(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

Eile e	concrete	application	for oooh	roturn
File a	separate	application	tor each	return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре с				Taxpaye	r identification i	number (TIN)	
print	SHELTERBOX USA, INC.				20-0471604		
File by th due date filing you	normalized for Number, street, and room or suite no. If a P.O. box, s	ee instruct	ions.				
return. Se instructio	Instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
Enter t	he Return Code for the return that this application is for (file	e a separat	e application for each return)			0 1	
Applic	ation	Return	Application			Return	
ls For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 1041-A			08	
Form 4	720 (individual)	03	Form 4720 (other than individual)			09	
Form 9	90-PF	04	Form 5227			10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	90-T (trust other than above)	06	Form 8870			12	
Form 9	90-T (corporation)	07					
 If th If th box 1 I t J 	request an automatic 6-month extension of time until he organization named above. The extension is for the org \mathbf{X} calendar year 2021 or	Group Exe and atta NOVEN anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>IBER 15, 2022</u> , to file return for: d ending	f this is fo all memb	r the whole gro ers the extension npt organization	on is for.	
ŝ	f this application is for Forms 990-PF, 990-T, 4720, or 6069 any nonrefundable credits. See instructions. f this application is for Forms 990-PF, 990-T, 4720, or 6069			<u> </u>	\$	0.	
<u>e</u>	estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$			0.			
c l	Balance due. Subtract line 3b from line 3a. Include your pa	ayment with	n this form, if required, by			•	
	using EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.	
Cautio instruc	n: If you are going to make an electronic funds withdrawal tions.	(direct deb	bit) with this Form 8868, see Form 84	153-TE an	d Form 8879-Tl	E for payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

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Department of the Treasury Internal Revenue Service

For the 0001 colorador

** PUBLIC DISCLOSURE COPY **

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

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

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

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A	-or the	and a	enaing					
B	Check if applicabl							
	Addre							
	Name Chang	Doing business as		20-047160	04			
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final return/	PO BOX 5055		805-608-2	2400			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	11,001,439.				
	Ameno	santa barbara, ca 93150		H(a) Is this a group re	turn			
	Applic tion	F Name and address of principal officer: MARLISE SKINNER		for subordinates				
	pendir	⁹ PO BOX 5055, SANTA BARBARA, CA 93150		H(b) Are all subordinates in				
1	Tax-exe	empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) c	or 527		list. See instructions			
		e: WWW.SHELTERBOXUSA.ORG		H(c) Group exemption				
		organization: X Corporation Trust Association Other ►	L Year		State of legal domicile: FL			
	art I	Summary	•		<u>v</u>			
	1	Briefly describe the organization's mission or most significant activities: $\begin{tabular}{c} {\tt SEE} & {\tt S} \end{tabular}$	SCHEDU	LE O				
Activities & Governance								
nar	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.			
Nel	3	Number of voting members of the governing body (Part VI, line 1a)			15			
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			15			
ა ა	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			23			
itie	6	Total number of volunteers (estimate if necessary)		812				
cti	7a	a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
<	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
đ	8	Contributions and grants (Part VIII, line 1h)		9,952,229.	11,001,119.			
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.			
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,219.	320.			
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		193,920.	-15,099.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,147,368.	10,986,340.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,924,092.	8,200,503.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,502,346.	1,579,025.			
Jse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	. ь	Total fundraising expenses (Part IX, column (D), line 25) 864,08	30.					
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		823,820.	583,936.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,250,258.	10,363,464.			
	19	Revenue less expenses. Subtract line 18 from line 12		897,110.	622,876.			
or	3			ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		3,741,899.	5,432,596.			
Net Assets (Fund Balanci	21	Total liabilities (Part X, line 26)		389,016.	1,456,837.			
Net	22	Net assets or fund balances. Subtract line 21 from line 20		3,352,883.	3,975,759.			
	art II	Signature Block						

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

Sign	Signature of officer		Date					
Here	MARLISE SKINNER, TREASU	JRER						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check PTIN					
Paid	BRIAN CARTER	BRIAN CARTER	06/03/22 self-employed P00536712					
Preparer	Firm's name 🕒 MAULDIN & JENKIN	S, LLC	Firm's EIN ▶ 58-0692043					
Use Only	Firm's address 1401 MANATEE AVE	. W., STE. 1200						
	BRADENTON, FL 343	205	Phone no. 941 - 747 - 4483					
May the I	May the IRS discuss this return with the preparer shown above? See instructions							
132001 12-0	32001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)							

	n 990 (2021) SHELTERBOX USA, INC.	20-0471604 Page	, 2
Pa	rt III Statement of Program Service Accomplishments	-	
	Check if Schedule O contains a response or note to any line in this Part III	<u>_</u>	X
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 X N	١o
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X N	ło
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, and	
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 8,461,859. including grants of \$ 8,200,503.) (Reve		
Ĩ	CORONAVIRUS IS AN UNPRECEDENTED GLOBAL HUMANITARIAN EMER		_ ′
	CREATED MORE DANGER FOR MANY OF THE WORLD'S MOST VULNERA	BLE PEOPLE. IT	
	ADDS ANOTHER LAYER OF THREAT TO THOSE HAVE LOST THEIR HO	MES TO	
	DISASTERS LIKE WAR, EXTREME WEATHER EVENTS AND NATURAL D		
	2020, DESPITE THE GLOBAL CHALLENGES, SHELTERBOX HELPED 1		
	WHO LOST EVERYTHING THROUGH CONFLICT OR NATURAL DISASTER		
	17 TIMES TO DROUGHT, TYPHOON, FLOODING, VOLCANO, AND CON PROVIDED 197,000 PEOPLE ACROSS 13 COUNTRIES WITH EMERGEN		
	LIFE-SAVING AID ITEMS INCLUDING BLANKETS, MOSQUITO NETS,		
	COOKING SETS, AND WATER FILTERS. ITEMS LIKE TOOLS AND TA		
	BUILD SHELTERS THAT ALLOWED FAMILIES TO SELF-ISOLATE, WH		
	ADDITION OF NEW AID ITEMS LIKE SOAP, MASKS AND HANDWASHI	NG BASINS	
4b	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$)
4.			
4c	(Code:) (Expenses \$ including grants of \$) (Reve	1ue \$	_)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 8,461,859.		
		Form 990 (20	21)

-	000	(0004)
⊢orm	990	(2021)

 Form 990 (2021)
 SHELTERBOX USA, INC.

