			EXTENDED TO NOVEMBER 15,	•		OMB No. 1545-0047
Forr	<b>" 9</b>	90	Return of Organization Exempt F Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue (	Code (e	xcept private foundations	» <b>2021</b>
Depa	rtment	of the Treasury	Do not enter social security numbers on this form a	-	=	Open to Public
Interr	al Reve	enue Service	Go to www.irs.gov/Form990 for instructions and		st information.	Inspection
				ending		
<b>B</b> C a	heck if				D Employer identifica	ation number
	 ⊣Addre	GLOB.	AL EMERGENCY RELIEF RECOVERY			
	]chan ⊓Name		RECONSTRUCTION		01 060007	c
	chang Initial	81-069087	0			
	_returr ]Final		and street (or P.O. box if mail is not delivered to street address)	Room/sui	ite E Telephone number 540-454-4	215
	lreturr termi	2			G Gross receipts \$	1,308,197.
	ated Amer		own, state or province, country, and ZIP or foreign postal code HESTER, VA 22601		H(a) Is this a group ret	
	_returr ]Appli		address of principal officer: LANGDON GREENHALGH		for subordinates?	
	_ltion pend		AS C ABOVE		H(b) Are all subordinates incl	
<u> </u>	ax-ex	empt status:		r 5		st. See instructions
			GER3.ORG		H(c) Group exemption	
		f organization:		L Ye	ar of formation: 2015 M	
	rt I	Summary				
	1	Briefly describ	e the organization's mission or most significant activities: ${ m \underline{TO}}$ AS	SSIST	CRISIS-AFFEC	TED
ЭСe			GLOBALLY TO BUILD BACK BETTER FOLI			
'naı	2	Check this bo	if the organization discontinued its operations or dispose	ed of mo	ore than 25% of its net asse	ts.
Governance	3				3	6
	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)		4	6
s S	5		of individuals employed in calendar year 2021 (Part V, line 2a)			0
Activities &	6	Total number	of volunteers (estimate if necessary)		6	6
<b>vcti</b>	7 a		business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>		0.
					Prior Year	Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)		4,303,834.	1,305,791.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		0.	0.
3ev	10		come (Part VIII, column (A), lines 3, 4, and 7d)		2,587.	2,406.
-	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,306,421.	1,308,197.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14		o or for members (Part IX, column (A), line 4)			
ses	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
ens			undraising fees (Part IX, column (A), line 11e)	0.	0.	0.
Expenses					4,417,305.	1,108,135.
_	17		es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,417,305.	1,108,135.
	18 19		expenses. Subtract line 18 from line 12		-110,884.	200,062.
78		inevenue less			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)		460,911.	672,467.
Asse Bala	20		(Part X, line 26)		0.	0,2,40,.
Net,	22		fund balances. Subtract line 21 from line 20		460,911.	672,467.
Pa	rt II	Signature				
		alties of perjurv.	declare that I have examined this return, including accompanying schedules	and state	ments, and to the best of mv k	nowledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of whi			J
			, , , , , , , , , , , , , , , , , , , ,	1		

Sign	Signature of officer	Date
Here	LANGDON GREENHALGH, PRESIDENT AND FOUNDER	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature Date	Check PTIN
Paid	JENNIFER R. FILES, CPA JENNIFER R. FILES, C11/02	/22 self-employed P01275752
Preparer	Firm's name VOUNT, HYDE & BARBOUR, P.C.	Firm's EIN ▶ 54-1149263
Use Only	Firm's address P.O. BOX 2560	
	WINCHESTER, VA 22604-1760	Phone no.540-662-3417
May the IF	RS discuss this return with the preparer shown above? See instructions	X Yes No
132001 12-0	LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form <b>990</b> (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	GLOBAL EMERGENCY RELIEF RECOVERY		
	990 (2021) AND RECONSTRUCTION	81-0690876	Page <b>2</b>
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>	
1	Briefly describe the organization's mission:		
	TO ASSIST CRISIS-AFFECTED PERSONS GLOBALLY TO BUILD BAC		
	FOLLOWING DISASTERS THROUGH INTEGRATED RELIEF, RECOVERY RECONSTRUCTION SERVICES.	, AND	
	RECONSTRUCTION SERVICES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	Vec	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services'		XNo
•	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		
	revenue, if any, for each program service reported.		
4a		venue \$	)
	PROVIDE ASSISTANCE THROUGH INTEGRATED RELIEF, RECOVERY,	AND	
	RECONSTRUCTION SERVICES TO CRISIS-AFFECTED PERSONS GLOB	ALLY AFTER	
	DISASTERS OCCUR.		
4b	(Code:) (Expenses \$ including grants of \$) (Rev	/enue \$	)
4c	(Code:) (Expenses \$ including grants of \$) (Rev		)
40		/enue \$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 985,552.		
		Form	<b>990</b> (2021)
13200	2 12-09-21		
	3		

