

8879-EO

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0902

**2016**Department of the Treasury  
Internal Revenue Service

Name of exempt organization

SHELTERBOX USA, INC.

Employer identification number

\*\* \* \* \* 1604

Name and title of officer

MARK MIDYETT  
VICE CHAIR
**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form will blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter 0). But, if you entered 0 on the return, then enter 0 on the applicable line below. Do not complete more than one line in Part I.

- |  |  |
|--|--|
| 1a Form 990 check here ► <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VII, column (A), line 12) ..... 1b <b>3,898,832.</b> |
| 2a Form 990 EZ check here ► <input type="checkbox"/>         | b Total revenue, if any (Form 990 EZ, line 8) ..... 2b _____                                 |
| 3a Form 1020 PCP check here ► <input type="checkbox"/>       | b Total tax (Form 1020 PCP, line 22) ..... 3b _____  |
| 4a Form 990 PF check here ► <input type="checkbox"/>         | b Tax based on investment income (Form 990 PF, Part M, line 5) ..... 4b _____                |
| 5a Form 8868 check here ► <input type="checkbox"/>           | b Balance Due (Form 8868, line 3c) ..... 5b _____  |

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to retain from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit entry to the financial institution account indicated in the tax preparation software) for payment of the organization's federal taxes due on this return, and the financial institution to debit the entry to the account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-800-363-4507 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have provided a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

 I authorize **MAULDIN & JENKINS, LLC**

ERO firm name

to enter my PIN **71604**

Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency/IRS-regulating charter as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2016 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency/IRS-regulating charter as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ► 

Date ►

**5/8/17**
**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**67338164045**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-File Providers for Business Returns.

ERO's signature ► Date ► **05/08/17**

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form 990

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

A For the 2016 calendar year, or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

B Under what name does the organization do business?	C Name of organization		D Employer identification number
	<b>SHELTERBOX USA, INC.</b>		<b>*****1604</b>
	Doing business as		
	Number and street (or P.O. box if item is not delivered to U.S. street address)	Box/Suite	E Telephone number
	<b>7359 MERCHANT COURT</b>		<b>941-907-6036</b>
	City or town, state or province, country and 2-digit foreign postal code		G Year received
	<b>LAKWOOD RANCH, FL 34202</b>		<b>3,898,832</b>
F Name and address of principal officer	H Is this a group return (or subordinates?) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
<b>MARK MIDYETT</b>	I Are substantiations required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
J Website: <b>WWW.SHELTERBOXUSA.ORG</b>	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	Generally describe the organization's mission or most significant activities. <b>SEE SCHEDULE O</b>
	2	Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a)
	4	Number of independent voting members of the governing body (Part V, line 1b)
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)
	6	Total number of volunteers (estimate if necessary)
	7a	Total unrelated business revenue from Part VII, column (C), line 12
	b	Net unrelated business taxable income from Form 990-T, line 34
Revenue	8	Contributions and grants (Part VIII, line 1f)
	9	Program service revenue (Part VIII, line 2g)
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)
	11	Other revenue (Part VI, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
	12	Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12)
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	14	Rentals paid to or for members (Part IX, column (A), line 4)
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)
Expenses	16a	Professional fundraising fees (Part X, column (A), line 11c)
	b	Total fundraising expenses (Part X, column (D), line 25) ► <b>270,853</b>
	17	Other expenses (Part X, column (A), lines 11a-11d, 11f-24e)
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)
	19	Revenue less expenses. Subtract line 18 from line 12
Net Assets & Fund Balances		
	20	Total assets (Part X, line 16)
	21	Total liabilities (Part X, line 26)
	22	Net assets or fund balances. Subtract line 21 from line 20

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on information of which preparer has any knowledge.