 Part IV
 Checklist of Required Schedules

1 Is the organization described in section 511(k) or 4847(a)(1) (ther than a private foundation)? 1 X 2 Is the organization required to complete Schedule <i>B</i> , Schedule <i>C</i> Cantibutors? See instructions 2 X 2 Is the organization required to complete Schedule <i>C</i> , Part <i>I</i> 3 X 3 Section 501(c)(2) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 4 X 4 Section 501(c)(2) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 4 X 5 Statistication national and yoon ordived at Mode or any seminal modes or accounts for which donors have the right to privation reactive or hold a conservation essemble. Part II 6 X 7 X Bit the organization reactive or hold a conservation essemble. Schedule D, Part II 7 X 8 Did the organization reactive or toroids eard/to conservation essemble, indexing account liability, serve as a custodian for an anound in Part X, line 21, for escretor or custodial account liability, serve as a custodian for an anound in Part X, line 21, for escretor or custodial account liability, serve as a custodian for an anound in Part X, line 21, for escretor or custodial account liability, and a sustodian for an anound for them signaling, each management, ricket repart, or cobe redid custonactin account liability or undex assett reparted in Part				Yes	No
2 Is the organization engage in direct political campaign activities on behal of on isopposition to candidates for public office? If 'Yes,' camplets Schedule C, Part I 3 X 3 Did the organization engage in officet political campaign activities on behal of on isopposition to candidates for public office? If 'Yes,' camplets Schedule C, Part I 4 X 4 Section 501(c)(a) organization. Did the organization engage in lobbying activities, or have a section 501(f) election is fifted. 5 X 6 Did the organization as offend in Part Yes,' complets Schedule C, Part I 5 X 6 Did the organization marinaria any donor advised thads or any similar funds or accounts? If 'Yes,' complets Schedule C, Part I 6 X 7 Did the organization marinaria collections of works of art, historical treasures, or organization encies? 7 X 8 Did the organization receive ar hold a conservation assement, hold assets in donor-restricted endowments 7 X 9 Did the organization report an amount in Part X, ine 21, for secrow or custodial account liability, serve as a custodian for anounums not listed in Part X, or provide credit counseling, detu management, realt repair, or debt megotation encies? 9 X 10 Did the organization report an amount for line liability, hold assets in donorestricted endowments 10 X <td>1</td> <td>Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</td> <td></td> <td></td> <td></td>	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 3 Did the organization engage in direct in obtical campaign activities on behalf of or in opposition to candidates for public officit <i>y</i> 'rys, 'complete Schedule <i>C</i>, Part <i>I</i>. 4 X. 4 Section 501(k)/9 organizations. Did the organization engage in lobbying activities, or have a section 501(k)/9 election in effect during the tax year <i>III</i> 'rys,' complete Schedule <i>C</i>, Part <i>II</i>. 5 Intel organization maxima any done advect during or sections for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution a investment of amounts in such funds or accounts for Winking essemption to provide advice. <i>Part II</i>. 6 Did the organization maxima cellections of vorks of at, historical treasures, or other similar assets? <i>III</i> 'rys,' complete Schedule <i>D</i>, Part II. 9 Did the organization directly or through a related organization. hold assets in donor restricted endowments or in quasi endowments or in equation to fund, buildings, and equipment in Part X, line 10? <i>II</i> 'rys,' complete Schedule <i>D</i>, Part V. 10 Did the organization report an amount for interestments - other securities in Part X, line 10? <i>II</i> 'rys,' complete Schedule <i>D</i>, Part V. 11 Did the organization report an amount for interestments. Forgan metalistic Mart X, line 10? <i>II</i> 'rys,' complete Schedule <i>D</i>, Part V. 11 Did the organization report an amount for interestments. Forgan metalistic Mart X, line 10? <i>II</i> 'rys,' complete Schedule <i>D</i>, Part V. 12					
a Section 50(16)(3) organizations. D dth er organization engage in lobbying activities, or have a section 501(h) election in effect during the tax yea? // 'Yes,' complete Schedule C, Part // 4 X 5 the organization as action 501(h) election in effect during the tax yea? // 'Yes,' complete Schedule C, Part // 4 X 6 the organization martain any done advised funds or ary similar funds or account's for which donors have the right to provide advise on the distribution or investment of amount is note. Funds or account's for which donors have the right to provide advised on the distribution or investment of amounts in such thads or account? If 'Yes,' complete Schedule D, Part I 5 X 7 X the erganization markain any done advised funds or account's for which donors have the right to end the organization maintain collections of works of art, historical treasures, or other similar assets? // 'Yes,' complete Schedule D, Part I 7 X 8 X the organization, directly or through a neited organization, hold assets in choner-restricted endowments or in quale fload in Part X, ine 21, for scrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine ?/ 'Yes,' complete Schedule D, Part W 10 X 10 the organization, directly or through a neited organization, hold assets in complete Schedule D, Part V, WI, WI, W, K, or X, as applicable. 10 X 11 the organization report an amount for othan. Schoragam related in Part X, line 13, that is 5% o	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If Yes," complete Schedule C, Part II 4 X b Is the organization machina action 501(h) 501(k) 5	3				
during the tax yea? <i>If "yes," complete Schedule C, Part II</i> 4 X 5 is the organization a section Stoll(s) 601(s) 11 "yes," complete Schedule C, Part II 5 6 Did the organization martain any doma advised funds or any similar funds or accounts for which domars have the right to provide advice on the distribution or investment of admicts in such Unds or accounts for which domars have the right to the organization network of had. Instortal treasures, or other similar assets? <i>II</i> "Yes," complete Schedule D, Part I 6 7 X Uid the organization network of ad., historical treasures, or other similar assets? <i>II</i> "Yes," complete Schedule D, Part I 7 8 Did the organization indictity or through a related organization, hold assets in donor-restricted endowments 7 X 9 Did the organization functity or through a related organization, hold assets in donor-restricted endowments 7 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 107, If 'Yes, ' complete Schedule D, Part V 7 X 11 If the organization network anount for investments - other securities in Part X, line 12, If 'Yes, ' complete Schedule D, Part V 10 X 11 Did the organization neoport an amount for investments - other securities in Part X, line 12, If 'Yes, ' complete Schedule D, Part V 11 X 11 Did the organization neoport an amount for reland, buildings, and equipment in			3		<u> </u>
5 Is the organization ascience 501(c)(0, 901(c))5, or 501(c)(0) organization that actives membership dues, assessments, or similar amounts as defined in Rev. Proc. 96197 if "Yes," complete Schedule C, Part II 5 X. 6 Did the organization marked may domer advised funds or any similar hunds or accounts for which donoes have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 6 X. 7 X. 8 X. 8 Did the organization marked marked or advoxed of ath, bistorical treasures, or other similar asset? If "Yes," complete Schedule D, Part II 7 X. 9 Did the organization report an amount in Part X, line 21, for escore or custodial account liability, serve as a custodian in accounts or in quasi endowments? If "Yes," complete Schedule D, Part IV. 8 X. 9 Did the organization server to any of the following questions is "Yes," then complete Schedule D, Part VI. 10 X. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167. If "Yes," complete Schedule D, Part VII. 11a X. 11 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167. If "Yes," complete Schedule D, Part VII. 11a <	4				
similar amounts as defined in Rev. Proc. 88-197 (// Yes, * complete Schedule C, Part III 5 X 6 D0t the organization maintain any doora divised funds or any similar funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which doors have the right to provide advice on the distribution or investment of amount in Part X, ins 21, for escrow or cutodial account liability, serve as a cutodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 7 X 9 Did the organization, directly or through a related organization, hold assets in donor restricted endowments 7 X 10 the organization report an amount for land, buildings, and equipment in Part X, line 107 (H *Yes, * complete Schedule D, Part W) 10 X 11 the organization report an amount for investments - programetad in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 (H *Yes, * complete Schedule D, Part X) 10 X 12 Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 (H *Yes			4		
 Bit the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for Wres, "complete Schedule D, Part II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic iand areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization animation of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization animation of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II Did the organization of works of any historical treasures, or other assets? If "Yes," complete Schedule D, Part II Did the organization animation and the following questions is "Yes," then complete Schedule D, Part V, in tags and possible. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V Did the organization report an amount for investments - ordiner socurities 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 V Did the organization report an amount for other assets in Part X, line 12, If "Yes," complete Schedule D, Part X Did the organization report an amount for other assets in Part X, line 12, If "Yes," complete Schedule D, Part X Did the organization report an amount for other assets in Part X, line 12, If "Yes," complete Schedule D, Part X Did the organization report an amount for other assets in Part X, line 12, If "Yes," complete Schedule D, Part X Did the organization assorted report earbitis ustatements for the tax year? If "Yes," complete Schedule D, Part X Did	5				
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7 Did the organization receive or hold a conservation easement, including easements to preserve open space. the environment, historic land areas, or historic structures? // 'Yes,' complete Schedule D, Part // 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // 'Yes,' complete Schedule D, Part // 7 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counselling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization report an amount for Part // 9 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 107 // 10 X 11 Did the organization report an amount for investments - order securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // 11 X 11 Did the organization report an amount for other assets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // 11 X 11 Did the organization report an amount for other assets in Part X, line 12, its till a set of the asset and the organization report an amount for other assets in Part X, line 12, its till a set of the asset and the organization report an amount for other assets in Part X, line 15, its tis 5% or more of its total a	6				
the environment, historic land areas, or historic structures? If Y'es, "complete Schedule D, Part II 7 X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no tisked in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 8 X 9 Did the organization, report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no tisked in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? 10 X as applicable. 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 167 II 'yes,' complete Schedule D, Part VII 11a X Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 II 'yes,' complete Schedule D, Part VIII 11a X Did the organization report an amount for investments - other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 II 'yes,' complete Schedule D, Part VIII 11a X Did the organization report an amount for investments for the tax year' II 'res,' complete Schedule D, Part X 11d X 11d X 11d			6		
 B) Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>II</i> "Yas," complete Schedule D, Part III D) Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? I) Did the organization, directly or through a related organization, hold assets in donorrestricted endowments or in quasi endowments? <i>II</i> "Yes," complete Schedule D, Part V I) If the organization report an amount for investments - other securities in Part X, line 10? <i>II</i> "Yes," complete Schedule D, Part V I) Did the organization report an amount for investments - other securities in Part X, line 10? <i>II</i> "Yes," complete Schedule D, Part VIII D) Did the organization report an amount for investments - roorgam related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> 'Yes," complete Schedule D, Part VIII D) Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> 'Yes," complete Schedule D, Part XIII D) Did the organization report an amount for other assets in Part X, line 15% the is 5% or more of its total assets reported in Part X, line 16? <i>II</i> 'Yes," complete Schedule D, Part X D) Did the organization separate, independent audited financial statements for the tax year? <i>II</i> 'Yes," complete Schedule D, Part X D) Did the organization included in consolidated, independent audited financial statements for the tax year? III X D) Did the organization asset as epoted at under FIN4 48 (ASC 7407 II' Yes," complete Schedule D, Part X D) Did the organization asset as epoted at under Statements for the tax year? III X D) Did the organization asset as epoted at	7				
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If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States? 14a 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 18 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I. See instructions 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 I. 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20			12a	A	
 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, 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 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b 20b 	b		101		v
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19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "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 1	10		18	x	
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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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		x