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AND RECONSTRUCTION

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			77
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	Х	
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	Х
132003	12-09-21	Form	990	(2021)

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Form 990 (2021)

Part IV Checklist of Required Schedules

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Form	990 (2021) AND RECONSTRUCTION 81-0690	876	Р	age <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
			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			<u></u>
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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	04-		
h	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
5	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		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			<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"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
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			- v
~	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	0.4		x
2E c	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		A X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	358		
U	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?	000		<u> </u>
00	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			<u> </u>
•••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	• • • • •	38	Х	
Par				
	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			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
132004	12-09-21	Form	990	(2021)
	5			

_	990 (2021) AND RECONSTRUCTION	81-0690	876	Р	age 5				
Par	<b>V</b> Statements Regarding Other IRS Filings and Tax Compliance (continued)				_				
_		1 1		Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 0							
L	filed for the calendar year ending with or within the year covered by this return								
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b						
32	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ - <i>file</i> . See instructions.								
	<ul> <li>Did the organization have unrelated business gross income of \$1,000 or more during the year?</li> <li>If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O</li> </ul>								
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		3b						
	financial account in a foreign country (such as a bank account, securities account, or other financial a		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 A	ccounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		Х				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th								
	any contributions that were not tax deductible as charitable contributions?		6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts							
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X				
b	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 wa	as required							
	to file Form 8282?	1 1	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X				
-	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the							
			8						
	Sponsoring organizations maintaining donor advised funds.								
			9a						
-			9b						
0	Section 501(c)(7) organizations. Enter:								
	Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
1	Section 501(c)(12) organizations. Enter:	ا به ا							
	Gross income from members or shareholders	11a	-						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	445							
<b>0</b> -	amounts due or received from them.)	11b	10-						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
-	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
3	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a						
а	Is the organization licensed to issue qualified health plans in more than one state?		138						
h	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the								
D	organization is licensed to issue qualified health plans	13b							
~		13c							
	Enter the amount of reserves on hand	LI	14a		х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.		14a 14b		- 23				
_	Is the organization subject to the section 4960 tax on payments? If "No," provide an explanation on Schedu.								
5	excess parachute payment(s) during the year?		15		x				
	If "Yes," see the instructions and file Form 4720, Schedule N.		10		- 23				
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х				
0	If "Yes," complete Form 4720, Schedule O.		10		- 23				
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv							
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	adamado anal would result in the imposition of an excise lax under section 4901, 4902 of 4903?		<u> </u>						
	If "Yes," complete Form 6069.								

<sup>132005</sup> <sup>12-09-21</sup> 16231111 781823 13179510.0

Form	990 (2021) AND RECONSTRUCTION		81-069		P	age 6	
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and fo	ra "No" r	respor	ise	
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.						
	Check if Schedule O contains a response or note to any line in this Part VI					X	
Sec	tion A. Governing Body and Management						
					Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a		6			
	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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other				
	officer, director, trustee, or key employee?			2		X X	
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision				
	of officers, directors, trustees, or key employees to a management company or other person?	20		. 3		X X	
4	Did the organization make any significant changes to its governing documents since the prior Form 99			··		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assored the organization have members or stockholders?					X	
6 70	Did the organization have members, stockholders, or other persons who had the power to elect or ap			. 0			
7a				7a		x	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			10		<u> </u>	
D	persons other than the governing body?			7b		x	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea						
a	The governing body?	-	-	8a	х		
b	Each committee with authority to act on behalf of the governing body?				Х		
9							
organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>							
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	
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics of such c	apters	, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	Х		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				X	<u> </u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			. <b>12b</b>	Х	<u> </u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,			v		
40	on Schedule O how this was done			12c	X X	<u> </u>	
13	Did the organization have a written whistleblower policy?				X	<u> </u>	
14 15	Did the organization have a written document retention and destruction policy?			. 14	- 23		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by inc	dependent				
а	The organization's CEO, Executive Director, or top management official			15a		x	
b	Other officers or key employees of the organization					X	
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient w	ith a				
	taxable entity during the year?			16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	zation	's				
	exempt status with respect to such arrangements?			16b			
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	T (section 501(c)	3)s only)	availa	ble	
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website X Another's website X Upon request Other (explain						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	t interest policy, a	and tinand	cial		
00	statements available to the public during the tax year.	ko e = -	l ragarda 🕨				
20	State the name, address, and telephone number of the person who possesses the organization's boot THE ORGANIZATION - $540-454-4215$	ks and	records -				
	126 NORTH WASHINGTON STREET, WINCHESTER, VA 22601						
132000				Form	9 <b>90</b>	(2021)	