Sign Here	► Signature of officer <b>MARK MIDYETT, VICE CHAIR</b> Type or print name and title	Date			
Paid	Print/Type preparer's name <b>BRIAN CARTER</b>	Preparer's signature <b>BRIAN CARTER</b>	Date <b>05/08/17</b>	Preparer's status <input checked="" type="checkbox"/> self-employed	PTIN <b>P00536712</b>
Prepared	For signature ► <b>MAULDIN &amp; JENKINS, LLC</b>				
Use Only	Arm's address ► <b>1401 MANATEE AVE. W., SUITE 1200 BRADENTON, FL 34205</b>			Phone no. <b>941-747-4483</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes  No

OMB 1545-0047 | A For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2016)

**Part III Statement of Program Service Accomplishments**

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

- 1** Briefly describe the organization's mission:

SEE SCHEDULE O

- 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 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** Program 1 Expenses 3,432,303. including grants of 3,096,235. (Revenue)  
**SHELTERBOX USA WAS ABLE TO HELP SUPPORT DEPLOYMENTS IN THE AFTERMATH OF 16 DISASTERS AND/OR HUMANITARIAN CRISES OCCURRING IN 14 LOCATIONS WORLDWIDE. AMONG THE ORGANIZATION'S GREATEST ACCOMPLISHMENTS IN 2016 WAS TO PROVIDE TEMPORARY SHELTER AND EQUIPMENT TO OVER 29,300 PEOPLE DISPLACED BY DISASTERS AND CONTINUING EFFORTS TO PROVIDE TEMPORARY SHELTER TO REFUGEES FLEEING CONFLICT.**

**4b** Program 2 Expenses \_\_\_\_\_ including grants of \_\_\_\_\_ (Revenue) \_\_\_\_\_

**4c** Program 3 Expenses \_\_\_\_\_ including grants of \_\_\_\_\_ (Revenue) \_\_\_\_\_

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

Expenses \$

Including grants of \$

(Revenue)

\$

**4e** Total program service expenses 3,432,303.

Form 990 (2016)

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 494(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 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(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4 X	
5 Is the organization a section 501(c)(1), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.	5 X	
6 Did the organization maintain any donor-advised funds or 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 reserve 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, "stolen treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8 X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, served 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 temporary 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 12? If "Yes," complete Schedule D, Part VI.	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b X	
c Did the organization report an amount for investments - program related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c X	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d X	
e Did the organization report an amount for other liabilities in Part X, line 26? 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 F. N. 48 (ASC 740)? If "Yes," complete Schedule D, Part XI.	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b X	
13 Is the organization a school described in section 170(b)(1)(B)(ii)? If "Yes," complete Schedule E.	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from non-US tax filing, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15 X	
16 Did the organization report on Part IX, column (B), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II 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, columns (P), lines 6 and 11e? If "Yes," complete Schedule G, Part I.	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19 X	

## Part IV Checklist of Required Schedules (continued)

		Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (B), line 2? If "Yes," complete Schedule J, Parts I and II	22	X	
23 Did the organization answer "Yes" to Part VI, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period except in	24b		
c Did the organization maintain an escrow account other than a retarding escrow at any time during the year to dispose of any tax-exempt bonds?	24c		
d Did the organization act as an "entity within?" issuer in bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations, Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X	
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X	
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," 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 N	30	X	
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X	
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X	
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36 Section 501(c)(3) organizations, Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X	
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part V, lines 11b and 19?	38	X	

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

**Part V****Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1099, Enter B, if not applicable	1a	8
1b	Enter the number of Forms W-2G included in line 1a, Enter B, if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
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	12
b	What is the organization's EIN? Did the organization file all required federal employment tax returns? <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	<input checked="" type="checkbox"/>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	
b	If "Yes," Was it filed Form 990-T for this year? If "No," to line 3b, 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	<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<input checked="" type="checkbox"/>
b	Did any taxable party not be the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<input checked="" type="checkbox"/>
c	If "Yes," to line 5a or 5b, did the organization file Form 8886?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization so or any contributions that were not tax deductible as charitable contributions?	6a	<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributors or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment of \$25 where the party is a contributor and partly for goods and services provided to the donor?	7a	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<input checked="" type="checkbox"/>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1298-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4945(b)?	9a	
b	Did the sponsoring organization make a distribution to a donor, beneficiary, or related person?	9b	
10	Section 501(c)(7) organizations. Enter.		
a	Invitations and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts included on Form 990, Part VIII, line 6A, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not enter amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 instead of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note: See instructions for additional information on the organization must report on Schedule O.</i>	13a	
b	Enter the amount of resources 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 resources on hand	13c	
14a	Did the organization receive any payments for underwriting services during the tax year?	14a	<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 720 to report those payments? If "No," provide an explanation in Schedule O	14b	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 16 below, and for a "No" response to line 1a, 1b, or 16b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

