

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2022

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WORLD EMERGENCY RELIEF	D Employer identification number 95-4014743
	Doing business as CHILDREN'S FOOD FUND AND NATIVE	E Telephone number (909) 593-7140
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 425 W. ALLEN AVENUE 111	G Gross receipts \$ 38,017,666.
	City or town, state or province, country, and ZIP or foreign postal code SAN DIMAS, CA 91773	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: KRISTY SCOTT SAME AS C ABOVE	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.WORLDEMERCENCYRELIEF.ORG** **H(c)** Group exemption number

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1985** **M** State of legal domicile: **CA**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WORLD EMERGENCY RELIEF ALLEVIATES THE SUFFERING OF HUMAN BEINGS BY PROVIDING HUMANITARIAN		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	4
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	17,738,952.	38,016,289.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,192.	1,377.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,740,144.	38,017,666.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	16,239,593.	36,320,401.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	193,541.	207,500.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	303,762.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	768,988.	1,557,757.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,202,122.	38,085,658.
19 Revenue less expenses. Subtract line 18 from line 12	538,022.	-67,992.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 1,123,706.	End of Year 929,546.
	21 Total liabilities (Part X, line 26)	177,217.	61,411.
	22 Net assets or fund balances. Subtract line 21 from line 20	946,489.	868,135.

Part II Signature Block

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

Sign Here	Signature of officer <i>Kristy Scott</i>	Date 11/2/23			
	Type or print name and title KRISTY SCOTT, CEO/PRESIDENT				
Paid Preparer Use Only	Print/Type preparer's name CYNTHIA WILLIAMS, EA	Preparer's signature <i>Cynthia Williams</i>	Date 11/02/23	Check if self-employed <input type="checkbox"/>	PTIN P01222818
	Firm's name HAYNIE AND COMPANY CPAS	Firm's EIN 87-0325228	Phone no. (801) 972-4800		
Firm's address 1785 WEST 2300 SOUTH SALT LAKE CITY, UT 84119					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
WORLD EMERGENCY RELIEF ALLEVIATES THE SUFFERING OF HUMAN BEINGS BY PROVIDING HUMANITARIAN RELIEF AND DEVELOPMENTAL AID TO PEOPLE WHO HAVE BEEN MARGINALIZED BY GEOGRAPHY OR HARMED BY NATURAL DISASTER, WAR, ARMED CONFLICT, EXPLOITATION, PHYSICAL OR MENTAL ABUSE OR ECONOMIC

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 10,418,605. including grants of \$ 9,906,364.) (Revenue \$)
INTERNATIONAL RELIEF:

HUMANITARIAN AID - PROVIDES SAFE WATER TO STRENGTHEN PUBLIC HEALTH AND WELFARE, FOOD TO STARVING CHILDREN AND VULNERABLE POPULATIONS, MEDICINES TO HOSPITALS AND CLINICS, AND MIXED RELIEF SUPPLIES TO POOR, ORPHANED AND REFUGEE POPULATIONS AS WELL AS FOR DISASTER RESPONSE WORLDWIDE.

FINANCIAL ASSISTANCE SUPPORTS VARIOUS INTERNATIONAL ORGANIZATIONS AND PROJECTS TO PROVIDE CRITICAL NEEDS OF WATER, FOOD, HEALTHCARE, EDUCATION, AND CHILD SAFETY.

4b (Code:) (Expenses \$ 24,339,577. including grants of \$ 23,647,120.) (Revenue \$)
US RELIEF:

WORLD EMERGENCY RELIEF/CHILDREN'S FOOD FUND - PROVIDES FINANCIAL ASSISTANCE AS WELL AS FOOD, MEDICINE AND OTHER ESSENTIAL GOODS TO THOSE THAT WOULD OTHERWISE DO WITHOUT.

4c (Code:) (Expenses \$ 2,838,464. including grants of \$ 2,766,917.) (Revenue \$)
NATIVE AMERICAN EMERGENCY RELIEF - PROVIDES FINANCIAL AND GIFTS-IN-KIND RELIEF TO NATIVE AMERICAN POPULATIONS WHERE POVERTY AND THIRD-WORLD CONDITIONS ARE OFTEN OVERLOOKED.