7

GLOBAL EMERGENCY RELIEF RECOVERY								
Form 990 (2021) AND RECONSTRUCTION	81-0690876	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated								
Employees, and Independent Contractors								
Check if Schedule O contains a response or note to any line in this Part VII								
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or	within the organization's	tax year.						
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless	s of amount of compensations	ation.						
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.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	<b>l</b> than d	ane	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	son i	s both	n an	compensation	compensation	amount of
	week		cer ar I	id a d	irecto	r/trus I	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	L	1033-1120)		organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationio
(1) LANGDON GREENHALGH	1.00		_							
PRESIDENT AND FOUNDER		х		х				0.	0.	0.
(2) PETER BOND	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(3) DANIEL OSORIO	1.00									
DIRECTOR		Х						0.	0.	0.
(4) MICHELLE GODETTE	1.00									
DIRECTOR		Х						0.	0.	0.
(5) WILSON D'SOUZA	1.00									
DIRECTOR		Х						0.	0.	0.
(6) NADIA MITCHEM	1.00									
DIRECTOR		Х						0.	0.	0.
						-				
		1								
132007 12-09-21	1		1					1	1	Form <b>990</b> (2021)

Form 990 (2021)

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		GLOBAL EN				ΙE	F	RE	CC	OVERY	01 01	~ ~ ~ ^			~
		AND RECON									81-06	5908	376	Pa	age <b>8</b>
rai	(A) Name and title		<b>(B)</b> Average hours per week	(B) (C) verage urs per box, unless person				<b>)</b> than o s both	ne an	Compensated Employee (D) Reportable compensation from	(Continued) (E) Reportable compensation from related		am	(F) timate	
			(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)	s SC/	comp fro orga anc	oensa om the anizati I relate nizatie	e on ed
															0
с	Subtotal Total from continuation s Total (add lines 1b and 1c									0. 0. 0.		0.0.			0. 0. 0.
2	Total number of individuals compensation from the org	· · ·	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	;		Yes	0 No
3	Did the organization list an line 1a? <i>If "Yes," complete</i> For any individual listed on	Schedule J for s	uch individual									[	3		X
4 5	and related organizations g Did any person listed on lin	greater than \$150 ne 1a receive or a	),000? <i>If</i> "Yes, accrue compen	" <i>co</i> Isati	<i>mple</i> on fr	ete S rom :	Sche any	edule unre	<i>J i</i> lat	for such individual ed organization or individ	lual for services		4		<u>x</u>
Sec	rendered to the organization <b>B. Independent Contra</b>		plete Schedule	e J fe	or sı	ıch r	oers	on .				<u></u>	5		Х
1	Complete this table for you the organization. Report co	-	-	-								ensat	ion fro	m	
	Nar	(A) ne and business	address	NC	ONE	Ξ				(B) Description of s	ervices	C	(C omper		<u>ו</u>
2	Total number of independe \$100,000 of compensation			ot lin	niteo	d to f	thos (		ted	above) who received mo	ore than				
												ľ	Form 🤇	<b>)90</b> (2	2021)

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Pa	rt V		Statement of Revenue				
			Check if Schedule O contains a response or note to any lin		(D)	(0)	
					(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				Total revenue	function revenue	business revenue	from tax under
							sections 512 - 514
ts S	1	а	Federated campaigns <b>1a</b>				
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b	1			
ΩĘ			Fundraising events 1c	1			
r A				1			
ila				1			
Sin's			Government grants (contributions) <b>1e</b>	-			
er ;		т	All other contributions, gifts, grants, and				
ĔĔ			similar amounts not included above If 1,305,791.	-			
ut p		g	Noncash contributions included in lines 1a-1f				
ы С		h	Total. Add lines 1a 1f	1,305,791.			
			Business Code				
ø	2	а					
, vic		b					
Sei		с					
		d					
gra Re		e					
Program Service Revenue			All other program service revenue				
-							
	_						
	3		Investment income (including dividends, interest, and	2 406			2 106
			other similar amounts)	2,406.			2,406.
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties				L
			(i) Real (ii) Personal				
	6	а	Gross rents 6a				
		b	Less: rental expenses 6b				
			Rental income or (loss) 6c	1			
			Net rental income or (loss)				
	7		Gross amount from sales of (i) Securities (ii) Other				
	'	u	assets other than inventory <b>7a</b>	-			
				-			
		D	Less: cost or other basis				
Revenue			and sales expenses 7b	4			
evel 1			Gain or (loss) 7c				
		d	Net gain or (loss)				
Jer	8	а	Gross income from fundraising events (not				
Otp			including \$ of				
			contributions reported on line 1c). See				
			Part IV, line 18 8a				
		b	Less: direct expenses 8b	1			
			Net income or (loss) from fundraising events				
	0		Gross income from gaming activities. See				
	ฮ	d					
			Part IV, line 19 9a				
			Less: direct expenses 9b				
			Net income or (loss) from gaming activities				
	10	а	Gross sales of inventory, less returns				
			and allowances 10a				
		b	Less: cost of goods sold 10b				
		с	Net income or (loss) from sales of inventory				
			Business Code				
snc	11	а					
nec		b					[
ella Ver		c					
Miscellaneous Revenue			All other revenue				<u> </u>
Ē							
			Total. Add lines 11a-11d	1,308,197.	0.	0.	2 106
	12			<u>, , , , , , , , , , , , , , , , , , , </u>	U .	<u> </u>	2,406.
132009	9 12	2-09-	21				Form <b>990</b> (2021)