### 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 more than 100 members in the organization, enter the number of the governing body delegated to a director, trustee, or key employee to make decisions on behalf of the organization, explain in Schedule O.	1a	9
1b	Enter the number of voting members included in line 1a, above, who are independent.	1b	9
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 to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	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
b	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 (temporarily or not) document the need to file two Form 990s in order to do all the work by the following:		
a	The governing body?	8a	X
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 set 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.	11b	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 12.	12a	X
b	Were officers, directors, trustees, or key employees required to disclose outside 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 decision 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 ► **SCHEDULE O**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990 and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  
 Our website       Another's website       Upon request       Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records:  
**THE ORGANIZATION - 941 907 6036**  
**7359 MERCHANT COURT, LAKEWOOD RANCH, FL 34202**



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

1b Sub-1013M

c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c)

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

Yes No

- 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 \$100,000? 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.

**Part VIII | Statement of Revenue**Check if Schedule D contains a response or note to any line in this Part VIII 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants &amp; Other Similar Amounts</b>					
1 a. Federated campaigns	1a				
b. Membership dues	1b				
c. Fundraising events	1c				
d. Related organizations	1d				
e. Government grants (cont'd) business)	1e				
f. All other contributions, gifts, grants, and similar amounts not included above	1f	3,895,258.			
g. Unusual contributions included in line 1f		161,623.			
h. Total, Add lines 1a-1f	►	3,895,258.			
<b>Program Service Revenue</b>		<b>Business Code</b>			
2 a.					
b.					
c.					
d.					
e.					
f. All other program service revenue					
g. Total, Add lines 2a-2f	►				
3. Investment income (including dividends, interest, and other similar amounts)		►	265.		265.
4. Income from investment of tax-exempt bond proceeds		►			
5. Royalties		►			
6 a. Gross rents	(i) Real	(ii) Personal			
b. Less, rental expenses					
c. Rental income (i) less (ii)					
d. Net rental income (i) less (ii)		►			
7 a. Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b. Less, cost or other basis and sales expenses					
c. Gain or (loss)					
d. Net gain or loss		►			
8 a. Gross income from fund-raising events (not including \$ _____ of contributions reported on line 1c). See Part V, line 18	a				
b. Less, direct expenses	b				
c. Net income or (loss) from fund-raising events	►				
9 a. Gross income from gaming activities. See Part IV, line 19	a				
b. Less, direct expenses	b				
c. Net income or (loss) from gaming activities	►				
10 a. Gross sales of inventory, less returns and allowances	a				
b. Less, cost of goods sold	b				
c. Net income or (loss) from sales of inventory	►				
Miscellaneous Revenue	<b>Business Code</b>				
11 a. OTHER INCOME	900099	3,309.			3,309.
b.					
c.					
d. All other revenue					
e. Total, Add lines 11a-11d	►	3,309.			
12. Total revenue. See instructions.	►	3,898,832.	0.	0.	3,574.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any item in this Part IX 

