT 528** **ATTACHMENT 529** **ATTACHMENT 530** **ATTACHMENT 531** **ATTACHMENT 532** **ATTACHMENT 533** **ATTACHMENT 534** **ATTACHMENT 535** **ATTACHMENT 536** **ATTACHMENT 537** **ATTACHMENT 538** **ATTACHMENT 539** **ATTACHMENT 540** **ATTACHMENT 541** **ATTACHMENT 542** **ATTACHMENT 543** **ATTACHMENT 544** **ATTACHMENT 545** **ATTACHMENT 546** **ATTACHMENT 547** **ATTACHMENT 548** **ATTACHMENT 549** **ATTACHMENT 550** **ATTACHMENT 551** **ATTACHMENT 552** **ATTACHMENT 553** **ATTACHMENT 554** **ATTACHMENT 555** **ATTACHMENT 556** **ATTACHMENT 557** **ATTACHMENT 558** **ATTACHMENT 559** **ATTACHMENT 560** **ATTACHMENT 561** **ATTACHMENT 562** **ATTACHMENT 563** **ATTACHMENT 564** **ATTACHMENT 565** **ATTACHMENT 566** **ATTACHMENT 567** **ATTACHMENT 568** **ATTACHMENT 569** **ATTACHMENT 570** **ATTACHMENT 571** **ATTACHMENT 572** **ATTACHMENT 573** **ATTACHMENT 574** **ATTACHMENT 575** **ATTACHMENT 576** **ATTACHMENT 577** **ATTACHMENT 578** **ATTACHMENT 579** **ATTACHMENT 580** **ATTACHMENT 581** **ATTACHMENT 582** **ATTACHMENT 583** **ATTACHMENT 584** **ATTACHMENT 585** **ATTACHMENT 586** **ATTACHMENT 587** **ATTACHMENT 588** **ATTACHMENT 589** **ATTACHMENT 590** **ATTACHMENT 591** **ATTACHMENT 592** **ATTACHMENT 593** **ATTACHMENT 594** **ATTACHMENT 595** **ATTACHMENT 596** **ATTACHMENT 597** **ATTACHMENT 598** **ATTACHMENT 599** **ATTACHMENT 600** **ATTACHMENT 601** **ATTACHMENT 602** **ATTACHMENT 603** **ATTACHMENT 604** **ATTACHMENT 605** **ATTACHMENT 606** **ATTACHMENT 607** **ATTACHMENT 608** **ATTACHMENT 609** **ATTACHMENT 610** **ATTACHMENT 611** **ATTACHMENT 612** **ATTACHMENT 613** **ATTACHMENT 614** **ATTACHMENT 615** **ATTACHMENT 616** **ATTACHMENT 617** **ATTACHMENT 618** **ATTACHMENT 619** **ATTACHMENT 620** **ATTACHMENT 621** **ATTACHMENT 622** **ATTACHMENT 623** **ATTACHMENT 624** **ATTACHMENT 625** **ATTACHMENT 626** **ATTACHMENT 627** **ATTACHMENT 628** **ATTACHMENT 629** **ATTACHMENT 630** **ATTACHMENT 631** **ATTACHMENT 632** **ATTACHMENT 633** **ATTACHMENT 634** **ATTACHMENT 635** **ATTACHMENT 636** **ATTACHMENT 637** **ATTACHMENT 638** **ATTACHMENT 639** **ATTACHMENT 640** **ATTACHMENT 641** **ATTACHMENT 642** **ATTACHMENT 643** **ATTACHMENT 644** **ATTACHMENT 645** **ATTACHMENT 646** **ATTACHMENT 647** **ATTACHMENT 648** **ATTACHMENT 649** **ATTACHMENT 650** **ATTACHMENT 651** **ATTACHMENT 652**

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

Check if Schedule O contains a response to any question 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 6 of Form W-2 and/or Box 1 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 nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and Title                 | (B)<br>Average<br>hours per<br>week<br>(maximum<br>hours for<br>related<br>organizations<br>in Schedule<br>O) | (C)<br>Position<br>(do not check more than one<br>box, unless person is both an<br>officer and a key employee) |            |                    |                                       |                      |                                     | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation from<br>related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|---------------------------------------|---|--|------------|--------------------|---------------------------------------|----------------------|-------------------------------------|---|---|--|
|                                       |   | 1. Director<br>or trustee  | 2. Officer | 3. Key<br>employee | 4. Highest<br>compensated<br>employee | 5. Former<br>officer | 6. Former<br>director or<br>trustee |   |   |  |
| (1) BILL DECKER<br>CHAIR              | 4.00  | X  |            | X                  |                                       |                      |                                     | 0   | 0   | 0  |
| (2) MARILYN POSTMA<br>VICE CHAIR      | 4.00  | X  |            | X                  |                                       |                      |                                     | 0   | 0   | 0  |
| (3) WAYNE MORINSON<br>TREASURER       | 4.00  | X  |            | X                  |                                       |                      |                                     | 0   | 0   | 0  |
| (4) TIM OSBURN<br>SECRETARY           | 4.00  | X  |            | X                  |                                       |                      |                                     | 0   | 0   | 0  |
| (5) TIM CARRIERE<br>BOARD MEMBER      | 4.00  | X  |            |                    |                                       |                      |                                     | 0   | 0   | 0  |
| (6) JOHN KANK<br>BOARD MEMBER         | 4.00  | X  |            |                    |                                       |                      |                                     | 0   | 0   | 0  |
| (7) GARY OLSEN<br>ASSISTANT TREASURER | 4.00  | X  |            | X                  |                                       |                      |                                     | 0   | 0   | 0  |
| (8) CONNIE LEWIS<br>BOARD MEMBER      | 4.00  | X  |            |                    |                                       |                      |                                     | 0   | 0   | 0  |
| (9) LAGSE PETERSON<br>BOARD MEMBER    | 4.00  | X  |            |                    |                                       |                      |                                     | 0   | 0   | 0  |
| (10) JACK YOUNG<br>BOARD MEMBER       | 4.00  | X  |            |                    |                                       |                      |                                     | 0   | 0   | 0  |
| (11) THERESE MORAN<br>BOARD MEMBER    | 4.00  | X  |            |                    |                                       |                      |                                     | 0   | 0   | 0  |
| (12) EMILY SPERLING<br>PRESIDENT      | 40.00   |  | X          |                    |                                       |                      |                                     | 82,907  | 0   | 0  |
| (13) .....                            |   |  |            |                    |                                       |                      |                                     |   |   |  |
| (14) .....                            |   |  |            |                    |                                       |                      |                                     |   |   |  |