Form 990 (2021)

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	t IX Statement of Functional Expense				
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·		· · ·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b	Legal	49,814.	1,389.	48,425.	
	Accounting	49,014.	1,309.	40,425.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17	462.		462.	
f	Investment management fees	402.		402.	
g	Other. (If line 11g amount exceeds 10% of line 25,	728,059.	681,781.	46,278.	
40	column (A), amount, list line 11g expenses on Sch 0.)	720,055.	001,701.	40,270.	
12 13	Advertising and promotion	3,772.	2,968.	804.	
13 14	Office expenses Information technology	5,772.	2,500.	0010	
15	Royalties				
16		781.		781.	
17	Occupancy Travel	89,825.	88,622.	1,203.	
18	Payments of travel or entertainment expenses	0570201			
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,141.		7,141.	
23	Insurance	13,367.	2,000.	11,367.	
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 O.)	010 110	000 601	1 4 6 0	
а	SUPPLIES	210,146.	208,684.	1,462.	
b	DUES & SUBSCRIPTIONS	4,768.	108.	4,660.	
C					
d					
	All other expenses	1,108,135.	985,552.	122,583.	0.
<u>25</u>	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	т,тоо,тээ.	905,554.	144,000.	0.
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Fight following SOP 98-2 (ASC 958-720)				
-	In the second s second second sec				000

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Form 990 (2021)

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Form 990 (2021)

orm	990	(2021)	

orm 990 Part X				690876 Page 1
	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	315,099.	1	513,595
2	Savings and temporary cash investments		2	
3			3	
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6				
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
o   7	Notes and loans receivable, net		7	
Assets	Inventories for sale or use		8	
¥ 9	Prepaid expenses and deferred charges		9	
	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 35,703.			
	b Less: accumulated depreciation 10b 22,910.	19,934.	10c	12,793
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	125,488.	12	138,909
13	Investments - program-related. See Part IV, line 11		13	,
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	390.	15	7,170
16	Total assets. Add lines 1 through 15 (must equal line 33)	460,911.	16	672,467
17	Accounts payable and accrued expenses		17	• • = • = •
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Frances and the second line line line of the Develop Develop the Develop Devel		21	
00	Loans and other payables to any current or former officer, director,		21	
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		22	
<u>n</u>   23			23	
23	Secured mortgages and notes payable to unrelated third parties		23	
25	Other liabilities (including federal income tax, payables to related third		27	
20	parties, and other liabilities not included on lines 17-24). Complete Part X			
			25	
26		0.	26	0
20	Organizations that follow FASB ASC 958, check here X		20	
ŝ	and complete lines 27, 28, 32, and 33.			
0 8 27	Net assets without donor restrictions	215,407.	27	208,778
		245,504.		463,689
	Organizations that do not follow FASB ASC 958, check here	215,5010	20	100,000
	and complete lines 29 through 33.			
5 20	Capital stock or trust principal, or current funds		29	
29			30	
8   30	Paid-in or capital surplus, or land, building, or equipment fund			
Net Assets or Fund Balances 87 88 88 88 88 87 90 87 90 88 90 80 80 80 80 80 80 80 80 80 80 80 80 80	Retained earnings, endowment, accumulated income, or other funds	460,911.	31 32	672,467
	Total net assets or fund balances	460,911.		672,467
33	Total liabilities and net assets/fund balances	-UU,911.	33	Eorm <b>990</b> (20)

Form 990 (2021)

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GLOBAL EMERGENCY RELIEF RECOVERY	GLOBAL	EMERGENCY	RELIEF	RECOVERY
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	AND RECONSTRUCTION	81-06	<u>90876</u>	Pag	<sub>je</sub> 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	1,308		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,108	<u> </u>	
3	Revenue less expenses. Subtract line 2 from line 1	3			62.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			11.
5	Net unrealized gains (losses) on investments	5	11	.,49	94.
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	672	2,40	<u>57.</u>
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 Accrual X Other MODIFIE	D CASH			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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		_X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	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			
	Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