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to domestic organizations and foreign governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	3,096,235.	3,096,235.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	170,346.	23,605.	94,602.	52,139.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(e)(3)(B)				
7 Other salaries and wages	302,978.	41,984.	168,259.	92,735.
8 Pension plan accruals and contributions include cash in 401(k) and 403(b) employee benefit plans	6,785.	940.	3,768.	2,077.
9 Other employee benefits	26,545.	3,679.	14,741.	8,125.
10 Payroll taxes	32,051.	4,441.	17,800.	9,810.
11 Fees for services (non-employees)				
a Management				
b Legal	1,140.		1,140.	
c Accounting	24,294.		24,294.	
d Lobbying				
e Professional consulting services. See Part V, line 17				
f Investment management fees				
g Other, if line 11g amount exceeds 10% of line 20, or line 40 (if amount is 10% or less, see Part O)	19,925.	594.	8,397.	10,934.
12 Advertising and promotion	215,977.	175,123.	5,685.	35,169.
13 Office expenses	75,338.	5,868.	48,443.	21,027.
14 Information technology	43,967.	22,843.	3,346.	17,778.
15 Hospitality				
16 Occupancy	36,453.	3,719.	32,734.	
17 Travel	61,209.	16,991.	39,357.	4,861.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	36,985.	27,961.	2,736.	6,288.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,506.		2,506.	
23 Insurance	16,638.		16,638.	
24 Other expenses. Report expenses not covered above (but miscellaneous expenses in line 24a, if line 24a amount exceeds 10% of line 20, or line 40 (if amount is 10% or less, see Part O))				
a TRAINING	14,099.	3,800.	9,803.	196.
b LICENSES & FEES	9,380.			9,380.
c MISCELLANEOUS	6,842.	4,520.	2,288.	34.
d REPAIRS & MAINTENANCE	2,234.		2,234.	
e All other expenses				
25 Total functional expenses Add lines 1 through 24	4,201,927.	3,432,303.	498,771.	270,853.
26 Total costs. Complete this section if the organization reported "Total campaign expenses from our third educational campaign and lunches" (23) in Part VIII. Otherwise ► <input type="checkbox"/> if following SOP 99-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

		(A) Beginning of year	(B) End of year
	1 Cash - non-interest-bearing	1	
	2 Savings and temporary cash investments	2,228,596.	2,135,154.
	3 Pledges and grants receivable, net	3	104,392.
	4 Accounts receivable, net	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule D.	5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (VEBAs). Complete Part I of Schedule D.	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or lease	8	
	9 Prepaid expenses and deferred charges	6,264.	16,443.
Assets	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	37,276.
	b Less: accumulated depreciation	10b	24,825.
		5,626.	12,451.
	11 Investments - publicly traded securities		11
	12 Investments - other securities. See Part IV, line 11		12
	13 Investments - program related. See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets. See Part IV, line 11		15
	16 Total assets. Add lines 1 through 15 (must equal line 34)		2,242,128.
Liabilities	17 Accounts payable and accrued expenses		23,869.
	18 Grants payable		18
	19 Deferred revenue		19
	20 Tax-exempt bond liabilities		20
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule D		22
	23 Secured mortgages and notes payable to unrelated third parties		23
	24 Unsecured notes and loans payable to unrelated third parties		24
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25
	26 Total liabilities. Add lines 17 through 25	26	357,705.
	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	27	2,218,259.
	28 Temporarily restricted net assets	28	254,394.
	29 Permanently restricted net assets	29	
Net Assets or Fund Balances	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.		
	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	
	33 Total net assets or fund balances	33	2,218,259.
	34 Total liabilities and net assets/fund balances	34	2,272,869.

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part X 

1 Total revenue (must equal Part VIII, column (A), line 12)	1	3,898,832,
2 Total expenses (must equal Part X, column (A), line 25)	2	4,201,927,
3 Revenue less expenses. Subtract line 2 from line 1	3	303,095,
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,218,259,
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10 Net assets or fund balances at end of year. Combinations 3 through 9 (must equal Part X, line 33, column (B))	10	1,915,164.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

		Yes	No
1 Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> other _____			
If the organization changes its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
1. Yes, check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b. Were the organization's financial statements audited by an independent accountant?	2b	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c. If "Yes" to line 2a or 2b, does the organization have a controller that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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	X	
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		

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

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

AB47(c)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990 EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form-990](http://www.irs.gov/form-990).

LULU 1947-1950

2016

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**Name of the organization**

### Employer ഫോറ്മാറ്റിന്റെ പദ്ധതി

\* \* - \* \* \* 1604

SHELTERBOX USA, INC.