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

## 1b Bub-town

82, 907.

9

e Total from continuation sheets to Part VII, Section A

— 1 —

Q

**if Total (add lines 1b and 1c)**

82, 907.

10

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: 0

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.

**Section B. Independent Contractors**

- 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization.

**Part VIII Statement of Revenue**

|   |  |                      | (A)<br>Total revenue | (B)<br>Held over<br>from prior<br>fiscal year<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>conducted from the<br>under sections<br>512, 513, or 514 |
|---|--|----------------------|----------------------|--|---|--|
|   |  |                      |                      |  |   |  |
| <b>Contributions, Grants<br/>and Other Similar Amounts</b>                              |  |                      |                      |  |   |  |
| a   | Federated campaigns . . . . .  | 1a                   |                      |  |   |  |
| b   | Membership dues . . . . .  | 1b                   |                      |  |   |  |
| c   | Fundraising events . . . . .   | 1c                   |                      |  |   |  |
| d   | Related organizations . . . . .  | 1d                   |                      |  |   |  |
| e   | Government grants (other than one-time) . . . . .  | 1e                   |                      |  |   |  |
| f   | All other contributions, grants,<br>and similar amounts not included above . . . . .                         | 1f                   | 1,440,307.           | 696.   |   |  |
| g   | Noncash contributions included in lines 1e-f . . . . .   | 1g                   |                      |  |   |  |
| <b>Total, Add lines 1a-1f . . . . .</b>   |  |                      | <b>1,440,307.</b>    | <b>696.</b>  |   |  |
| <b>Program Service Revenue</b>  |  | <b>Business Code</b> |                      |  |   |  |
| 2a  |  |                      |                      |  |   |  |
| b   |  |                      |                      |  |   |  |
| c   |  |                      |                      |  |   |  |
| d   |  |                      |                      |  |   |  |
| e   |  |                      |                      |  |   |  |
| f   | All other program service revenue . . . . .  | 2f                   |                      |  |   |  |
| <b>Total, Add lines 2a-2f . . . . .</b>   |  |                      | <b>0.</b>            | <b>0.</b>  |   |  |
| <b>Investment Income (including dividends, interest, and<br/>other similar amounts)</b> |  |                      |                      | 621.   |   | 621.   |
| 3   | Income from investment of tax-exempt bond proceeds . . . . .   | 3                    |                      | 621.   |   | 621.   |
| 4   | Royalties . . . . .  | 4                    |                      | 0.   |   | 0.   |
| 5   | Gross rents . . . . .  | 5                    |                      | 0.   |   | 0.   |
| 6   | Less rental expenses . . . . .   | 6                    |                      | 0.   |   | 0.   |
| 7   | Rental income or (loss) . . . . .  | 7                    |                      | 0.   |   | 0.   |
| 8   | Net rental income or (loss) . . . . .  | 8                    |                      | 0.   |   | 0.   |
| 9a  | Gross amount from sales of<br>other than inventory . . . . .   | 9a                   |                      |  |   |  |
| b   | Less cost or other basis<br>and sales expenses . . . . .   | b                    |                      |  |   |  |
| c   | Gain or (loss) . . . . .   | c                    |                      |  |   |  |
| d   | Net gain or (loss) . . . . .   | d                    |                      |  |   |  |
| 10a   | Gross income from fundraising<br>events (not including \$ . . . . .<br>of contributions reported on line 1c) | 10a                  |                      |  |   |  |
| b   | See Part IV, line 1a . . . . .   | b                    |                      |  |   |  |
| c   | Less direct expenses . . . . .   | c                    |                      |  |   |  |
| d   | Net income or (loss) from fundraising events . . . . .   | d                    |                      |  |   |  |
| 11a   | Gross income from gaming activities . . . . .  | 11a                  |                      |  |   |  |
| b   | See Part IV, line 1b . . . . .   | b                    |                      |  |   |  |
| c   | Less direct expenses . . . . .   | c                    |                      |  |   |  |
| d   | Net income or (loss) from gaming activities . . . . .  | d                    |                      |  |   |  |
| 12a   | Gross sales of inventory, less<br>returning and allowances . . . . .   | 12a                  |                      |  |   |  |
| b   | Less cost of goods sold . . . . .  | b                    |                      |  |   |  |
| c   | Net income or (loss) from sales of inventory . . . . .   | c                    |                      |  |   |  |
| <b>Miscellaneous Revenue</b>  |  | <b>Business Code</b> |                      |  |   |  |
| 11b   |  |                      |                      |  |   |  |
| c   |  |                      |                      |  |   |  |
| d   | All other revenue . . . . .  | d                    |                      |  |   |  |
| <b>Total, Add lines 11a-11d . . . . .</b>   |  |                      | <b>0.</b>            | <b>0.</b>  |   |  |
| <b>Total revenue, See instructions . . . . .</b>  |  |                      | <b>1,440,307.</b>    | <b>696.</b>  |   |  |