Form 990 (2021)

Form 990 (2021) Chaolaitet	SHELTERBOX	USA,	ΤN
Partiv	Checklist	of Required Schedule	s (contin	iued)

SHELTERBOX USA, INC.

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 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	Х	
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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0-		v
	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	0.5%		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		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?			v
~-	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	37		v
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI				X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O ttv Statements Regarding Other IRS Filings and Tax Compliance	1 30	17	1
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the exemption comply with body with body and the diagonal provide the providence and repeticiple coming	1		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

	990 (2021) SHELTERBOX USA, INC. 20-04716	504	P	age 5
Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 23			
L	, , , , ,	Oh	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Λ	
30	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	00		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7m		
g b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
8	 h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 			
0	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organization have excess business roddings at any time during the year?			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	· · · · · · · · · · · · · · · · · · ·	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	44-		x
		14a 14b		
. –		14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.	15		- 23
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
-	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

_		1.1	1 5		res	NO
1 a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	15	-		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		1 -			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	15	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	ny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9		filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		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 ap	opoint c	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, si	tockhol	ders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the	following:			
а	The governing body?			8a	Х	
b	b Each committee with authority to act on behalf of the governing body?				Х	
9	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 on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	· · · · · · · · · · · · · · · · · · ·			11a	Х	
b	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a				12a	Х	
b	· · · · · · · · · · · · · · · · · · ·			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "y					
	on Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,				
а	The organization's CEO, Executive Director, or top management official			15a	х	
	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent wi	th a			
	taxable entity during the year?			16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		articipation			
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-			
	exempt status with respect to such arrangements?		0	16b		
Sec	tion C. Disclosure			100		
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE	0				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and		T (section $501(c)(3)$	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
19					rial	
13	statements available to the public during the tax year.	, mot U	i interest policy, all		Jai	
20	State the name, address, and telephone number of the person who possesses the organization's boo	nke and				
20	THE ORGANIZATION - 805-608-2400	JNS and				
	PO BOX 5055, SANTA BARBARA, CA 93150					
	TO DOM SUSS, DIMITA DANDANA, CA SSISU				000	

X

No

Yes

SHELTERBOX USA, INC.