4d Other program services (Describe on Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 37,596,646.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - (909) 593-7140
425 W. ALLEN AVENUE, 111, SAN DIMAS, CA 91773

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							115,559.	0.	14,464.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							115,559.	0.	14,464.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	39,958.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	37,976,331.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 36,205,076.				
	h Total. Add lines 1a-1f			38,016,289.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,377.			1,377.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			38,017,666.	0.	0.	1,377.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,638,110.	15,638,110.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	10,775,927.	10,775,927.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	9,906,364.	9,906,364.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	130,023.	50,371.	40,645.	39,007.
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	60,728.	9,291.	17,648.	33,789.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	2,055.	554.	621.	880.
10 Payroll taxes	14,694.	3,967.	4,438.	6,289.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	40,425.		40,425.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	30,289.	500.	29,789.	
12 Advertising and promotion	5,250.			5,250.
13 Office expenses	25,800.	757.	24,208.	835.
14 Information technology	21,262.	5,741.	6,421.	9,100.
15 Royalties				
16 Occupancy	45,363.	22,013.	12,854.	10,496.
17 Travel	23,215.	21,550.	1,665.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	111.		111.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,780.	2,370.	2,652.	3,758.
23 Insurance	9,183.	2,480.	2,773.	3,930.
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.)				
a SHIPPING FEES	1,156,651.	1,156,651.		
b DIRECT MAIL EXPENSE	190,428.			190,428.
c CONTRACT LABOR	1,000.		1,000.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	38,085,658.	37,596,646.	185,250.	303,762.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	896,915.	1	717,830.
	2 Savings and temporary cash investments	100,839.	2	102,066.
	3 Pledges and grants receivable, net	11,364.	3	8,305.
	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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,174.	9	1,298.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 72,914.		
	b Less: accumulated depreciation	10b 39,193.	10c	33,721.
	11 Investments - publicly traded securities	69,808.	11	63,918.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,206.	15	2,408.
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,123,706.	16	929,546.	
Liabilities	17 Accounts payable and accrued expenses	177,217.	17	61,411.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	177,217.	26	61,411.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	513,445.	27	410,665.
	28 Net assets with donor restrictions	433,044.	28	457,470.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	946,489.	32	868,135.
33 Total liabilities and net assets/fund balances	1,123,706.	33	929,546.	

Part 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	38,017,666.
2	Total expenses (must equal Part IX, column (A), line 25)	2	38,085,658.
3	Revenue less expenses. Subtract line 2 from line 1	3	-67,992.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	946,489.
5	Net unrealized gains (losses) on investments	5	-5,890.
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	-4,472.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	868,135.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2022)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5434129.	10122844.	11846465.	17738952.	38016289.	83158679.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5434129.	10122844.	11846465.	17738952.	38016289.	83158679.
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)						60608862.
6 Public support. Subtract line 5 from line 4.						22549817.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	5434129.	10122844.	11846465.	17738952.	38016289.	83158679.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,326.	1,359.	1,179.	1,192.	1,377.	6,433.
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.)			618.			618.
11 Total support. Add lines 7 through 10						83165730.
12 Gross receipts from related activities, etc. (see instructions)					12	97,500.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	27.11 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	39.11 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
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.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the 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?		
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 the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, 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.			
2a			
2b			
3a			
3b			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule A

**Identification of Excess Contributions
Included on Part II, Line 5**

2022

**** Do Not File ****

***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
ECOLAB	58,743,655.	57,080,340.
UNIVERSAL AIDE SOCIETY	5,191,837.	3,528,522.
Total Excess Contributions to Schedule A, Part II, Line 5		60,608,862.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