**Part IX Statement of Functional Expenses**

*Section 501(a)(3) and 501(a)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).*

*Check if Schedule O contains a response to any question in this Part IX.*

*Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.*

|  | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |
|--|-----------------------|------------------------------------|---|--------------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 23.   | 0                     |                                    |   |                                |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22.   | 0                     |                                    |   |                                |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 16 and 18.  | 1,929,171             | 1,929,171                          |   |                                |
| 4 Benefits paid to or for employees.   | 0                     |                                    |   |                                |
| 5 Compensation of current officers, directors, trustees and key employees.   | 91,954                |                                    | 45,977                                    | 45,977                         |
| 6 Compensation and related allowances for disqualified persons (see statement under section 4908(d)(1)) and pension distributions in section 4908(c)(3)(H).  | 0                     |                                    |   |                                |
| 7 Other salaries and wages.  | 294,176               | 78,367                             | 154,287                                   | 62,522                         |
| 8 Pension plan benefits and contributions (includes amounts ADT(h) and 403(b) employer contributions).   | 801                   |                                    | 801                                       |                                |
| 9 Other employee benefits.   | 14,452                |                                    | 14,452                                    |                                |
| 10 Payroll taxes.  | 26,641                |                                    | 26,641                                    |                                |
| 11 Fees for services (non-employees).  |                       |                                    |   |                                |
| a Management.  | 0                     |                                    |   |                                |
| b Legal.   | 25,995                |                                    | 25,995                                    |                                |
| c Accounting.  | 27,700                |                                    | 27,700                                    |                                |
| d Lobbying.  | 0                     |                                    |   |                                |
| e Professional fundraising services. See Part IV, line 17.   | 0                     |                                    |   |                                |
| f Investment management fees.  | 0                     |                                    |   |                                |
| g Other.   | 37,491                |                                    | 37,491                                    |                                |
| 12 Advertising and promotion.  | 275                   |                                    | 275                                       |                                |
| 13 Office expenses.  | 10,460                |                                    | 10,460                                    |                                |
| 14 Information technology.   | 18,624                |                                    | 18,624                                    |                                |
| 15 Royalties.  | 0                     |                                    |   |                                |
| 16 Occupancy.  | 4,908                 |                                    | 3,908                                     |                                |
| 17 Travel.   | 52,149                | 6,052                              | 21,882                                    | 24,215                         |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials.   | 0                     |                                    |   |                                |
| 19 Conferences, conventions, and meetings.   | 0                     |                                    |   |                                |
| 20 Interest.   | 0                     |                                    |   |                                |
| 21 Payments to affiliates.   | 0                     |                                    |   |                                |
| 22 Depreciation, depletion, and amortization.  | 3,976                 |                                    | 3,976                                     |                                |
| 23 Insurance.  | 13,178                | 875                                | 12,303                                    |                                |
| 24 Other expenses. Itemize expenses not covered above. List miscellaneous expenses in line 24a. If line 24a amount exceeds 10% of line 25, identify (A) amount. See line 24a responses on Schedule O.  |                       |                                    |   |                                |
| a MARKETING  | 99,918                |                                    | 86,806                                    | 13,112                         |
| b POSTAGE AND SHIPPING   | 39,826                |                                    | 22,234                                    | 17,592                         |
| c EVENTS   | 39,469                | 14,812                             | 23,098                                    | 359                            |
| d BANK & PAYROLL FEES  | 15,154                |                                    | 15,154                                    |                                |
| e All other expenses.  | 20,903                |                                    | 22,389                                    | 4,594                          |
| 25 Total functional expenses. Add lines 1 through 24a.   | 22,772,210            | 2,029,277                          | 574,102                                   | 168,571                        |
| 26 Joint costs. Complete this line only if the organization reported in column (D) joint costs from a combined educational, campaign, and fundraising solicitation. Check here <input type="checkbox"/> if following EOP 98-2 (ABC 968-720). | 0                     |                                    |   |                                |

## Part X Balance Sheet

|                             |   | (A)<br>Beginning of year | (B)<br>End of year |
|-----------------------------|---|--------------------------|--------------------|
| Assets                      | 1 Cash - non-interest-bearing   | 1                        | 0                  |
|                             | 2 Savings and temporary cash investments  | 1,673,212                | 906,578            |
|                             | 3 Pledges and grants receivable, net  | 0                        | 0                  |
|                             | 4 Accounts receivable, net  | 0                        | 0                  |
|                             | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   | 0                        | 0                  |
|                             | 6 Receivables from other disqualified persons (as defined under section 4098(f)(1)), persons described in section 4098(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employee beneficiary organizations (See Instructions) | 0                        | 0                  |
|                             | 7 Notes and loans receivable, net   | 0                        | 0                  |
|                             | 8 Inventories for sale or use   | 0                        | 0                  |
|                             | 9 Prepaid expenses and deferred charges   | 377                      | 227                |
|                             | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 19,143                   |                    |
|                             | b Less accumulated depreciation   | 10b                      | 12,757             |
|                             |   | 7,109                    | 6,386              |
|                             | 11 Investments - publicly traded securities   | 0                        | 0                  |
|                             | 12 Investments - other securities. See Part IV, line 11   | 0                        | 0                  |
|                             | 13 Investments - program-related. See Part IV, line 11  | 0                        | 0                  |
|                             | 14 Intangible assets  | 0                        | 0                  |
|                             | 15 Other assets. See Part IV, line 11   | 0                        | 0                  |
|                             | <b>16 Total assets. Add lines 1 through 15 (must equal line 34)</b>   | <b>1,680,698</b>         | <b>913,191</b>     |
| Liabilities                 | 17 Accounts payable and accrued expenses  | 18,675                   | 24,346             |
|                             | 18 Grants payable   | 0                        | 0                  |
|                             | 19 Unfunded revenue   | 4,471                    | 0                  |
|                             | 20 Tax-exempt bond liabilities  | 0                        | 0                  |
|                             | 21 Escrow or custodial account liability. Complete Part IV of Schedule D  | 0                        | 0                  |
|                             | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L   | 0                        | 0                  |
|                             | 23 Secured mortgages and notes payable to unrelated third parties   | 0                        | 0                  |
|                             | 24 Unsecured notes and loans payable to unrelated third parties   | 0                        | 0                  |
|                             | 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 Schedule D  | 0                        | 6,540              |
|                             | <b>26 Total liabilities. Add lines 17 through 25</b>  | <b>23,146</b>            | <b>30,886</b>      |
|                             | <i>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</i>  |                          |                    |
|                             | 27 Unrestricted net assets  | 1,657,552                | 882,305            |
|                             | 28 Temporarily restricted net assets  | 0                        | 0                  |
|                             | 29 Permanently restricted net assets  | 0                        | 0                  |
|                             | <i>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</i>   |                          |                    |
| Net Assets or Fund Balances | 30 Capital stock or trust principal, or current funds   | 30                       |                    |
|                             | 31 Paid in or capital surplus, or land, building, or equipment fund   | 31                       |                    |
|                             | 32 Retained earnings, endowment, accumulated income, or other funds   | 32                       |                    |
|                             | <b>33 Total net assets or fund balances</b>   | <b>1,657,552</b>         | <b>882,305</b>     |
|                             | <b>34 Total liabilities and net assets/fund balances</b>  | <b>1,680,698</b>         | <b>913,191</b>     |