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

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

Form 990 (2021)

Form 990 (2	2021) SHELTERBOX USA, INC.	20-0471604	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	ompensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending	with or within the organization's	s tax year.
 List a 	Il of the organization's current officers, directors, trustees (whether individuals or organizations), re	gardless of amount of compens	sation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one				ne	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week				from	from related	other			
	(list any hours for	irecto						the	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 NEO	and related
	below	ndividual trustee or director	Institutional trustee	5	Key employee	est co oyee	er	,		organizations
	line)	Indiv	ln stit	Officer	Keye	Highest compensated employee	Former			
(1) KERRI MURRAY	40.00									
PRESIDENT				Х				301,163.	0.	17,552.
(2) SARAH ROBINSON	40.00									
SR DIRECTOR OF FUNDRAISING						X		136,552.	0.	26,167.
(3) SYLVIA BARRON	40.00									
FINANCIAL CONTROLLER				Х				105,530.	Ο.	19,525.
(4) SERENA KELSCH	40.00									
DIRECTOR OF FOUNDATION REL						X		101,300.	Ο.	22,111.
(5) KATHERINE FICK	2.00									
CHAIR		Х		Х				0.	Ο.	0.
(6) ROB WAVRA	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(7) JAN REED	2.00									
SECRETARY		Х		Х				0.	0.	0.
(8) MARLISE SKINNER	2.00									
TREASURER		Х		Х				0.	0.	0.
(9) RICHARD COLUMBIA	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MATT GERBER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) JEFFRY CADORETTE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) STEVE HORAN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) SAMER JABER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) NOAMAN SHARIEF	2.00									
BOARD MEMBER		Х						0.	0.	0.
(15) PETER SCOTT	2.00									
BOARD MEMBER		Х						0.	0.	0.
(16) JAMES SINCLAIR TAYLOR	2.00									
BOARD MEMBER		Х						0.	0.	0.
(17) STEVEN TONKINSON	2.00									
BOARD MEMBER		Х						0.	0.	0.

Form 990 (2021) SHELTERBO	DX USA,	IN	c.						20-04	716	504	Pa	ge 8		
Part VII Section A. Officers, Directors, Trus		oloy	ees,			phest	t C	ompensated Employee	s (continued)						
(A) Name and title			(do not check more th box, unless person is l officer and a director/					than o s both	an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) imated ount c other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest com pensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fro orga and	pensat om the anization relate nization	e on ed		
(18) MAHESH TURAGA	2.00														
BOARD MEMBER	2 00	Х						0.		0.			0.		
(19) JOHN GLANVILLE BOARD MEMBER	2.00	x						0.		0.			0.		
1b Subtotal							•	644,545.		0.	85	5,35	55.		
c Total from continuation sheets to Part VI								0.		0.			0.		
d Total (add lines 1b and 1c)							>	644,545.		0.	85	5,35	5.		
2 Total number of individuals (including but n compensation from the organization ►		ose	liste	u ab	ove)) wric) re	ceived more than \$100,			r	<u> </u>	4		
3 Did the organization list any former officer,	-		-	•	-		Ŭ	• •			3	Yes	No X		
 line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su and related organizations greater than \$150 	m of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from t	ne organization		4	x			
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	ccrue compen	Isati	on fr	om a	any	unre	ate	ed organization or individ	lual for services		5		X		
Section B. Independent Contractors									100.000 - (
Complete this table for your five highest control the organization. Report compensation for t (A)	•	•							•	ensau	011 110 (C				
Name and business	address	NC	ONE	2				Description of s	ervices	Co	ompen		1		
2 Total number of independent contractors (ir	ocluding but pr		niter	to t	hoe	e lict	ed	above) who received my	ore than						
\$100,000 of compensation from the organiz	•				0		- 4								

	<u>1 990 (</u>			USA, INC.			20-0471	604 Page 9
Pa	rt VII							_
		Check if Schedule O cor	ntains a respor	nse or note to any line	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
								sections 512 - 514
nts Its	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
An O	с	• • • • • • • • • • • • • • • • • • • •		510,487.				
lar İlar	d	Related organizations						
ns, Sini	е	Government grants (contribu						
er S	f	All other contributions, gifts, gra		10 400 633				
de te te te		similar amounts not included ab		10,490,632.				
put	g k	Noncash contributions included in line			11,001,119.			
00	n	Total. Add lines 1a-1f		Business Code	11,001,119.			
•	2 a							
Program Service Revenue	b							
Ser	c							
	d							
Be	e			_				
Pro	f	All other program service rev	venue					
	g							
	3	Investment income (including						
		other similar amounts)		►	320.			320.
	4	Income from investment of ta	ax-exempt bor	nd proceeds 🛛 🕨				
	5	Royalties		►				
			(i) Real	(ii) Personal				
	6 a		ba					
	b	· · · · ·	<u>ib</u>					
	c)c					
	d	· · · · · · · · · · · · · · · · · · ·	(i) Securiti	es (ii) Other				
	<i>i</i> a	Gross amount from sales of assets other than inventory 7						
	h	Less: cost or other basis	7a					
Ð			7b					
venue	c	Gain or (loss)	7c					
Rev		Net gain or (loss)						
er		Gross income from fundraising						
Other		including \$ 51						
-		contributions reported on lin						
		Part IV, line 18		8a 0.				
	b	Less: direct expenses		8b 15,099.				
		Net income or (loss) from fur		ts 🕨	-15,099.			-15,099.
	9 a	Gross income from gaming a						
		Part IV, line 19		9a				
		Less: direct expenses		9b				
		Net income or (loss) from ga		▶				
	10 a	Gross sales of inventory, les						
		and allowances		10a 10b				
		Less: cost of goods sold		<u> </u>				
		Net income or (loss) from sal		Business Code				
liscellaneous Revenue	11 a							
neo	b			-				
ella. ver	c			-				
Be	d	All other revenue						
Σ		Total. Add lines 11a-11d						
		Total revenue. See instructions			10,986,340.	0.	0.	-14,779.

Check here

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

Form 990 (2021)

1

Do not include amounts reported on lines 6b,

Grants and other assistance to domestic organizations

7b, 8b, 9b, and 10b of Part VIII.