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(Form 990)					rity Status an					OMB No. 1545-0047
Co		Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.					202 I			
Department of the Treasury Internal Revenue Service					Attach to Form 990 or F I/Form990 for instruction			formation.		Open to Public Inspection
Nam	e of t	he organizatio	,		CY RELIEF RE(				Employer	identification number
								1-0690876		
Pa								ee instruction	S.	
	organ		•		For lines 1 through 12, cl					
1					n of churches described		n 170(b)(1	)(A)(i).		
2					Attach Schedule E (Form		/I= \/ d \/ A \/::	:)		
3 4		•	•		anization described in <b>se</b> njunction with a hospital				(iii) Enter	the hospital's name
4		city, and state	-		ijunetion with a nospital	acscribea	iii Sectio			the hospital s hame,
5				or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
•				Complete Part II.)	9,,					
6		-			nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Х	An organizatio	on that norma	lly receives a substan	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in
		section 170(b	<b>)(1)(A)(vi).</b> (C	omplete Part II.)						
8		A community	trust describe	ed in section 170(b)(	1)(A)(vi). (Complete Par	t II.)				
9		-			in section 170(b)(1)(A)(		-		-	-
			or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
10		university:		II						
10		0			than 33 1/3% of its supp t to certain exceptions; a				•	•
					(less section 511 tax) fro					-
				mplete Part III.)			oco doqui			
11					vely to test for public sat	fety. See	section 50	)9(a)(4).		
12		-	-	-	vely for the benefit of, to	•			rry out the	purposes of one or
		more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3). (	Check the box on
		lines 12a thro	ugh 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
а		<b>Type I.</b> A su	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving
			-		gularly appoint or elect a	majority c	f the direc	tors or trustee	es of the su	ipporting
		٦ Ŭ		complete Part IV, Se						
b				•	or controlled in connect			0		•
			0	t complete Part IV,	anization vested in the sa	ame perso	ns that coi	itroi or manaç	ge the supp	Joned
с		- <sup>-</sup>	. ,	•	g organization operated	in connect	ion with a	and functional	lv integrate	d with
•	L		-		). You must complete I		,		ly integrate	
d			•	. , . ,	orting organization oper			-	ted organiz	ation(s)
		that is not f	unctionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness
		requiremen	t (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.		
е			•		written determination fro			Type I, Type	II, Type III	
					nally integrated supporting	ng organiz	ation.			[]
f		r the number of	• •	•						
g		i) Name of suppo		about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organization		.,	(described on lines 1-10 above (see instructions))	in your governi Yes	ng document? No	support (see ir	-	support (see instructions)
					above (see instructions))					
Tota	I									

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	702,683.	76,252.	773,047.	4303834.	1305791.	7161607.
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	702,683.	76,252.	773,047.	4303834.	1305791.	7161607.
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)						
6	Public support. Subtract line 5 from line 4.						7161607.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
7	Amounts from line 4	702,683.	76,252.	773,047.	4303834.	1305791.	7161607.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		2,240.	3,195.	2,587.	2,406.	10,428.
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.)		66.				66.
11	<b>Total support.</b> Add lines 7 through 10						7172101.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	14,437.
	First 5 years. If the Form 990 is for th		,	ourth, or fifth tax y	rear as a section 5	01(c)(3)	
	organization, check this box and stor	-		•			
Sec	ction C. Computation of Publi	<u> </u>					
14	Public support percentage for 2021 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	99.85 %
15	Public support percentage from 2020	Schedule A, Part I	I, line 14			15	%
	33 1/3% support test - 2021. If the c					ore, check this bo	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				►X
b	33 1/3% support test - 2020. If the c	organization did no	t check a box on li				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2021. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances test	- 2020. If the orga	anization did not c	heck a box on line	•		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
<u>18</u>	Private foundation. If the organizatio		•				<b>▶</b>

Schedule A (Form 990) 2021

132022 01-04-22

Schedule A (Form 990) 2021

Part II

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support			•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	1 (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 disgualified 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.) Ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	1 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	nization,
	check this box and <b>stop here</b>						
See	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
See	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)21</b> (line 10c, colur	mn (f), divided by l	line 13, column (f))		17	%
	Investment income percentage from					18	%
<b>19</b> a	<b>33 1/3% support tests - 2021.</b> If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box ar						►
k	<b>33 1/3% support tests - 2020.</b> If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	op here. The orga	anization qualifies	as a publicly suppo	orted organiza	tion ▶
20	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check t	his box and see ins	structions	
1320	23 01-04-22			_		Scheo	dule A (Form 990) 2021
			16	)			

#### Schedule A (Form 990) 2021 AND RECONSTRUCTION

1

2

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.)

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

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AND RECONSTRUCTION Schedule A (Form 990) 2021 Supporting Organizations (continued) Part IV Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described 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 c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 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 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s) Section D. All Type III Supporting Organizations No Yes 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 2 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 3 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 3 supported organizations played in this regard. 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). The organization satisfied the Activities Test. Complete line 2 below. а

b The organization is the parent of each of its supported organizations. Complete line 3 below.