Form 990 (2011)

Page 12

| <b>Part XI Reconciliation of Net Assets</b>  |   | <b>X</b>    |
|--|---|-------------|
| Check if Schedule O contains a response to any question in this Part XI . . . . .  |   |             |
| 1 Total revenue (must equal Part VII, column (A), line 12) . . . . .   | 1 | 1,447,015.  |
| 2 Total expenses (must equal Part IX, column (A), line 25) . . . . .   | 2 | 2,772,810.  |
| 3 Revenue less expenses. Subtract line 2 from line 1 . . . . .   | 3 | -1,325,195. |
| 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .                      | 4 | 1,657,507.  |
| 5 Other changes in net assets or fund balances (explain in Schedule O) . . . . .   | 5 | 0.          |
| 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . . | 6 | 882,305.    |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII . . . . .

|   | Yes | No                                  |
|---|-----|-------------------------------------|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other  |     | 1                                   |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |     | 1                                   |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  | 2a  | <input checked="" type="checkbox"/> |
| b Were the organization's financial statements audited by an independent accountant? . . . . .  | 2b  | <input checked="" type="checkbox"/> |
| c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant? . . . . . | 2c  | <input checked="" type="checkbox"/> |
| d If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.   |     | 1                                   |
| e If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both   |     | 1                                   |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis  |     | 1                                   |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .   | 3a  | <input checked="" type="checkbox"/> |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits              | 3b  | 1                                   |

Form 990 (2011)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 601(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

EMERITURNO USA, INC.

Employer identification number

20-0471604

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iv). Enter the hospital's name, city, and state: \_\_\_\_\_
- An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.)
- A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi).
- 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)(vii). (Complete Part II.)
- A community trust described in section 170(b)(1)(A)(viii). (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 exempt 511 tax) from businesses acquired by the organization after June 30, 1976. See section 509(a)(3). (Complete Part III.)
- An organization organized and operated exclusively to test for public safety. See section 509(e)(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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally Integrated
  - d  Type III - Other
- By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. \_\_\_\_\_
- Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
  - (ii) A family member of a person described in (i) above? \_\_\_\_\_
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

b Provide the following information about the supported organization(s).

| (I) Name of supported organization | (II) EIN | (III) Type of organization (described on lines 1-8 above orIRC section (see instructions)) | (IV) Is the organization in col. (I) also in your governing documents? | (V) Did you notify the organization in col. (I) of your support? | (VI) Is the organization in col. (I) organized in the U.S.? | (VII) Amount of support |
|------------------------------------|----------|--|--|--|---|-------------------------|
| (A) _____                          | _____    | _____  | Yes <input type="checkbox"/> No <input type="checkbox"/>               | Yes <input type="checkbox"/> No <input type="checkbox"/>         | Yes <input type="checkbox"/> No <input type="checkbox"/>    | _____                   |
| (B) _____                          | _____    | _____  | Yes <input type="checkbox"/> No <input type="checkbox"/>               | Yes <input type="checkbox"/> No <input type="checkbox"/>         | Yes <input type="checkbox"/> No <input type="checkbox"/>    | _____                   |
| (C) _____                          | _____    | _____  | Yes <input type="checkbox"/> No <input type="checkbox"/>               | Yes <input type="checkbox"/> No <input type="checkbox"/>         | Yes <input type="checkbox"/> No <input type="checkbox"/>    | _____                   |
| (D) _____                          | _____    | _____  | Yes <input type="checkbox"/> No <input type="checkbox"/>               | Yes <input type="checkbox"/> No <input type="checkbox"/>         | Yes <input type="checkbox"/> No <input type="checkbox"/>    | _____                   |
| (E) _____                          | _____    | _____  | Yes <input type="checkbox"/> No <input type="checkbox"/>               | Yes <input type="checkbox"/> No <input type="checkbox"/>         | Yes <input type="checkbox"/> No <input type="checkbox"/>    | _____                   |
| <b>Total</b>                       |          |  |  |  |   |                         |