	Giants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	8,200,503.	8,200,503.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	443,771.	74,509.	211,707.	157,555.
6	Compensation not included above to disqualified	110///110	, 1, 5 0 5 1	21177070	10//0001
0	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	883,655.	151,087.	413,736.	318,832.
7	Other salaries and wages	003,000.	151,007.	415,750.	510,052.
8	Pension plan accruals and contributions (include	15 000	2 4 0 1	4 5 2 0	7 100
	section 401(k) and 403(b) employer contributions)	15,209.	3,481. 6,231.	4,530. 74,701.	7,198. 15,285.
9	Other employee benefits	96,217.	6,231.	/4,/01.	15,285.
10	Payroll taxes	140,173.	14,516.	82,816.	42,841.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	16,199.		16,199.	
с	Accounting	29,381.		28,756.	625.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
•	column (A), amount, list line 11g expenses on Sch 0.)	53,548.		19,892.	33,656.
12	Advertising and promotion	40,018.		14,467.	<u>33,656.</u> 25,551.
13	Office expenses	168,577.	9,467.	11,565.	147,545.
14	Information technology	70,215.	472.	17,000.	52,743.
15	Royalties	,			
16	Occupancy	105,915.	1,593.	91,490.	12,832.
17		20,064.		4,885.	15,179.
18	Travel Payments of travel or entertainment expenses	20,0010		1,0051	10/1/01
10					
40	for any federal, state, or local public officials	11,709.		11,427.	282.
19 00	Conferences, conventions, and meetings	±±,/03•			202.
20	Interest				
21	Payments to affiliates	8,280.		0 200	
22	Depreciation, depletion, and amortization	21,878.		8,280. 21,019.	859.
23		41,0/0.		41,019.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
9	MISCELLANEOUS	31,097.		3,132.	27.965.
b	TRAINING	7,055.		1,923.	27,965. 5,132.
с С		1,0554			571521
d					
	All other expenses				
	All other expenses	10,363,464.	8,461,859.	1,037,525.	864,080.
25	Total functional expenses. Add lines 1 through 24e	10,000,404.	0,401,009.		004,000.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

SHELTERBOX USA INC. Part IX Statement of Functional Expenses

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

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

(A) Total expenses

(D) Fundraising expenses

(C) Management and general expenses

(B) Program service expenses

LTERBOX	USA,	INC.	
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		Check if Schedule O contains a response or note	e to any	line in this Part X			L
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			3,635,173.	2	5,378,439 0
	3	Pledges and grants receivable, net	L	19,878.	3	0	
	4	Accounts receivable, net		L	758.	4	0
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	in sect	on 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assels	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			72,637.	9	43,550
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	72,857.			
	b	Less: accumulated depreciation	10b	62,250.	13,453.	10c	10,607
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1	L		12	
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			3,741,899.	16	5,432,596
	17	Accounts payable and accrued expenses			389,016.	17	1,456,837
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F	Schedule D		21		
2	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subst	antial c	ntributor, or 35%			
2		controlled entity or family member of any of thes	e perso	is		22	
i	23	Secured mortgages and notes payable to unrela	ted thir	parties		23	
	24	Unsecured notes and loans payable to unrelated	l third p	irties		24	
	25	Other liabilities (including federal income tax, page	yables t	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			389,016.	26	1,456,837
		Organizations that follow FASB ASC 958, che	ck here				
		and complete lines 27, 28, 32, and 33.					
8	27	Net assets without donor restrictions		L	2,482,355.	27	3,845,947
	28	Net assets with donor restrictions		L	870,528.	28	129,812
		Organizations that do not follow FASB ASC 9					
		and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building, or eq	uipmer	fund		30	
	31	Retained earnings, endowment, accumulated ind	come, c	other funds		31	
	32	Total net assets or fund balances		L	3,352,883.	32	3,975,759
	33	Total liabilities and net assets/fund balances			3,741,899.	33	5,432,596

Form 990 (2021) Part X Balance Sheet <u>SH</u>E

Form	1990 (2021) SHELTERBOX USA, INC.	20-0	471604	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,980	5,3	40.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,363	3,4	64.
3	Revenue less expenses. Subtract line 2 from line 1	3	622	2,8	76.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,352	2,8	83.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	3,975	5,7	59.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				000	

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for	[·] instructions	and the la	test information.

	OMB No. 1545-0047
	2021
	Open to Public Inspection
Employer	identification number

Name of the organization

			TERBOX USA					2	0-0471604		
Pa	rt I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions	3.			
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only o	one box.)					
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3		A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	ii).				
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 II.)									
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma	lly receives a substar	ntial part of its support fr	rom a gove	ernmental	unit or from th	e general	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)						
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a l	land-grant	college		
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of t	the college	eor		
		university:									
10		An organization that norma									
		activities related to its exem							-		
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the orga	anization a	after June 30, 1975.		
		See section 509(a)(2). (Cor	. ,								
11		An organization organized a	-	•	•						
12		An organization organized a	-	-				•			
		more publicly supported or							Sheck the box on		
_		lines 12a through 12d that						-			
а		Type I. A supporting orga		-	• • •	-					
		the supported organization			majonty o	or the direc	cors or trustee	is of the st	upporting		
b		organization. You must c Type II. A supporting org	-		ion with it		d organization	(c) by bo	ling		
U		control or management o	-				-		-		
		organization(s). You mus			ame perso	113 11121 00	ntiol of manag	le the sup	bonted		
с		Type III functionally inte	-		in connect	tion with	and functionall	v integrate	ad with		
Ŭ	L	its supported organization						y integrate	sa with,		
d		Type III non-functionally	.,.,,	•	-			ed organiz	zation(s)		
-		that is not functionally int						-			
		requirement (see instructi	•	e ,	•		•				
е		Check this box if the orga		-				I, Type III			
		functionally integrated, or	Type III non-functior	nally integrated supportin	ng organiz	ation.					
f	Ente	er the number of supported o	organizations								
g	Pro	vide the following information	about the supporte	d organization(s).							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount of	-	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see in:	structions)	support (see instructions)		
Tota	1										

Pa	edule A (Form 990) 2021 S. rt II Support Schedule for (Organizations	USA, INC Described in	• Sections 170(k	o)(1)(A)(iv) and	170(b)(1)(A)	71604
	(Complete only if you checked				n failed to qualify u	under Part III. If th	ne organization
	fails to qualify under the tests	listed below, plea	se complete Part I	II.)			
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5518649.	6164311.	8592471.	9952229.	<u>11001119</u>	<u>41228779</u>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	5518649.	6164311.	8592471.	9952229.	11001119	41228779
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						17570105
	Public support. Subtract line 5 from line 4.						23658674
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	5518649.	6164311.	8592471.	9952229.	<u>11001119</u>	41228779
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	7,094.	10,411.	11,520.	1,219.	320	. 30,564
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,976.	1,674.	13,487.	200,495.		217,632
11	Total support. Add lines 7 through 10						41476975
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax y	vear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publi	<u>c Support Per</u>	centage				
	tion C. Computation of Publi Public support percentage for 2021 (li			olumn (f))		14	57.04 64.07

stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% - facts-and-circumstances test - 2021. 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 ÞL b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990) 2021

%

%

►X

SHELTERBOX USA, INC.