WORLD EMERGENCY RELIEF

Employer identification number

95-4014743

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization WORLD EMERGENCY RELIEF	Employer identification number 95-4014743
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>33,412,532.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>342,901.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>98,993.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>99,307.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>972,147.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WORLD EMERGENCY RELIEF	Employer identification number 95-4014743
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 210,832.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 189,175.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 485,093.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 163,082.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 648,309.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ 707,585.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization WORLD EMERGENCY RELIEF	Employer identification number 95-4014743
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	DISINFECTING WIPES _____ _____ _____	\$ <u>76,301.</u>	<u>01/04/22</u>
1	CLEANING & DISINFECTING PRODUCTS _____ _____ _____	\$ <u>46,324.</u>	<u>01/14/22</u>
1	HAND SANITIZER _____ _____ _____	\$ <u>158,501.</u>	<u>01/27/22</u>
1	HAND SANITIZER _____ _____ _____	\$ <u>214,434.</u>	<u>01/28/22</u>
1	CLEANING & DISINFECTING PRODUCTS _____ _____ _____	\$ <u>146,307.</u>	<u>01/31/22</u>
1	DISINFECTING WIPES _____ _____ _____	\$ <u>129,918.</u>	<u>02/01/22</u>

Name of organization WORLD EMERGENCY RELIEF	Employer identification number 95-4014743
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	DISINFECTING WIPES _____ _____ _____	\$ 127,418.	02/06/22
1	HAND SANITIZER & DISINFECTANT _____ _____ _____	\$ 405,360.	02/03/22
1	CLEANING & DISINFECTING PRODUCTS _____ _____ _____	\$ 290,536.	02/04/22
1	DISINFECTING WIPES & HAND SANITIZER _____ _____ _____	\$ 499,131.	02/07/22
1	DISINFECTING WIPES, HAND SANITIZER, & SOAP _____ _____ _____	\$ 688,329.	02/08/22
1	DISINFECTING WIPES _____ _____ _____	\$ 75,301.	02/09/22

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	DISINFECTING WIPES _____ _____ _____	\$ 156,828.	02/10/22
1	CLEANING & DISINFECTING PRODUCTS _____ _____ _____	\$ 185,857.	02/14/22
1	CLEANING & DISINFECTING PRODUCTS _____ _____ _____	\$ 358,029.	02/16/22
1	DISINFECTING WIPES & HAND SANITIZER _____ _____ _____	\$ 441,828.	02/17/22
1	CLEANING & DISINFECTING PRODUCTS & HAND SOAP _____ _____ _____	\$ 695,770.	02/18/22
1	CLEANING & DISINFECTING PRODUCTS _____ _____ _____	\$ 342,316.	02/21/22

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	CLEANING & DISINFECTING PRODUCTS _____ _____ _____	\$ 527,190.	02/22/22
1	DISINFECTING WIPES & HAND SANITIZER _____ _____ _____	\$ 691,409.	02/23/22
1	CLEANING & DISINFECTING PRODUCTS _____ _____ _____	\$ 256,270.	02/24/22
1	DISINFECTING PRODUCTS & HAND SANITIZING WIPES _____ _____ _____	\$ 384,452.	02/28/22
1	CLEANING & DISINFECTING PRODUCTS _____ _____ _____	\$ 133,349.	03/01/22
1	DISINFECTING WIPES & HAND SANITIZER _____ _____ _____	\$ 386,366.	03/02/22

Name of organization WORLD EMERGENCY RELIEF	Employer identification number 95-4014743
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	DISINFECTING PRODUCTS, HAND SANITIZER & SOAP	\$ 986,513.	03/03/22
1	DISINFECTING PRODUCTS, HAND SANITIZER & SOAP	\$ 675,230.	03/04/22
1	TOILET BOWL DISINFECTANT	\$ 111,928.	03/08/22
1	DISINFECTING PRODUCTS & HAND SANITIZING WIPES	\$ 322,611.	03/09/22
1	DISINFECTANT PRODUCTS & HAND SANITIZER	\$ 186,153.	03/10/22
1	DISINFECTANT PRODUCTS & HAND SANITIZER	\$ 192,825.	03/11/22