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

OMB No. 1545-0047 (Form 990 or 990-EZ) 2011

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2007    | (b) 2008    | (c) 2009    | (d) 2010    | (e) 2011    | (f) Total    |
|---|-------------|-------------|-------------|-------------|-------------|--------------|
| 1 Other grants, contributions, and membership fees received (Do not include any "unusual grants")   | \$1,385,768 | \$1,656,660 | \$1,553,272 | \$1,804,217 | \$1,986,787 | \$19,246,874 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |             |             |             |             |             |              |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge   |             |             |             |             |             |              |
| 4 Total. Add lines 1 through 3  | \$1,385,768 | \$1,656,660 | \$1,553,272 | \$1,804,217 | \$1,986,787 | \$19,246,874 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |             |             |             |             |             | \$21,910     |
| 6 Public support. Subtract line 5 from line 4   |             |             |             |             |             | \$17,327,964 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2007    | (b) 2008    | (c) 2009    | (d) 2010    | (e) 2011    | (f) Total    |
|--|-------------|-------------|-------------|-------------|-------------|--------------|
| 7 Amounts from line 4  | \$1,385,768 | \$1,656,660 | \$1,553,272 | \$1,804,217 | \$1,986,787 | \$19,246,874 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   | 3,762       | 626         | 1,572       | 1,060       | 628         | 7,678        |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on   |             |             |             |             |             |              |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)  |             |             |             |             |             |              |
| 11 Total support. Add lines 7 through 10   |             |             |             |             |             | \$19,246,874 |
| 12 Gross receipts from related activities, etc. (and institutions)   |             |             |             |             | 42          |              |
| 13 Final five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here |             |             |             |             |             |              |

**Section C. Computation of Public Support Percentage**

|  |     |        |
|--|-----|--------|
| 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))  | 14  | 98.29% |
| 15 Public support percentage from 2010 Schedule A - Part II, line 14   | 15  | 97.99% |
| 16 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  | [X] |        |
| b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  | [ ] |        |
| 17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization    | [ ] |        |
| b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | [ ] |        |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions  | [ ] |        |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**(Complete only if you checked the box on line 8 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.)**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received (Do not include any "unusual grants")  |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sales 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 (see Part IV instructions)  |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5   |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 3, and 5 received from disqualified persons  |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$6,000 or 1% of the amount on line 13 for the year           |          |          |          |          |          |           |
| c Add lines 7a and 7b  |          |          |          |          |          |           |
| d Public support (Subtract line 7c from line 6)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 8 Amounts from line 6   |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |          |          |          |          |          |           |
| b Unrelated business taxable income (see section 511 (d)(6)) from businesses acquired after June 30, 1976   |          |          |          |          |          |           |
| c Add lines 10a and 10b   |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |          |          |          |          |          |           |
| 12 Other income (Do not include gains or loss from the sale of capital assets (Explain in Part IV))   |          |          |          |          |          |           |
| 13 Total support (Add lines 9, 10c, 11, and 12)   |          |          |          |          |          |           |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth year as a section 501(c)(3) organization, check this box and stop here. ► [ ] |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |    |   |
|---|----|---|
| 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) | 14 | % |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15                      | 14 | % |

**Section D. Computation of Investment Income Percentage**

|  |    |   |
|--|----|---|
| 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17                        | 18 | % |

10a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 13 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ► [ ]

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 10a, and line 13 is more than 33 1/3%, and line 10 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ► [ ]

20 Private foundation. If the organization did not check a box on line 14, 10a, or 10b, check this box and see instructions. ► [ ]

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

## Schedule of Contributors

OMB No. 1345-0967

**2011**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Name of the organization

SHERIFFBOX USA, INC

Employer identification number

20-0471604

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(7) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

### Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(A)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ► \$ \_\_\_\_\_

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization **CHILTEDDIX USA, INC**

Employer identification number

20-0471604

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| 1          |                                   | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2          |                                   | \$ 95,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3          |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| 4          |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| 5          |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| 6          |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| 7          |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

Name of organization SIKKERTERMOX USA, INC

**Employer identification number**

20-0471604

**Part II Noncash Property (see Instructions). Use duplicate copies of Part II if additional space is needed.**

20-0423-024

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line only.

**For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See Instructions.)**

**Use duplicate copies of Part III if additional space is needed.**

**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990. ► See separate Instructions.

OMB NO. 1545-0397

**2011****Open to Public  
Inspection**

Name of the organization

SHRI TITANOK USA, INC.

Employer identification number

20-0471604

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.**

|   | (a) Donor advised funds  | (b) Funds and other accounts  |
|---|--------------------------|---|
| 1 Total number at end of year . . . . .   |                          |   |
| 2 Aggregate contributions to (during year) . . . . .  |                          |   |
| 3 Aggregate grants from (during year) . . . . .   |                          |   |
| 4 Aggregate value at end of year . . . . .  |                          |   |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . . | <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

**Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.**

## 1 Purpose(s) of conservation easements held by the organization (check all that apply).

- Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

## 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements . . . . .   | 2a _____                        |
| b Total acreage restricted by conservation easements . . . . .   | 2b _____                        |
| c Number of conservation easements on a certified historic structure included in (a) . . . . .   | 2c _____                        |
| d Number of conservation easements included in (c) acquired after 8/17/08, and not on a historic structure listed in the National Register . . . . . | 2d _____                        |

## 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►  
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

## 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  
► 58 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No  
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

## 1a If the organization elected, as permitted under SFAS 118 (ASC 805), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

## b If the organization elected, as permitted under SFAS 118 (ASC 805), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 . . . . .  5  
(ii) Assets included in Form 990, Part X . . . . .  5

## 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 118 (ASC 805) relating to those items:

a Revenues included in Form 990, Part VIII, line 1 . . . . .  5  
b Assets included in Form 990, Part X . . . . .  5

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> a Public exhibition                   | <input checked="" type="checkbox"/> d Loan or exchange programs |
| <input checked="" type="checkbox"/> b Scholarly research                  | <input checked="" type="checkbox"/> e Other _____               |
| <input checked="" type="checkbox"/> c Preservation for future generations |   |