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

(the greater zodiac is not a private foundation; because it is, it at least 1 through 12, chess, only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).  
 2  A school described in section 170(b)(1)(A)(iii). (Attach Schedule C (Form 990 or 990 EZ).)  
 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  
 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state.  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part I.)  
 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)  
 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  
 9  An agricultural research organization described in section 170(b)(1)(A)(vii) operated in conjunction with a land grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university.  
 10  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 [thus section 511 laid claim to businesses acquired by the organization after June 30, 1975. See section 509(a)(2)]. (Complete Part III.)  
 11  An organization organized and operated exclusively to test for public safety. See section 609(n)(4).  
 12  An organization organized and operated exclusively for the benefit of, or 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 608(a)(2). Check the box in lines 12a through 12c that describes the type of supporting organization and complete lines 12d, 12f, and 12g.  
 a  Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.  
 b  Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.  
 c  Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.  
 d  Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a contribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.  
 e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III

#### • Estimate number of proposed approvals

7. From the following statements, choose the one(s) about the expected organization(s).

**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 b, 7, or 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 III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1. Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,053,906	4,330,617	2,384,590	5,251,371	3,895,258	16,915,142
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	1,053,906	4,330,617	2,384,590	5,251,371	3,895,258	16,915,142
5. The portion of total contributions by each person (other than a governmental unit or publicly supported organization included on line 4) that exceeds 2% of the amount shown on line 11, column (b)						
6. <b>Public support.</b> Subtract line 5 from line 4						261,624
						16,653,518

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7. Amounts from line 4	1,053,906	4,330,617	2,384,590	5,251,371	3,895,258	16,915,142
8. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9. Net income from unrelated business activities, whether or not the business is regularly carried on	43	30	28	0	265	366
10. Other income. Do not include gains or loss from the sale of capital assets (Explain in Part VI)						3,309
11. <b>Total support.</b> Add lines 7 through 10						16,918,817
12. Gross receipts from related activity, etc. (see instructions)					12	
13. <b>First five years.</b> 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 ► <input type="checkbox"/>						

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

14. Public support percentage for 2016 (line 6, column (f) divided by line 11, column (b))	14	98.43	%
15. Public support percentage from 2015 Schedule A, Part I, line 14	15	100.00	%
16a. 33 1/3% support test - 2016. 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 ► <input checked="" type="checkbox"/>			
b. 33 1/3% support test - 2015. 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 ► <input type="checkbox"/>			
17a. 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b. 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
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 ► <input type="checkbox"/>			

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part I. 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gross grants, contributions, and membership fees received. (Do not include any unusual grants.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and other 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, 2, and 3 received from disqualified persons						
b Amounts included on lines 1, 2, and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amounts on line 6 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7b from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 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 (use section 511 law only for the amounts accrued after June 30, 1975)						
c Add lines 9a 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 gain or loss from the sale of capital assets. (Explain in Part IV.)						
13 Total support. (Add lines 9 through 12.)						
14 First five years. If this 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. ► <input type="checkbox"/>						

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

15 Public support percentage for 2016 (line 8, col. (e), line 11) if added by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, col. min (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part II, line 17	18	%
19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 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. ► <input type="checkbox"/>		
b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ► <input type="checkbox"/>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If it is long and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States? If so, is the supported organization (i) "Yes," and (ii) if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization not of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) and described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(b) regarding certain Type I supporting organizations and all Type III non-functional integrated supporting organizations? If "Yes," answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

**Part IV Supporting Organizations (continued)**

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide details in Part VI.	11c	

**Section B. Type I Supporting Organizations**

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

**Section C. Type II Supporting Organizations**

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supported organization was vested in the same persons that controlled or managed the supported organization(s).	1	

**Section D. All Type III Supporting Organizations**

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the 4th month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "Yes," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a  The organization satisfied the Activities Test. Complete line 2 below.
- b  The organization is the parent of each of its supported organizations. Complete line 3 below.
- c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

	Yes	No
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsible? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer (c) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See Instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through I.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
t Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt-use. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 8½% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to other supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2015 from Section C, line 8	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016. If any, Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

## **Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part I, line 1/a or 1/c; Part II, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part V, Section C, line 1; Part V, Section D, lines 2 and 3; Part IV, Section E, lines 7c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section C, lines 5, 6, and 8; and Part V, Section F, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)U.S. GOVERNMENT  
DEPARTMENT OF THE TREASURY  
Internal Revenue Service**Schedule of Contributors**

- Attach to Form 990, Form 990-EZ, or Form 990-PF.
- Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB NO. 1545-0048

**2016**

Name of the organization

Employer identification number

**SHELTERBOX USA, INC.**

\*\*\*-\*\*\*1604

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(3) (charter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation

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

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

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more from any one contributor. Complete Parts I and J. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 25 1/2% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v) that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 15a, or 16c, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on line Form 990, Part VIII, line 2b, or (3) Form 990-EZ, line 1. Complete Parts I and J.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received non-exclusively religious, charitable, etc., contributions totaling \$1,000 or more during the year. ► S \_\_\_\_\_

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 11 of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

\*14. For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF | 2016.