Name of organization WORLD EMERGENCY RELIEF	Employer identification number 95-4014743
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	DISINFECTANT PRODUCTS & HAND SANITIZER	\$ 379,870.	03/14/22
1	HARD SURFACE CLEANER	\$ 200,302.	03/15/22
1	HAND SANITIZER & DISINFECTANT WIPES	\$ 519,091.	03/16/22
1	HAND SANITIZER & HAND SANITIZING WIPES	\$ 318,275.	03/17/22
1	HAND SANITIZER & HARD SURFACE DISINFECTANT	\$ 288,103.	03/18/22
1	DISINFECTANT PRODUCTS & HAND SANITIZER	\$ 172,554.	03/21/22

Name of organization WORLD EMERGENCY RELIEF	Employer identification number 95-4014743
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	DISINFECTANT PRODUCTS & HAND SANITIZER	\$ 901,037.	03/22/22
1	ASSORTED HYGIENE & DISINFECTING SUPPLIES	\$ 165,509.	03/23/22
1	HAND SANITIZER	\$ 114,882.	03/28/22
1	HARD SURFACE CLEANER & DISINFECTING WIPES	\$ 194,587.	03/29/22
1	HAND SANITIZING WIPES	\$ 534,974.	03/30/22
1	HAND SANITIZER, HAND SOAP, & HARD SURFACE DISINFECTANT	\$ 287,261.	03/31/22

Name of organization WORLD EMERGENCY RELIEF	Employer identification number 95-4014743
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	HARD SURFACE CLEANER & DISINFECTING WIPES	\$ 627,173.	04/04/22
1	DISINFECTANT PRODUCTS & HAND SANITIZER	\$ 1,065,345.	04/05/22
1	HAND SANITIZER	\$ 232,758.	04/06/22
1	HAND SANITIZER	\$ 510,048.	04/07/22
1	HAND SANITIZER	\$ 147,807.	04/08/22
1	DISINFECTANT PRODUCTS & HAND SANITIZER	\$ 1,270,064.	04/11/22

Name of organization WORLD EMERGENCY RELIEF	Employer identification number 95-4014743
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	DISINFECTANT PRODUCTS & HAND SANITIZER _____ _____ _____	\$ <u>347,664.</u>	<u>04/12/22</u>
1	HAND SANITIZER _____ _____ _____	\$ <u>197,226.</u>	<u>04/14/22</u>
1	HAND SANITIZER _____ _____ _____	\$ <u>214,434.</u>	<u>04/19/22</u>
1	HAND SANITIZER & SOAP _____ _____ _____	\$ <u>589,993.</u>	<u>04/25/22</u>
1	HAND SANITIZING WIPES _____ _____ _____	\$ <u>208,630.</u>	<u>04/29/22</u>
1	HARD SURFACE DISINFECTANT & TOILET BOWL DISINFECTANT _____ _____ _____	\$ <u>104,213.</u>	<u>05/05/22</u>

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	HAND SANITIZER _____ _____ _____	\$ 394,452.	05/12/22
1	BLEACH _____ _____ _____	\$ 26,868.	05/13/22
1	HARD SURFACE DISINFECTANT _____ _____ _____	\$ 83,102.	05/16/22
1	DISINFECTING WIPES _____ _____ _____	\$ 56,250.	06/02/22
1	HARD SURFACE CLEANER _____ _____ _____	\$ 67,435.	06/03/22
1	DISINFECTANT PRODUCTS & HAND SANITIZER _____ _____ _____	\$ 201,301.	06/07/22

Name of organization WORLD EMERGENCY RELIEF	Employer identification number 95-4014743
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	DISINFECTING WIPES _____ _____ _____	\$ 131,250.	06/08/22
1	TOILET BOWL CLEANER _____ _____ _____	\$ 112,675.	06/09/22
1	HARD SURFACE DISINFECTANT & HAND SOAP _____ _____ _____	\$ 78,336.	06/10/22
1	HAND SANITIZING WIPES _____ _____ _____	\$ 208,630.	06/14/22
1	DISINFECTING WIPES _____ _____ _____	\$ 56,250.	06/15/22
1	HAND SANITIZING WIPES _____ _____ _____	\$ 208,630.	06/16/22