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . Yes | No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . Yes | No

b If "Yes," explain the arrangement in Part XIV and complete the following table

|   | Amount |
|---|--------|
| c Beginning balance . . . . .             | 10     |
| d Additions during the year . . . . .     | 10     |
| e Distributions during the year . . . . . | 10     |
| f Ending balance . . . . .                | 10     |

2a Did the organization include an amount on Form 990, Part X, line 21? . . . . . Yes | No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| b Contributions . . . . .                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses . . . . .     |                  |                |                    |                      |                     |
| d Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| f Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| g End of year balance . . . . .                            |                  |                |                    |                      |                     |

2 Provide the estimated percentage of the current year end balance (line 1g, column (e)) held as

a Board designated or quasi-endowment  %

b Permanent endowment  %

c Temporarily restricted endowment  %

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

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

(I) unrelated organizations . . . . .

3a(I)

(II) related organizations . . . . .

3a(II)

b If "Yes" to 3a(a), are the related organizations listed as required on Schedule R?

3b

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10

| Description of property            | (a) Cost or other basis<br>(investment) | (b) Cost or other basis<br>(allowance) | (c) Accumulated<br>depreciation | (d) Book value |
|------------------------------------|---|--|---------------------------------|----------------|
| 1a Land . . . . .                  |   |  |                                 |                |
| b Buildings . . . . .              |   |  |                                 |                |
| c Leasehold improvements . . . . . |   |  |                                 |                |
| d Equipment . . . . .              |   | 19,143                                 | 12,757                          | 6,386          |
| e Other . . . . .                  |   |  |                                 |                |

Total: Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(e).)

Schedule D (Form 990) 2011

**Part VII Investments - Other Securities. See Form 990, Part X, line 12.**

| (a) Description of security or category<br>(including name of security) | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives   |                |  |
| (2) Closely-held equity interests                                       |                |  |
| (3) Other   |                |  |
| (A)   |                |  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| (I)   |                |  |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►

**Part VIII Investments - Program Related. See Form 990, Part X, line 13.**

| (a) Description of investment type | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|------------------------------------|----------------|--|
| (1)                                |                |  |
| (2)                                |                |  |
| (3)                                |                |  |
| (4)                                |                |  |
| (5)                                |                |  |
| (6)                                |                |  |
| (7)                                |                |  |
| (8)                                |                |  |
| (9)                                |                |  |
| (10)                               |                |  |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►

**Part IX Other Assets. See Form 990, Part X, line 15.**

| (a) Description | (b) Book value |
|-----------------|----------------|
| (1)             |                |
| (2)             |                |
| (3)             |                |
| (4)             |                |
| (5)             |                |
| (6)             |                |
| (7)             |                |
| (8)             |                |
| (9)             |                |
| (10)            |                |

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

**Part X Other Liabilities. See Form 990, Part X, line 25.**

| (a) Description of liability | (b) Book value |
|------------------------------|----------------|
| (1) Federal income taxes     |                |
| (2) DUE TO SHELTERBOX TRUST  | 6,540          |
| (3)                          |                |
| (4)                          |                |
| (5)                          |                |
| (6)                          |                |
| (7)                          |                |
| (8)                          |                |
| (9)                          |                |
| (10)                         |                |
| (11)                         |                |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ► 6,540

2. FIN 48 (ASC 740) Footnote: In Part XIV, 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).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

|   |    |            |
|---|----|------------|
| 1 Total revenue (Form 990, Part VIII, column (A), line 12)                                  | 1  | 1,997,315. |
| 2 Total expenses (Form 990, Part IX, column (A), line 2b)                                   | 2  | 2,772,210. |
| 3 Excess or (deficit) for the year. Subtract line 2 from line 1                             | 3  | -775,195.  |
| 4 Net unrealized gains (losses) on investments  | 4  | -45.       |
| 5 Donated services and use of facilities  | 5  |            |
| 6 Investment expenses   | 6  |            |
| 7 Prior period adjustments  | 7  |            |
| 8 Other (Describe in Part XIV)  | 8  |            |
| 9 Total adjustments (net). Add lines 4 through 8  | 9  | -45.       |
| 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | -775,240.  |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|  |    |            |
|--|----|------------|
| 1 Total revenue, gains, and other support per audited financial statements       | 1  | 2,028,039. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:            |    |            |
| a Net unrealized gains on investments  | 2a | -45.       |
| b Donated services and use of facilities   | 2b | 31,069.    |
| c Recoveries of prior year grants  | 2c |            |
| d Other (Describe in Part XIV.)  | 2d |            |
| e Add lines 2a through 2d  | 2e | 31,024.    |
| 3 Subtract line 2e from line 1   | 3  | 1,997,015. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1            |    |            |
| a Investment expenses not included on Form 990, Part VIII, line 7b               | 4a |            |
| b Other (Describe in Part XIV.)  | 4b |            |
| c Add lines 4a and 4b  | 4c |            |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5  | 1,997,015. |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |    |            |
|---|----|------------|
| 1 Total expenses and losses per audited financial statements                      | 1  | 2,803,279. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 2b                |    |            |
| a Donated services and use of facilities  | 2a | 31,069.    |
| b Prior year adjustments  | 2b |            |
| c Other losses  | 2c |            |
| d Other (Describe in Part XIV.)   | 2d |            |
| e Add lines 2a through 2d   | 2e | 31,069.    |
| 3 Subtract line 2e from line 1  | 3  | 2,772,210. |
| 4 Amounts included on Form 990, Part IX, line 2b, but not on line 1:              |    |            |
| a Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |            |
| b Other (Describe in Part XIV.)   | 4b |            |
| c Add lines 4a and 4b   | 4c |            |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | 5  | 2,772,210. |

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 8; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

**Part XIV Supplemental Information (continued)**

FIN 48 (ASC 740) FOOTNOTE

FORM 990, SCHEDULE D, PART X, LINE 7.