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

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		•	•	•	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		L		<u> </u>	 	
14	First 5 years. If the Form 990 is for the	0			-		
<u> </u>	check this box and stop here ction C. Computation of Publi						····· Þ
	•					45	
	Public support percentage for 2021 (li	, (),	,	())		15	<u>%</u>
<u>16</u> Ser	Public support percentage from 2020 ction D. Computation of Inves					16	%
	•			ino 13 oclumn (f)		17	07
	Investment income percentage for 20					17	%
18	Investment income percentage from 2 33 1/3% support tests - 2021. If the			on line 14 and line		· · · ·	17 is not
196	more than 33 1/3%, check this box ar						
F	33 1/3% support tests - 2020. If the						and
í.	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
				, ,			

1

2

3a

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A	(Form 990) 20	21 SHEI	TERBOX	USA,
Part IV	Supportin	g Organizations	(continued)	

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			

INC.

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. 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 supporting organization was vested in the same persons that controlled or managed			
	the supported experiation(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 fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
	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 get	overnmental entity. Describe in	Part VI how you supported a	governmental entity (see instruction <u>s).</u>
-----	----------------------------------	---------------------------------	-----------------------------	---

- 2 Activities Test. Answer lines 2a and 2b 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 responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b 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? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **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 | | Schedule A (Form 990) 2021

2a

2b

3a

Yes No

(Form 990) 2021 SHI	ELTERBOX USA	INC.			20-0471604	Page (
Type III Non-Functionally	y Integrated 509(a)	(3) Supp	orting Organi	zations		
Check here if the organization sat	tisfied the Integral Part T	est as a qu	ualifying trust on N	ov. 20, 1970 (<i>explain</i>	in Part VI). See instru	ctions.
All other Type III non-functionally	integrated supporting or	ganization	s must complete S	Sections A through E.		

Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Γ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

1

Part V T

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	(Form 990) 2021	
Part V	Type III Non-Fu	nction

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
7	Part VI. See instructions. Excess distributions carryover to 2022. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2017 Excess from 2018				
	Excess from 2019				
	Excess from 2019 Excess from 2020				
	Excess from 2021				
-					

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	SHELTERBOX				20-0471604 Page 8
Part VI	Part IV, Section A, lines line 1; Part IV, Section D.	l, 2, 3b, 3c, 4b, 4c, 5a, lines 2 and 3; Part IV, 5	5, 9a, 9b, Section E.	9c, 11a, 11b, , lines 1c, 2a,	, and 11c; Part IV, Sectior 2b, 3a, and 3b; Part V, lir	line 17a or 17b; Part III, line 12; n B, lines 1 and 2; Part IV, Section C, ne 1; Part V, Section B, line 1e; Part V, ny additional information.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

20-0471604

5		
	SHELTERBOX	USA,

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

INC.

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) 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 *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year $\dots \longrightarrow$

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

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

20-0471604

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,550,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,863,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>3,082,582.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SHELTERBOX USA, INC.

Schedule B (Form 990) (2021)	
Name of organization	

 SHELTERBOX USA, INC.

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

(a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$

Page 3 Employer identification number

20 - 0471604

Name of orga	anization			Employer identification number
SHELTER	RBOX USA, INC.			20-0471604
Part III	Exclusively religious, charitable, etc., contributin from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s	through (e) and the following line er charitable, etc., contributions of \$1,000 or	ntry. For organizations	that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
 - -		(e) Transfer of gi	 ft	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-	Transferee's name, address, ar	(e) Transfer of gi nd ZIP + 4		ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
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-	Transferee's name, address, ar	u ∠IF + + 		ansferor to transferee

Complete if the organization answered "Yes" on Form 800, Det IV, lies 7, 4, 9, 9, 11, 11, 11, 11, 11, 11, 11, 12, 3, 01, 11, 12, 11, 11, 11, 11, 11, 11, 11, 1	SCHEDULE D Supplemental Financial State				I Statement	S		OMB No. 1	545-0047	
Pert W, line 6, 7, 6, 8, 6, 11, 115, 116, 114, 111, 11, 12, 112, 112, 112, 112,				ganization answered "Yes" on Form 990,				20	2021	
Importance Important Important Important Name of the organization SHELTERBOX USA_ TNC. Employer identification number 20 - 04716004 Part1 Organization answered "Yes" on Form 990, Part IV, line 6. (a) Doner advised funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Doner advised funds (b) Funds and other accounts 1 Total number at end of year (a) Doner advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Doner advised funds (b) Funds and other accounts 3 Aggregate value at end of year (a) Oner advised funds (b) Funds and other accounts 4 Aggregate value at end of year (c) Conservation fund grantes, doners, and doner advisor in writing that grant funds can be used only for charitable purposes and not for the barefit of the doner or doner advisor, or for any other purpose conferring impermission proteins and the organization heer or education) Preservation of a historical import and rarea Preservation of an tor public use (for example, recreation or education) Preservation of a historical import and rarea Preservation of an toropic space 2 Complete lines 2x through 2d if the organization heid a qualified conservation easements Paid 3 Total ancepeer estrathed by conservation ease	•					2b.				
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 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No 9 In Part 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 FASB 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. b If the organization elected, as permitted under FASB 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 in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB 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: (i) Revenue included on Form 990, Part X \$ (ii) Assets included in Form 990, Part X \$ (iii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar	'		ses incurred in monitoring, inspecting, nanc	ining of violations, a	nd enforcing conserva	lion eas	entents	during the year		
 and section 170(h)(4)(B)(ii)?	8		vation easement reported on line 2(d) abov	e satisfy the require	ements of section 170	(h)(4)(B)(i)			
 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 FASB 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. b If the organization elected, as permitted under FASB 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: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets, or other similar assets for financial gain, provide 	-							Yes	No	
 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 FASB 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. b If the organization elected, as permitted under FASB 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 in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB 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: (i) Revenue included on Form 990, Part VIII, line 1 \$ 	9									
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Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB 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. b If the organization elected, as permitted under FASB 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: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X (ii) Assets included in Form 990, Part X (iii) Assets included or held works of art, historical treasures, or other similar assets for financial gain, provide		organization's acc	counting for conservation easements.	-						
 1a If the organization elected, as permitted under FASB 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. b If the organization elected, as permitted under FASB 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: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 	Pa	rt III Organiza	ations Maintaining Collections of	Art, Historical	Treasures, or Ot	ther Si	milar	Assets.		
 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. b If the organization elected, as permitted under FASB 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: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 		Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8						
 service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB 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: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 	1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in it	ts revenue statement a	and balar	nce she	et works		
 b If the organization elected, as permitted under FASB 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: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 		of art, historical tr	easures, or other similar assets held for put	olic exhibition, educ	ation, or research in fu	urtherand	e of pu	ublic		
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 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 			· · · · · · · · · · · · · · · · · · ·	exhibition, educati	ion, or research in furtl	herance	of publi	ic service,		
 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 							. .			
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide							► \$			
	~	.,								
	2					a yan, p	ovide			

b Assets included in Form 990, Part X
 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
 132051 10-28-21