Name of organization WORLD EMERGENCY RELIEF	Employer identification number 95-4014743
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	HAND SOAP & TOILET BOWL DISINFECTANT _____ _____ _____	\$ 96,509.	06/17/22
1	CLEANING & SANITIZING PRODUCTS _____ _____ _____	\$ 430,123.	06/22/22
1	CLEANING & SANITIZING PRODUCTS _____ _____ _____	\$ 154,837.	06/24/22
1	TOILET BOWL DISINFECTANT _____ _____ _____	\$ 135,223.	06/27/22
1	HAND SANITIZERS _____ _____ _____	\$ 105,453.	07/05/22
1	TOILET BOWL DISINFECTANT _____ _____ _____	\$ 45,524.	07/08/22

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	TOILET BOWL DISINFECTANT _____ _____ _____	\$ <u>24,077.</u>	<u>07/15/22</u>
1	HAND SANITIZER _____ _____ _____	\$ <u>131,376.</u>	<u>07/20/22</u>
1	DISINFECTING WIPES _____ _____ _____	\$ <u>396,677.</u>	<u>07/21/22</u>
1	HARD SURFACE DISINFECTANT _____ _____ _____	\$ <u>79,573.</u>	<u>08/01/22</u>
1	HARD SURFACE DISINFECTANT _____ _____ _____	\$ <u>59,996.</u>	<u>08/02/22</u>
1	CLEANING & SANITIZING PRODUCTS _____ _____ _____	\$ <u>136,766.</u>	<u>08/05/22</u>

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	DISINFECTANT/ BLEACH _____ _____ _____	\$ <u>42,585.</u>	<u>08/05/22</u>
1	HAND SANITIZER _____ _____ _____	\$ <u>394,128.</u>	<u>08/19/22</u>
1	HAND SANITIZING WIPES _____ _____ _____	\$ <u>1,251,660.</u>	<u>08/21/22</u>
1	DISINFECTING & HAND SANITIZING WIPES _____ _____ _____	\$ <u>290,520.</u>	<u>08/26/22</u>
1	DISINFECTANT WIPES _____ _____ _____	\$ <u>76,301.</u>	<u>08/27/22</u>
1	DISINFECTANT WIPES _____ _____ _____	\$ <u>562,732.</u>	<u>08/29/22</u>

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	HAND SANITIZER _____ _____ _____	\$ 394,128.	08/31/22
1	HAND SANITIZER _____ _____ _____	\$ 262,752.	09/07/22
1	DISINFECTANT WIPES _____ _____ _____	\$ 62,010.	09/08/22
1	HAND SANITIZING WIPES _____ _____ _____	\$ 110,730.	09/09/22
1	DISINFECTANT WIPES _____ _____ _____	\$ 136,766.	09/09/22
1	HAND SANITIZING WIPES _____ _____ _____	\$ 208,630.	09/10/22

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	DISINFECTANT WIPES & HAND SANITIZER _____ _____ _____	\$ 536,284.	09/12/22
1	DISINFECTANT WIPES _____ _____ _____	\$ 136,766.	09/13/22
1	DISINFECTANT WIPES _____ _____ _____	\$ 364,709.	09/14/22
1	DISINFECTANT WIPES _____ _____ _____	\$ 547,063.	09/15/22
1	DISINFECTANT WIPES _____ _____ _____	\$ 136,766.	09/16/22
1	DISINFECTANT WIPES _____ _____ _____	\$ 227,943.	09/20/22

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	HARD SURFACE DISINFECTANT _____ _____ _____	\$ 29,291.	09/27/22
1	DISINFECTANT WIPES _____ _____ _____	\$ 227,943.	09/28/22
1	HAND SANITIZING WIPES _____ _____ _____	\$ 186,450.	10/05/22
1	DISINFECTANT WIPES _____ _____ _____	\$ 68,202.	10/11/22
1	SOAP & HAND SANITIZER _____ _____ _____	\$ 184,285.	10/16/22
1	HAND SANITIZING WIPES _____ _____ _____	\$ 110,730.	10/18/22