ASC Topic 740, INCOME TAXES, PREScribes A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTES FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN, AND PROVIDES GUIDANCE ON DErecognition, CLASSIFICATION, DISINTEREST AND PENALTIES, DISCLOSURE, AND TRANSITIONS. MANAGEMENT ASSESSES THAT NO SUCH UNCERTAIN TAX POSITIONS EXIST FOR SHUTTERBOX USA AT DECEMBER 31, 2012 AND DECEMBER 31, 2011.

**SCHEDULE F  
(Form 990)****Statement of Activities Outside the United States**

OMB No. 1145-0067

**2011****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED CIRCUIT USA, INC.

Employer identification number

20-0471604

- Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14h, 15, or 16.**

**► Attach to Form 990. ► See separate instructions.****Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region                                 | (b) Number of offices in this region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total assets held for end investments in region |
|--|--------------------------------------|--|---|--|---|
| (1) <u>overseas</u>                        |                                      |  | INVESTMENT ACTIVITIES   | GRANTMAKING  | 1,929,171   |
| (2)  |                                      |  |   |  |   |
| (3)  |                                      |  |   |  |   |
| (4)  |                                      |  |   |  |   |
| (5)  |                                      |  |   |  |   |
| (6)  |                                      |  |   |  |   |
| (7)  |                                      |  |   |  |   |
| (8)  |                                      |  |   |  |   |
| (9)  |                                      |  |   |  |   |
| (10)                                       |                                      |  |   |  |   |
| (11)                                       |                                      |  |   |  |   |
| (12)                                       |                                      |  |   |  |   |
| (13)                                       |                                      |  |   |  |   |
| (14)                                       |                                      |  |   |  |   |
| (15)                                       |                                      |  |   |  |   |
| (16)                                       |                                      |  |   |  |   |
| (17)                                       |                                      |  |   |  |   |
| 3a Subtotal                                |                                      |  |   |  | 1,929,171   |
| b Total from continuation sheets to Part I |                                      |  |   |  |   |
| c Totals (add lines 3a and 3b)             |                                      |  |   |  | 1,929,171   |

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

Schedule F (Form 990) 2011

Part IV, line 15, for any recipient received - or than \$5,000. Check this box if no one recipient received more than \$5,000.

Part II can be duplicated if additional space is needed.

| Line | Recipient Organization | IRS Report<br>Number and EIN<br>(if applicable) | Method of<br>Payment<br>of grant | Amount of<br>grant | Character of<br>assistance | Method of<br>payment<br>of grant | Amount of<br>grant | Character of<br>assistance |
|------|------------------------|---|----------------------------------|--------------------|----------------------------|----------------------------------|--------------------|----------------------------|
| 11   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 12   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 13   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 14   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 15   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 16   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 17   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 18   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 19   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 20   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 21   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 22   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 23   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 24   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 25   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 26   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 27   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 28   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 29   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 30   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 31   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 32   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 33   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 34   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 35   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 36   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 37   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 38   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 39   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 40   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 41   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 42   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 43   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 44   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 45   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 46   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 47   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 48   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 49   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 50   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 51   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 52   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 53   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 54   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 55   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 56   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 57   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 58   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 59   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 60   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 61   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 62   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 63   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 64   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 65   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 66   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 67   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 68   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 69   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 70   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 71   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 72   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 73   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 74   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 75   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 76   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 77   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 78   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 79   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 80   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 81   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 82   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 83   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 84   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 85   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 86   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 87   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 88   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 89   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 90   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 91   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 92   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 93   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 94   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 95   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 96   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 97   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 98   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 99   |                        |   |                                  |                    |                            |                                  |                    |                            |
| 100  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 101  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 102  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 103  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 104  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 105  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 106  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 107  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 108  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 109  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 110  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 111  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 112  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 113  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 114  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 115  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 116  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 117  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 118  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 119  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 120  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 121  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 122  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 123  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 124  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 125  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 126  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 127  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 128  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 129  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 130  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 131  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 132  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 133  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 134  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 135  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 136  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 137  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 138  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 139  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 140  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 141  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 142  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 143  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 144  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 145  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 146  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 147  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 148  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 149  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 150  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 151  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 152  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 153  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 154  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 155  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 156  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 157  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 158  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 159  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 160  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 161  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 162  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 163  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 164  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 165  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 166  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 167  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 168  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 169  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 170  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 171  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 172  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 173  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 174  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 175  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 176  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 177  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 178  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 179  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 180  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 181  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 182  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 183  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 184  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 185  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 186  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 187  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 188  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 189  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 190  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 191  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 192  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 193  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 194  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 195  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 196  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 197  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 198  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 199  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 200  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 201  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 202  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 203  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 204  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 205  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 206  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 207  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 208  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 209  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 210  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 211  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 212  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 213  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 214  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 215  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 216  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 217  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 218  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 219  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 220  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 221  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 222  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 223  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 224  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 225  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 226  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 227  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 228  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 229  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 230  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 231  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 232  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 233  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 234  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 235  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 236  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 237  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 238  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 239  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 240  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 241  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 242  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 243  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 244  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 245  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 246  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 247  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 248  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 249  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 250  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 251  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 252  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 253  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 254  |                        |   |                                  |                    |                            |                                  |                    |                            |
| 255  |                        |   |                                  |                    |                            |                                  |                    |                            |
|      |                        |   |                                  |                    |                            |                                  |                    |                            |