с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction	<u>s).</u>	
	ities Test. Answer lines 2a and 2b below.	Yes	

- 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. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

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Sche	edule A (Form 990) 2021 AND RECONSTRUCTION			81-0690876 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		•	
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		
C	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 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

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	dule A (Form 990) 2021 AND RECONSTRU			8	1-0690876	Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ied)		
Secti	on D - Distributions				Current Yea	ar
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	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	IS	(iii) Distributabl Amount for 2	
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					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
с	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, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
е	Excess from 2021					

Schedule A (Form 990) 2021

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Sobodulo A	(Form 990) 2021		EMERGENCY ONSTRUCTION		RECOVERY	81-0690876 Page
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I	nation. Prov 2, 3b, 3c, 4b, 4 ines 2 and 3; P	ide the explanation 4c, 5a, 6, 9a, 9b, 9c art IV, Section E, lir	s required by F c, 11a, 11b, an nes 1c, 2a, 2b,	d 11c; Part IV, Sect 3a, and 3b; Part V,	II, line 17a or 17b; Part III, line 12; ion B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V, r any additional information.
132028 01-04-2	2			21		Schedule A (Form 990) 20

	HEDULE D		al Financial Statements	5	OMB No. 1545-0047			
(Forn	n 990)		anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12l	<b>b.</b>				
	Attach to Form 990.  Go to www.irs.gov/Form990 for instructions and the latest information.							
	e of the organization	Inspection						
Hum		on GLOBAL EMERGENCY RI AND RECONSTRUCTION		-	81-0690876			
Par	t I Organiza	tions Maintaining Donor Advise	d Funds or Other Similar Funds	or Acco	unts. Complete if the			
	organizatior	n answered "Yes" on Form 990, Part IV, lin	e 6.					
			(a) Donor advised funds	(b) F	Funds and other accounts			
1		id of year						
2		contributions to (during year)						
3		grants from (during year)						
4 5		end of year n inform all donors and donor advisors in v		d fundo				
5	-	n's property, subject to the organization's	-		Yes No			
6		in or property, subject to the organization of						
	•	oses and not for the benefit of the donor o	0 0					
	impermissible priva	ate benefit?						
Par	t II Conserva	ation Easements. Complete if the org	anization answered "Yes" on Form 990, P	Part IV, line	97.			
1	Purpose(s) of cons	ervation easements held by the organization	on (check all that apply).					
		of land for public use (for example, recreated	,		ally important land area			
	=	f natural habitat	Preservation of	a certified	historic structure			
•		of open space						
2	day of the tax year	through 2d if the organization held a qualif	led conservation contribution in the form c	of a conser	Held at the End of the Tax Year			
а		onservation easements		2				
b								
	•	vation easements on a certified historic stru						
		vation easements included in (c) acquired a						
	listed in the Nation	al Register		20	d			
3	Number of conserv	vation easements modified, transferred, rele	eased, extinguished, or terminated by the	organizatio	on during the tax			
	year 🕨							
4		where property subject to conservation eas						
5		tion have a written policy regarding the per			Yes No			
6		prcement of the conservation easements it r hours devoted to monitoring, inspecting,						
Ŭ			narialing of violations, and emotoring const		acciliante daning the year			
7		 es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservati	ion easem	ents during the year			
	►\$							
8	Does each conserv	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h	n)(4)(B)(i)				
	and section 170(h)	(4)(B)(ii)?			Yes No			
9		be how the organization reports conservation	•					
		I include, if applicable, the text of the footn	ote to the organization's financial stateme	nts that de	escribes the			
Par	t III Organization s acco	ounting for conservation easements. Itions Maintaining Collections of	Art. Historical Treasures. or Oth	ner Simi	lar Assets.			
		the organization answered "Yes" on Form						
1a		elected, as permitted under FASB ASC 95		nd balance	e sheet works			
	0	asures, or other similar assets held for pub	· ·					
	service, provide in	Part XIII the text of the footnote to its finar	icial statements that describes these items	5.				
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	alance she	eet works of			
	art, historical treas	ures, or other similar assets held for public	exhibition, education, or research in furthe	erance of p	public service,			
		ng amounts relating to these items:						
		ded on Form 990, Part VIII, line 1			► \$			
0		d in Form 990, Part X received or held works of art, historical trea	asuros, or other similar assots for financial		► \$			
2		nts required to be reported under FASB A		yanı, prov				
а	-	on Form 990, Part VIII, line 1	-		▶ \$			
		Form 990, Part X			► \$			
		eduction Act Notice, see the Instructions			Schedule D (Form 990) 2021			
	10-28-21							
			27					