a Revenue included on Form 990, Part VIII, line 1

Schedule D (Form 990) 2021

▶ \$

▶ \$

Sche		BOX USA, II				2	20 - 04	7160	4 Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historica	al Treasures, or	Other	Similar	Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any o	of the following that	make sig	nificant u	se of its			
	collection items (check all that apply):									
а	Public exhibition	c	l 🗌 Loan	or exchange progra	ım					
b	Scholarly research	e	e 🗌 Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how they fur	ther the organizatio	n's exem	pt purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, historica	al treasures, or othe	r similar a	assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the orga	nization answered "	Yes" on F	⁻ orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contril	outions or other ass	ets not in	cluded		_		_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
								Amoun	t	
С	Beginning balance					1c				
d	Additions during the year									
е	Distributions during the year									
f	Ending balance					1f				
	Did the organization include an amount on Fo				-	y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.					<u></u>	<u></u>	<u></u>		
Par	t V Endowment Funds. Complete i	v					aara baak	(-) [haali
		(a) Current year	(b) Prior y	ear (c) Two year	S DACK (d) Three ye	ears dack	(e) Fou	years	DACK
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
t	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr			imn (a)) held as:						
a	Board designated or quasi-endowment		_%							
D	Permanent endowment									
С		%								
0-	The percentages on lines 2a, 2b, and 2c show	· · · · · ·					4:			
38	Are there endowment funds not in the posse	ssion of the organiza	ation that are r	ieid and administer	ed for the	organiza	lion	1	Yes	No
	by: (i) Unrelated organizations							20(1)	103	
								<u>3a(i)</u> 3a(ii)		
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza							3b		
1	Describe in Part XIII the intended uses of the							30		
Par	t VI Land, Buildings, and Equipm		whient lunus.							
	Complete if the organization answered). Part IV. line	11a. See Form 990.	. Part X. li	ne 10.				
	Description of property	(a) Cost or c) Cost or other		cumulate	d	(d) Boo	k valu	
	Description of property	basis (investr	•	basis (other)	• •	reciation	~	(9) 000	is value	5
19	Land			(
b	Buildings									
	Leasehold improvements									
	Equipment			72,857.		62,25	50.	1	0,60	07.
	Other			,					- ,	•
	. Add lines 1a through 1e. (Column (d) must e		V column (D)	lino 10c.)				1	0,60	07.
Total	nda mico ra tribugir re. (Columnia) must e	<u>qual FUIII 990, Part</u>	Λ , COIUIIIII (B),						-,	•

Schedule D (Form 990) 2021

		Other Ceaudities		
Schedule D	(Form 990) 2021	SHELTERBOX	USA,	INC

(a) Description of security or category (including name of security)	(b) Book value	 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-of 	of-vear market value
	(2) 20011 10:00		, jour marrier raide
Pinancial derivatives Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of			
(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)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(4) (5)			
(5)			
(5) (6)			
(5) (6) (7)			
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	 ▶	
(5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line			
(5) (6) (7) (8) (9) Detal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability			(b) Book value
(5) (6) (7) (8) (9) ptal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of			(b) Book value
(5) (6) (7) (8) (9) ptal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability			(b) Book value
(5) (6) (7) (8) (9) ptal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes			(b) Book value
(5) (6) (7) (8) (9) ptal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)			(b) Book value
(5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)			(b) Book value
(5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			(b) Book value
(5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			(b) Book value
(5) (6) (7) (8) (9) Detal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			(b) Book value
(5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			(b) Book value

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

X

Sche	dule D (Form 990) 2021 SHELTERBOX USA, INC.			20-	0471604 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With F	Revenue per Re	turn.	
	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	11,001,439.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	15,099.		
е	Add lines 2a through 2d			2e	15,099.
3	Subtract line 2e from line 1			3	10,986,340.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	10,986,340.
Pa	t XII Reconciliation of Expenses per Audited Financial State		Expenses per H	letur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	10,378,563.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses		1		
d	Other (Describe in Part XIII.)	-	15,099.		4 - 000
е	Add lines 2a through 2d			2e	15,099.
3	Subtract line 2e from line 1			3	10,363,464.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	10,363,464.
Pa	t XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to 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,

Schedule D (Form 990) 2021 SHELTERBOX USA, INC. Part XIII Supplemental Information (continued)	20-0471604 Page 5
THAT POSITION IS MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGE	MENT HAS
EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT	' THE
ORGANIZATION HAS MAINTAINED ITS TAX-EXEMPT STATUS AND HAS TAK	EN NO
UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANC	IAL
STATEMENTS. AS A RESULT, NO PROVISION OR LIABILITY FOR INCOME	TAXES HAS
BEEN INCLUDED IN THE FINANCIAL STATEMENTS.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSE	15,099.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSE	15,099.
	Cabadula D (Farm 000) 0001

Department of the Trea	asurv			Attach to Form 990.			Open to Public
Internal Revenue Servi		► Go to v	www.irs.gov/Fo	rm990 for instructions and the latest	information.		Inspection
Name of the org	anization					Employer	identification number
SHELTERB	OX USA,	INC.				20-047	71604
Part I Ge	eneral Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answe	ered "Yes" on
	rm 990, Part I\				_		
1 For grant	makers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	nts and other a	assistance,	
the grante	es' eligibility fo	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes X No
2 For grant		ribe in Part V the	e organization's p	procedures for monitoring the use of its	grants and otl	her assistanc	e outside the
				n be duplicated if additional space is n			
(a) Re	gion	(b) Number of offices in the region	employees,	 (d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region) 	is a prog describe	vity listed in (gram service specific type (s) in the regi	e expenditures for and investments
EUROPE (INCL	UDING						
ICELAND & GRI	EENLAND)						
- ALBANIA, AI	NDORRA,						
AUSTRIA, BELO	GIUM			PROGRAM SERVICES	GRANTMAKING		8,200,503.
3 a Subtotal		0	0				8,200,503.
	continuation						
sheets to l	Part I	0	0				0.
c Totals (ad							
and 3b)		0	0				8,200,503.

Statement of Activities Outside the United States

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

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OMB No. 1545-0047

2021

SCHEDULE F (Form 990) SHELTERBOX USA, INC.

20-0471604

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING						
		ICELAND &						
			HUMANITARIAN RELIEF, SUPPLIES AND AID	8200503.				FMV
		ALBANIA, ANDORRA,	SUPPLIES AND AID	8200503.	TRANSFER	0.		FMV
2 Enter total number of	recipient organization	l ns listed above that are i	I recognized as charities by the f	oreign country	l recognized as a tax			I
			or counsel has provided a sect			►		1
3 Enter total number of						>		0

Schedule F (Form 990) 2021

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Schedule F (Form 990) 2021	SHELTERBOX US	A, INC.		20	0-0471604	
	ce to Individuals Outside	e the United Sta	ites. Complete i	f the organization answered "Yes" o	n Form 990, Part	IV, line 16.
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance

Schedule F (Form 990) 2021

(h) Method of valuation (book, FMV, appraisal, other)

S

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

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 SHELTERBOX USA, INC.