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|---------------------------------|------------|--------------------------|--------------------------|----------------------------|-----------------------------------|--|---|
| (1)                             |            |                          |                          |                            |                                   |  |   |
| (2)                             |            |                          |                          |                            |                                   |  |   |
| (3)                             |            |                          |                          |                            |                                   |  |   |
| (4)                             |            |                          |                          |                            |                                   |  |   |
| (5)                             |            |                          |                          |                            |                                   |  |   |
| (6)                             |            |                          |                          |                            |                                   |  |   |
| (7)                             |            |                          |                          |                            |                                   |  |   |
| (8)                             |            |                          |                          |                            |                                   |  |   |
| (9)                             |            |                          |                          |                            |                                   |  |   |
| (10)                            |            |                          |                          |                            |                                   |  |   |
| (11)                            |            |                          |                          |                            |                                   |  |   |
| (12)                            |            |                          |                          |                            |                                   |  |   |
| (13)                            |            |                          |                          |                            |                                   |  |   |
| (14)                            |            |                          |                          |                            |                                   |  |   |
| (15)                            |            |                          |                          |                            |                                   |  |   |
| (16)                            |            |                          |                          |                            |                                   |  |   |
| (17)                            |            |                          |                          |                            |                                   |  |   |
| (18)                            |            |                          |                          |                            |                                   |  |   |

**Part II Foreign Forms**

1. Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 526, Return by a U.S. Transferor of Property to a Foreign Corporation (see instructions for Form 526).  Yes  No
2. Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see instructions for Forms 3520 and 3520-A).  Yes  No
3. Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see instructions for Form 5471).  Yes  No
4. Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8521, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see instructions for Form 8521).  Yes  No
5. Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8855, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see instructions for Form 8855).  Yes  No
6. Did the organization have any operations, or relate to any bordering countries during the tax year? If "Yes," the organization may be required to file Form 5711, International Boundary Report (see instructions for Form 5711).  Yes  No

Schedule F (Form 990) 2011

**Part IV Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monetary funds), Part I, line 3, column 2, (accounting method amounts of investments vs. expenditures per major Part I accounting method, Part II accounting method, and Part I column 4, estimated number of reporters) as applicable. Also complete this part to provide any additional information (see instructions).

**MONITORING USE OF GRANT FUNDS APPENDIX D****SCHEDULE E, PART C, LINE 2**

IN CARrying OUT ITS MISSION TO DELIVER SHOEBOXES AND IN THE FORM OF SHELTER, WARMTH AND DISHES TO SURVIVORS OF NATURAL AND OTHER DISASTERS WORLDWIDE, SHOEBOX USA, INC. MAKES GRANTS TO SHOEBOX USA, A TX-BASED CHARITABLE ORGANIZATION THAT COORDINATES DEPLOYMENT OF SHOEBOXES AND. A FORMAL INTERACTIONAL GRANTING PROCEDURE IS FOLLOWED, WHICH REQUIRES REGULAR REPORTS ON THE USE OF GRANT FUNDS EXPENDED, INCLUDING A RECONCILIATION OF SHOEBOX USA-FOUNDED SHOEBOXES, OTHER AID AND OTHER DEPLOYED LOCATIONS.

Supplemental Information to Form 990 or 990-EZ

Document Type:  
Form 990

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

Case No. 146-201

11

Open to Public  
Inspection

SHELTERBOX USA, INC

Employer Identification number  
20-0471EJ

PROCESS USED TO REVIEW FORM 990

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

SHELTERBOX USA, INC'S INDEPENDENT ACCOUNTANT RELEASED THE LETTERS THAT  
REVIEWED THE LETTERS WERE THE ORGANIZATION'S RIGHT TO RELEASE. A COPY OF THE  
STANDARD FORM 990 WAS PROVIDED TO THE ORGANIZATION'S BOARD OF DIRECTORS  
RIGHT TO RELEASE.

MONITORING CONFLICT OF INTEREST POLICY

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

EMPLOYEES AND BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST DISCLOSURE  
QUESTIONNAIRE YEARLY. COMPLIANCE WITH THE REQUEST IS MONITORED BY THE  
PRESIDENT AND CHAIR OF THE BOARD'S GOVERNANCE COMMITTEE.

MAKING DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART VI, SECTION C, LINE 19

SHELTERBOX USA, INC PROVIDES INFORMATION ABOUT ITS GOVERNING DOCUMENTS,  
CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS UPON WRITTEN REQUEST  
ADDRESSED TO SHELTERBOX USA, 8374 MARK STREET #203, LAKWOOD RANCH, FL

34202

SHELTERBOX USA ALSO PROVIDES PRIOR YEAR FORMS 990 ONLINE.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 5

NET UNREALIZED GAIN (LOSS) (46)

~~Employer identification number~~  
~~STATEMENT USA, INC~~

~~Employer identification number~~  
20-0471616

CHANGE IN PRIOR YEAR BALANCE (6)

TOTAL: **.52**

NOTES TO DETERMINING INFORMATION

FORM 990, PART VI, LINES 16, 17 AND 18

THE INFORMATION IS BASED ON CURRENT INFORMATION AND THIS STATE AND  
THE RESPONSIBLE FOR DETERMINING INFORMATION TRACTOR TRAILER INC  
IS RESPONSIBLE FOR DETERMINING INFORMATION TRACTOR TRAILER INC  
ACCURATE AND IN LINE WITH THE PRIVATE INVESTIGATOR INFORMATION.  
THE  
TRACTOR TRAILER INC IS SUBJECT TO STATE AND LOCAL TAX DETERMINATION  
STANDARDS AND IT SUBJECT THE RESPONSIBILITY TO DEFEND THE PRIVATE  
INVESTIGATOR.

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

MASSACHUSETTS, CT, NY,

ILLINOIS, IN, MD, NC,

MISSOURI, OK, TX, IL, KS, AR, LA,

RI, SC, DE, NJ, VT, RI,