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		EMERGENCY I		OVERY			01 06	00000		•
		ONSTRUCTION					81-06			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or O	ther S	imilai	Assets	(contin	ued)	
3	Using the organization's acquisition, accession collection items (check all that apply):	on, and other records	s, check any of the f	ollowing that ma	ake signi	ficant ı	ise of its			
а	Public exhibition	d	Loan or excl	hange program						
b	Scholarly research	е								
с	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's	exempt	purpos	se in Part	XIII.		
5	During the year, did the organization solicit o									
Ŭ	to be sold to raise funds rather than to be ma		•					Yes		No
Par	t IV Escrow and Custodial Arrang							_		
	reported an amount on Form 990, Par		ete il the organization	IT all swelet Tes	S UNFO	111 990	, raitiv,	ine 9, 01		
па	Is the organization an agent, trustee, custodi							٦.,		٦
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:							
								Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo					,		Yes		No
	If "Yes," explain the arrangement in Part XIII.									Ī
Par										
		(a) Current year	(b) Prior year	(c) Two years ba		Three v	ears back	(e) Four	vears	back
19	Beginning of year balance	125,488.	100,000.	100,0			00,000.	. ,	,	
						-			100	000.
	Contributions	13,421.	25,488.	13,8	65		-3,521.		100,	
	Net investment earnings, gains, and losses	13,421.	25,400.	13,8	05.		-3,521.			
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	138,909.	125,488.	113,8	65.		96,479.		100,	000.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)	) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment > 71.9900	%	_							
с	Term endowment  28.0100	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
39	Are there endowment funds not in the posse	-	tion that are held an	d administered t	for the o	raaniza	ation			
ou						ngamze		Г	Yes	No
	by:									X
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		
-	If "Yes" on line 3a(ii), are the related organiza							3b		
	Describe in Part XIII the intended uses of the		wment funds.							
Fai	t VI Land, Buildings, and Equipm			E 000 B		10				
	Complete if the organization answered	a "Yes" on Form 990								
	Description of property	(a) Cost or o	• • •		<b>(c)</b> Accı		ed	<b>(d)</b> Book	valu	е
		basis (investn	nent) basis	(other)	depre	ciation				
1a	Land									
b	Buildings									
	Leasehold improvements									
	Equipment		3	5,703.	2	2,93	10.	12	, 7	93.
	Other									
	Add lines 1a through 1e. (Column (d) must e		V column (D) line 1					12	. 7	93.
Total	, a mos ra mough re. (Column (a) must e	<u>quai FUIII 990. Part</u>	<u>∧, coluititi (b), line 1(</u>	<i></i>			Schedule		-	
							Schedule	הייק	99U)	2021

Part VII	Investments -	Other Se	ecurities.
Schedule D	(Form 990) 2021	AND	RECONS

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) CASH AND CASH EQUIVALENTS	6,209.	END-OF-YEAR MARKET VALUE
(B) EQUITY SECURITIES	94,889.	END-OF-YEAR MARKET VALUE
(C) FIXED INCOME	37,811.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	138,909.	

#### Part VIII Investments - Program Related.

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

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

#### Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	►
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X	, line 25.
1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	

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

132053 10-28-21

(8) (9)

	GLOBAL EMERGENCY RELIEF REC	OVERY				
Sche	dule D (Form 990) 2021 AND RECONSTRUCTION			81-0	0690876	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts 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	1,319,	<u>,229.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	11,494.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	11,	<u>,494.</u>
3	Subtract line 2e from line 1			3	1,307	<u>,735.</u>
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	462.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		462.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,308,	,197.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F	Returr	າ.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	1,107	<u>,673.</u>
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	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	1,107,	<u>,673.</u>
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	4a	462.			
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		462.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,108,	,135.
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.

132054 10-28-21

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	tes -	OMB No. 1545-004	7
(Form 990)	Complete if		2021				
Department of the Treasury			Attach to Form 990.			Open to Public	
Internal Revenue Service	Go to	www.irs.gov/Fo	rm990 for instructions and the lates	t information.	Emmlanari	Inspection	
Name of the organization GLOBAL EMERGE	NCY RELITER	RECOVER	7		Employer I	identification numl	ber
AND RECONSTRU	CTION				81-069		
Part I General I	nformation on A	ctivities Out	side the United States. Compl	ete if the organ	ization answe	ered "Yes" on	
Form 990, P	art IV, line 14b.						
-	U U		ds to substantiate the amount of its gra		-		
the grantees' eligibi	lity for the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	stance?	<b>Yes</b>	No
2 For grantmakers.	Describe in Part V the	organization's i	procedures for monitoring the use of its	s arants and at	her assistanc	e outside the	
United States.		organization of		o granto and ot			
3 Activities per Regio	n. (The following Part	I, line 3 table ca	n be duplicated if additional space is r	needed.)			
(a) Region	(b) Number of	(c) Number of employees,	(d) Activities conducted in the region		vity listed in (	· · · ·	
	offices in the region	agents and	(by type) (such as, fundraising, pro- gram services, investments, grants to		gram service, e specific type	' for and	
		contractors	recipients located in the region)		(s) in the regio		
		in the region					
CENTRAL AMERICA AND							
THE CARIBBEAN	0	6	PROGRAM SERVICES	ST. VINCENT	RESPONSE	26,8	15.
					-		
CENTRAL AMERICA AND THE CARIBBEAN	0	20	PROGRAM SERVICES	HURRICANE E RESPONSE	TA AND 101	14,0	04
		20				11,0	<u>.</u>
CENTRAL AMERICA AND							
THE CARIBBEAN	0	0	PROGRAM SERVICES	HAITI RESPO	NSE	9,9	51.
CENTRAL AMERICA AND							
THE CARIBBEAN	0	95	PROGRAM SERVICES	BAHAMAS RES	PONSE	269,6	68.
3 a Subtotal	0	121				320,4	38.
<b>b</b> Total from continua		0					0
sheets to Part I <b>c Totals</b> (add lines 3a		0					0.
and 3b)	0	121				320,4	38.