**SCHEDULE D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**► Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1155-0244

**2016**Open to Public  
Inspection

Name of the organization

**SHELTERBOX USA, INC.**Employer identification number  
**\*\* \* \* \* 1604****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that their assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply):	
<input checked="" type="checkbox"/> Preservation of land for public use (e.g., recreation or education only)	<input checked="" type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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.	
a Total number of conservation easements	Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2a
c Number of conservation easements on a certified historic structure included in (a)	2b
d Number of conservation easements included in (c) acquired after 8/7/06, and not on a historic structure listed in the National Register	2c
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on the 2(d) above satisfy the requirements of section 170(f)(4)(B)(ii)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 110 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.	
1b If the organization elected, as permitted under SFAS 110 (ASC 958), 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:	
1i Revenue included on Form 990, Part V, I, line 1	► \$
1ii Assets included in Form 990, Part X	► \$
2 If the organization received or sold works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 110 (ASC 958) relating to these items:	
2a Revenue included on Form 990, Part V, I, line 1	► \$
2b Assets included in Form 990, Part X	► \$

**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 funds (check at least one):
- a.  Public exhibition  
 b.  Scholarly research  
 c.  Preservation for future generations  
 d.  Loan or exchange programs  
 e.  Other \_\_\_\_\_

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

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" on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

Description	Amount
1a	_____
1b	_____
1c	_____
1d	_____

- 2a. Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account activity?  Yes  No

b. If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

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

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

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

a. Board designated or quasi-endowment ►  %

b. Permanent endowment ►  %

c. Temporarily restricted endowment ►  %

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

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

(i) Unrelated organizations	Yes	No
(ii) Related organizations	3a(ii)	3a(ii)
b. If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R?	3b	3b

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

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a. Land	_____	_____	_____	_____
1b. Buildings	_____	_____	_____	_____
1c. Leasehold improvements	_____	_____	_____	_____
1d. Equipment	37,276.	24,825.	12,451.	12,451.
1e. Other	_____	_____	_____	_____

Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ►  12,451.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (excluding line 1c)	(b) Book value	(c) Method of valuation: 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

**Part X Other Liabilities.**

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

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

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1 Total revenue, gains, and other support per audited financial statements	1	3,898,832.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XII.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	3,898,832.
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 XIII.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,898,832.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1 Total expenses and losses per audited financial statements	1	4,201,927.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	4,201,927.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XII.)	4b	
c Add lines 4a and 4b	4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,201,927.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part I, lines 3, 6, and 8; Part II, lines 1a and 4; Part V, lines 1b and 2b; Part VI, line 4; Part X, line 2; Part X, lines 2a and 4b; and Part XI, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

**THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX UNDER PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3).**

**HOWEVER, THE ORGANIZATION REMAINS SUBJECT TO INCOME TAXES ON ANY NET INCOME THAT IS DERIVED FROM A TRADE OR BUSINESS, REGULARLY CARRIED ON AND NOT IN FURTHERANCE OF THE PURPOSE FOR WHICH IT WAS GRANTED EXEMPTION.**

**IT IS THE ORGANIZATION'S POLICY TO ACCOUNT FOR ANY UNCERTAINTIES IN INCOME TAX LAW IN ACCORDANCE WITH FASB ASC 740-10 ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. ASC 740-10 CLARIFIES THE ACCOUNTING FOR UNCERTAIN INCOME TAX POSITIONS AND REQUIRES THAT THE ORGANIZATION RECOGNIZE THE IMPACT OF SUCH A TAX POSITION IN ITS FINANCIAL STATEMENTS IF, UPON ULTIMATE SETTLEMENT,**

**Part XIII Supplemental Information** (continued)

THAT POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAS MAINTAINED ITS TAX EXEMPT STATUS AND HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS. AS A RESULT, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS.