Part V Supplemental Information

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

PART I, LINE 2:

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 G	Suppleme	ntal Informatio	n Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB	No. 1545-0047
(Form 990)		e organization answ organization entered				Part IV, line 17, 18, o m 990-EZ, line 6a.	r 19,	or if the	2	2021
Department of the Treasury Internal Revenue Service	•	•	ch to Form 990							en to Public pection
Name of the organization		to www.irs.gov/Fo	rm990 for instr	uction	s and	the latest information	on.	Employer		ication number
	SHELTER	BOX USA, I	NC.					20-04		
	complete this part		anization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990	-EZ file	rs are not
c Phone solici d In-person so 2 a Did the organization	tions email solicitations tations dicitations on have a written c red in Form 990, P) highest paid indiv	r oral agreement wit art VII) or entity in co riduals or entities (fu	e Solicita f Solicita g Special h any individual ponnection with p	tion of tion of fundra (incluc	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?			/es be	No No
(i) Name and addres or entity (fund		(ii) Acti	vity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (o	Amount pai or retained b fundraiser ted in col. (i	y) to	i) Amount paid (or retained by) organization
				Yes	No					
Total					•					
3 List all states in whi or licensing.	ich the organizatio	n is registered or lice	ensed to solicit o	contrib	utions	or has been notified	it is e	exempt from	ı regist	ration

SHELTERBOX USA, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			VIRTUAL		NONE	(add col. (a) through
			EVENT			
			(event type)	(event type)	(total number)	col. (c))
nue						
Revenue	1	Gross receipts	510,487.			510,487.
ñ						
	2	Less: Contributions	510,487.			510,487.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses						
Sen	6	Rent/facility costs				
Direct Expenses						
ect	7	Food and beverages				
Ē						
	8	Entertainment	1 - 000			1 5 000
	9	Other direct expenses	15,099.			15,099.
	10	, , , , , , , , , , , , , , , , , , , ,			🕨	15,099.
Dr	11 rt	Net income summary. Subtract line 10 from li		000 Det N/ Kee 40		-15,099.
Га		Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 off Form 990-EZ, life 6a.		(h) Dull tobo/instant		(a) Total camina (add
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				Singo, progressive singe		
Вe	4					
	1	Gross revenue				
	2	Cash prizes				
ses	-					
Expenses	3	Noncash prizes				
Ĕ	-					
Direct	4	Rent/facility costs				
Ē	-					
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re			ear?	Yes No
b	lf "	Yes," explain:				

132082 10-21-21

Sch	nedule G (Form 990) 2021	SHELTERBOX	USA,	INC.	20-0	471604	Page 3
11	Does the organization conduct ga			?		Yes	No
				nember of a partnership or other entity forme			
	to administer charitable gaming?					Yes	No No
13	Indicate the percentage of gaming						
i	a The organization's facility					13a	%
I	• An outside facility					13b	%
14	Enter the name and address of th	e person who prepares	the organi	ization's gaming/special events books and r	ecords:		
	Name						
15				n the organization receives gaming revenue?	?	Yes	No
I				nization 🕨 \$ and the	e amount		
	of gaming revenue retained by the						
	c If "Yes," enter name and address	of the third party:					
	Name 🕨						
16	Gaming manager information:						
	Name 🕨						
	Gaming manager compensation	▶ \$					
	Description of convises provided	•					
	Description of services provided						
	Director/officer	Employee		Independent contractor			
17	Mandaton, distributions:						
	Mandatory distributions:	r atata law ta maka ahar	table dist	vibutions from the coming proceeds to			
•	retain the state gaming license?			ributions from the gaming proceeds to		Yes	🗌 No
1	•••			stributed to other exempt organizations or sp			
	organization's own exempt activit	•					
Pa				ns required by Part I, line 2b, columns (iii) ar	nd (v); and Part	III, lines 9, 9	9b, 10b,
_				itional information. See instructions.	· ·	. ,	

SCHEDULE J	Compensation Information	OMB No. 1	545-0047
Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	20	21
	Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		
Pepartment of the Treasury	Attach to Form 990.	Open to	
nternal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Inspe	
Name of the organizatio		er identificatio	
Part I Question	SHELTERBOX USA, INC. 20 as Regarding Compensation	-04/100	+
			Vec Ne
1a Check the appropr	riate box(es) if the organization provided any of the following to or for a person listed on Form 990,		Yes No
	, line 1a. Complete Part III to provide any relevant information regarding these items.		
First-class or			
Travel for con			
	ication and gross-up payments Health or social club dues or initiation fees		
	spending account Personal services (such as maid, chauffeur, chef)		
b If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or		
•	provision of all of the expenses described above? If "No," complete Part III to explain	1b	
	on require substantiation prior to reimbursing or allowing expenses incurred by all directors,		
•	ers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if a	any, of the following the organization used to establish the compensation of the organization's		
,	rector. Check all that apply. Do not check any boxes for methods used by a related organization to		
	sation of the CEO/Executive Director, but explain in Part III.		
	compensation consultant X Compensation survey or study		
	other organizations X Approval by the board or compensation committee	<u> </u>	
4 During the year, di	d any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		
	elated organization:		
-	ce payment or change-of-control payment?	4a	x
	ceive payment from a supplemental nonqualified retirement plan?		X
	ceive payment from an equity-based compensation arrangement?		X
•	ines 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.		
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		
contingent on the			
•		5a	x
b Any related organiz	zation?	5b	X
	or 5b, describe in Part III.		
	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		
contingent on the			
•		6a	x
b Any related organiz	zation?	6u 6b	X
	or 6b, describe in Part III.		
	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		
	ines 5 and 6? If "Yes," describe in Part III	7	x
	s reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		
-	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	x
		······	
	did the organization also follow the rebuttable presumption procedure described in		

20-0471604

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KERRI MURRAY	(i)	301,163.	0.	0.	9,646.	7,906.	318,715.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SARAH ROBINSON	(i)	136,552.	0.	0.	19,500.	6,667.	162,719.	0.
SR DIRECTOR OF FUNDRAISING	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Schedule J (Form 990) 2021

SCHEDULE O (Form 990) 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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



20 - 0471604

Name of the organization SHELTERBOX USA,

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

THE MISSION OF SHELTERBOX USA IS TO DELIVER HUMANITARIAN RELIEF IN THE

INC.

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.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: HELPED LIMIT THE SPREAD OF COVID-19. PLEASE VISIT WWW.SHELTERBOXUSA.ORG FOR MORE INFORMATION ABOUT OUR WORK.

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