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

Schedule F (Form 990) 2021

132071 12-20-21

Schedule F (Form 990) 2021

AND RECONSTRUCTION

81-0690876

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>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)		
	2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter									
exempt 501(c)(3) orga 3 Enter total number of			or counsel has provided a sect							

Page 2

Schedule F (Form 990) 2021

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

#### Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2021

81-0690876

Page 3

Sched	ule F (Form 990) 2021 AND RECONSTRUCTION	81-0690876	Page 4
Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <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," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <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

132074 12-20-21

GLOBAL EMERGENCY RELIEF RECOVER	GLOBAL	EMERGENCY	RELIEF	RECOVERY
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	(Form 990) 2021 AND RECONSTRUCTION	81-0690876	D
Part V	(Form 990) 2021 AND RECONSTRUCTION Supplemental Information	01-0090070	Page 5
		the second s	
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accour		
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting meth		
	(estimated number of recipients), as applicable. Also complete this part to provide any additional infor	mation. See instructions.	
132075 10.00	21	Schedule F (Form 9	2001 2024
132075 12-20-	21	Schedule F (FORM S	2021

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SCHEDULE O (Form 990)

(10111330)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. GLOBAL EMERGENCY RELIEF RECOVERY

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

81-0690876

AND RECONSTRUCTION

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

INTEGRATED RELIEF, RECOVERY, AND RECONSTRUCTION SERVICES.

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

THE ORGANIZATION'S BOARD REVIEWS THE 990 PRIOR TO FILING.

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

ON AN ANNUAL BASIS, ALL INDIVIDUALS TO WHOM THE CONFLICT OF INTEREST POLICY

APPLIES SHALL BE PROVIDED WITH A COPY OF THE POLICY AND REQUIRED TO

COMPLETE AND SIGN AN ACKNOWLEDGEMENT AND DISCLOSURE FORM.

THE GER3 DIRECTORS, OFFICERS, EMPLOYEES, AND COMMITTEE MEMBERS

(COLLECTIVELY, "COVERED PERSONS") MUST ACT AT ALL TIMES IN THE BEST

INTERESTS OF GER3. COVERED PERSONS SHALL DISCLOSE ALL POTENTIAL AND ACTUAL

CONFLICTS OF INTEREST TO THE GER3 BOARD OF DIRECTORS AND, AS REQUIRED,

RECUSE THEMSELVES FROM ALL DISCUSSION AND VOTING ON ANY RELATED MATTER.

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

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON

REQUEST; THE ORGANIZATION'S 990 IS AVAILABLE UPON REQUEST OR IT IS PUBLICLY

AVAILABLE VIA WWW.GUIDESTAR.ORG.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

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

668,785.

41,008.

Schedule O (Form 990) 2021

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Schedule O (Form 990) 2021           Name of the organization         GLOBAL EMERGENCY RELIEF RECOVERY           AND         RECONSTRUCTION	Page : Employer identification number 81-0690876
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	709,793.
LICENSE AND REGISTRATION FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,705.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,705.
BANK FEES:	
PROGRAM SERVICE EXPENSES	12,737.
MANAGEMENT AND GENERAL EXPENSES	3,565.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	16,302.
EQUIPMENT RENTAL AND MAINTENANCE:	
PROGRAM SERVICE EXPENSES	259.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	259.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	728,059.
FORM 990, PART XII, LINE 1	
THE ORGANIZATION'S ACCOUNTS ARE MAINTAINED ON THE MODIFIE	ED CASH BASIS
OF ACCOUNTING, WHICH IS A BASIS OF ACCOUNTING OTHER THAN	ACCOUNTING
PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AME	ERICA. UNDER
THIS BASIS, REVENUES ARE RECOGNIZED WHEN COLLECTED RATHER	R THAN WHEN
EARNED AND EXPENSES ARE RECOGNIZED WHEN PAID RATHER THAN	
132212 11-11-21 <b>37</b>	Schedule O (Form 990) 202

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Name of the organization GLOBAL EMERGEN( AND RECONSTRUC	CY RELIEF RECOVERY TION	Employer identification number 81-0690876
		· · ·
THE ORGANIZATION ONLY RECORDS	5 EQUIPMENT, NET OF ACCOMU	LATED
DEPRECIATION, ADVANCES, AND	THE FAIR MARKET VALUE OF I	NVESTMENTS.
132212 11-11-21		Schedule O (Form 990) 202