**SCHEDULE F**  
**(Form 990)**

## **Statement of Activities Outside the United States**

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

► Information about Schedule E (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2025 RELEASE UNDER E.O. 14176

2016

Open to Public  
Inspection

#### Chairman of the Treasury Investigation Committee

**Name of the organization:**

**Employer identification number**

SHELTERBOX USA, INC.

\*\*\* 1604

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, Item 1d:

- 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.)

**L-1A. For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule F (Form 990) 2018

**Grants and Other Assistance to Organizations or Entities Outside the United States.** Committee of the Chairman (see unnumbered "Y" in Part I, Part IV, line 15, to 1977, among others who received more than \$10,000) can be discontinued if identified as such.

**Grants and Other Assistance to Organizations or Entities Outside the United States.** Criminal enforcement may never mean more than \$100,000 that I can be guaranteed if additional sources are needed.

1	1(a) Name of organization	(b) IFC code sector and ECA (if applicable)	(c) Region:	(d) Purpose of Grant	(e) Amount of cash grant	(f) Nature of such disbursements	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FIFV or appraisal, other)

2. Entities to which the organization is related above must be recognized as clients by the firm in accordance with section 501(c)(3) equivalency after  
the IRS, or for whom the quantity of counsel has provided it section 501(c)(3) equivalency after

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Part III Grants and Other Assistance to Individuals Outside the United States. Committee on Organization and Administration, or from CSC, File No. 16.

Part II can be duplicated if additional space is needed.

**Part IV Foreign Forms**

1. Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 925, *Return by a U.S. Transferor of Property to a Foreign Corporation* (see instructions for Form 925).  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 separately file Form 3520, *Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts*, and/or Form 3520-A, *Annual Information Return of Foreign Trust With a U.S. Owner* (see instructions for Forms 3520 and 3520-A; do not file with Form 990).  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 8621, *Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund* (see instructions for Form 8621).  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 8863, *Return of U.S. Persons With Respect to Certain Foreign Partnerships* (see instructions for Form 8863).  Yes  No
6. Did the organization have any operations or be related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, *International Boycott Report* (see instructions for Form 5713; do not file with Form 990).  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (b) (accounting method); amounts of investments vs. expenditures per region; Part II, line 1 (accounting method); Part III (accounting method); and Part II, column (c) (estimated number of beneficiaries), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 2:**

IN CARRYING OUT ITS MISSION TO DELIVER HUMANITARIAN AID IN THE FORM OF SHELTER, WARMTH AND DIGNITY TO SURVIVORS OF NATURAL AND OTHER DISASTERS WORLDWIDE, SHELTERBOX USA, INC. MAKES GRANTS TO SHELTERBOX TRUST, A UK-BASED CHARITABLE ORGANIZATION THAT COORDINATES DEPLOYMENT OF SHELTERBOX AID. A FORMAL INTERNATIONAL GRANTING PROCEDURE IS FOLLOWED, WHICH REQUIRES REGULAR REPORTS ON THE USE OF THE GRANT FUNDS PROVIDED.

**SCHEDULE J**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB NO. 1545-0447

**2016**Open to Public  
Inspection

Name of the organization

**SHELTERBOX USA, INC.**

Employer identification number

\*\* - \* \* \* 1604

**Part I Questions Regarding Compensation**

- 1a Check the appropriate boxes if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

<input type="checkbox"/> First class air charter travel	<input type="checkbox"/> Housing allowance or residence for personal use
<input type="checkbox"/> Travel for compensation	<input type="checkbox"/> Payments for business use of persons' residence
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as legal, consulting, chef)

- 1b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part II to explain.

- 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

- 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee

- 4 During this year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change of control payment?  
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
c Participate in, or receive payment from, an equity based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

- 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?

6a X

- b Any related organization?

6b X

If "Yes" on line 6a or 6b, describe in Part III.

- 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?

6a X

- b Any related organization?

6b X

If "Yes" on line 6a or 6b, describe in Part III.

- 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

7 X

- 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-6(a)(2)? If "Yes," describe in Part III.

8 X

- 9 If "Yes" on line 8, did the organization also follow the voluntary pre-emption procedure described in Regulations section 53.4958-6(c)?

9

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

Note: Line 5a of Schedule C-100 is for each listed individual trust or unitrust. The total amount of item 990, Part VII, Section A, line 5a, shall equal the amount of item 990, Part VII, Section A, line 5, for each listed individual trust.

**Part III** Supplemental Information

Provide the following information, if applicable, or certifications required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE M**  
(Form 990)

**Noncash Contributions**

2016-1045-247

**2016**  
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Department of the Treasury  
Internal Revenue Service

- Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
- Attach to Form 990.
- Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/Form990](http://www.irs.gov/Form990).

Name of the organization

**SHELTERBOX USA, INC.**

Employer identification number

\*\*\*1604

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributors or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1a	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution				
14 Historic structures				
15 Qualified conservation contribution or Other				
16 Real estate - Residential				
17 Real estate - Commercial				
18 Real estate - Other				
19 Collectibles				
20 Food inventory				
21 Drugs and medical supplies				
22 Taxidermy				
23 Historical artifacts				
24 Scientific specimens				
25 Archeological artifacts				
26 Other ► ( MARKETING & D )	X	1	132,000.	
27 Other ► ( _____ )				
28 Other ► ( _____ )				
29 Number of Forms B263 received by the organization during the tax year for contributors for which the organization completed Form B263, Part IV, Donee Acknowledgment			29	

30a During the year, did the organization receive by contributor any property reported in Part I, lines 1 through 28, that a  
trust held for at least three years from the date of their initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period?

Yes No

30a X

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31 X

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions?

32a X

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

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

Schedule M (Form 990) (2016)

## Part II

**Supplemental Information:** Provide the information required by Part I, lines 32b, 32c, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization:

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

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

CLP-N: 1545-0047

**2016**

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**SHELTERBOX USA, INC.**

Employer identification number  
+ \* - \* + 1604

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

**THE MISSION OF SHELTERBOX USA IS TO DELIVER HUMANITARIAN RELIEF IN THE FORM OF EQUIPMENT AND MATERIALS THAT BRING SHELTER, WARMTH & DIGNITY TO PEOPLE MADE HOMELESS BY NATURAL OR OTHER DISASTERS WORLDWIDE.**

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

**THE MISSION OF SHELTERBOX USA IS TO DELIVER HUMANITARIAN RELIEF IN THE FORM OF EQUIPMENT AND MATERIALS THAT BRING SHELTER, WARMTH & DIGNITY TO PEOPLE MADE HOMELESS BY NATURAL OR OTHER DISASTERS WORLDWIDE. IN 2016, SHELTERBOX PROVIDED SHELTER FOR 29,300 PEOPLE IN 14 DIFFERENT GLOBAL LOCATIONS.**

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

**SHELTERBOX USA, INC'S INDEPENDENT ACCOUNTANT REVIEWED THE 990 RETURN WITH THE ORGANIZATION'S FINANCE COMMITTEE AND BOARD PRIOR TO FILING.**

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

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

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

**THE ORGANIZATION'S BOARD OF DIRECTORS IS RESPONSIBLE FOR ESTABLISHING**

**COMPENSATION PRACTICES WHICH ARE REASONABLE AND DO NOT VIOLATE THE PRIVATE LIA. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

**Schedule O (Form 990 or 990-EZ) (2016)**

Name of the organization

SHELTERBOX USA, INC.

Employer identification number

\*\*\*.\*\*\*1604

INUREMENT PROHIBITION. THE PRACTICES AND PROCESSES ARE DESIGNED TO AVOID ANY CLAIM FOR INTERMEDIATE SANCTIONS AND TO SATISFY THE REQUIREMENTS TO OBTAIN REBUTTABLE PRESUMPTION OF REASONABLENESS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND  
OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:

SHELTERBOX USA, INC PROVIDES INFORMATION ABOUT ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ON ITS WEBSITE WWW.SHELTERBOXUSA.ORG AND/OR UPON WRITTEN REQUEST.

FORM 990, PART XII, LINE 2C

THE FINANCE COMMITTEE REVIEWED AND APPROVED THE DRAFT AUDIT PRIOR TO ITS ISSUANCE. THIS PROCESS IS UNCHANGED FROM THE PRIOR YEAR.