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	HAND SANITIZING WIPES _____ _____ _____	\$ 212,233.	10/19/22
1	CLEANING & SANITIZING PRODUCTS _____ _____ _____	\$ 91,370.	10/31/22
1	DISINFECTING WIPES _____ _____ _____	\$ 217,422.	11/16/22
1	DISINFECTING WIPES _____ _____ _____	\$ 72,474.	11/17/22
1	DISINFECTING WIPES _____ _____ _____	\$ 165,270.	11/18/22
1	CLEANING & SANITIZING PRODUCTS _____ _____ _____	\$ 180,158.	11/21/22

Name of organization WORLD EMERGENCY RELIEF	Employer identification number 95-4014743
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	DISINFECTANT PRODUCTS & HAND SANITIZER _____ _____ _____	\$ 207,180.	11/22/22
1	DISINFECTANT PRODUCTS & HAND SANITIZER _____ _____ _____	\$ 492,497.	11/29/22
1	DISINFECTING WIPES & SURFACE CLEANER _____ _____ _____	\$ 160,711.	11/30/22
1	MULTIPURPOSE & GLASS CLEANER _____ _____ _____	\$ 98,500.	12/08/22
1	HAND SANITIZER, ODOR ELIMINATOR, & MULTIPURPOSE CLEANER _____ _____ _____	\$ 412,572.	12/12/22
1	ODOR ELIMINATOR & MULTIPURPOSE CLEANER _____ _____ _____	\$ 50,902.	12/16/22

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	ODOR ELIMINATOR, MULTIPURPOSE CLEANER & SOAP <hr/> <hr/>	\$ <u>74,401.</u>	<u>12/19/22</u>
2	PRODUCE <hr/> <hr/>	\$ <u>92,821.</u>	<u>05/02/22</u>
2	PRODUCE <hr/> <hr/>	\$ <u>22,925.</u>	<u>08/10/22</u>
2	PRODUCE <hr/> <hr/>	\$ <u>90,483.</u>	<u>02/16/23</u>
2	PRODUCE <hr/> <hr/>	\$ <u>136,672.</u>	<u>03/08/23</u>
3	RED WING BOOTS <hr/> <hr/>	\$ <u>5,560.</u>	<u>03/22/22</u>

Name of organization WORLD EMERGENCY RELIEF	Employer identification number 95-4014743
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>3</u>	TOYS _____ _____ _____	\$ <u>93,433.</u>	<u>08/19/22</u>
<u>3</u>	TOY CARS _____ _____ _____	\$ <u>0.</u>	<u>09/08/22</u>
<u>4</u>	SNACK FOODS & BEVERAGES _____ _____ _____	\$ <u>15,753.</u>	<u>04/04/22</u>
<u>4</u>	SNACK FOODS & BEVERAGES _____ _____ _____	\$ <u>7,202.</u>	<u>04/04/22</u>
<u>4</u>	BEVERAGES _____ _____ _____	\$ <u>42,355.</u>	<u>05/16/22</u>
<u>4</u>	FOOD & BEVERAGES _____ _____ _____	\$ <u>9,073.</u>	<u>08/24/22</u>

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	FOOD & BEVERAGES _____ _____ _____	\$ 24,924.	10/06/22
6	FOOD ITEMS _____ _____ _____	\$ 111,089.	01/06/22
6	FRESH PRODUCE _____ _____ _____	\$ 20,307.	01/10/22
6	FOOD _____ _____ _____	\$ 64,865.	01/15/22
6	FROZEN FOOD _____ _____ _____	\$ 49,140.	01/18/22
6	SNACK FOODS, YOGURT & BOTTLED WATER _____ _____ _____	\$ 135,390.	01/27/22

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	FROZEN CHICKEN & BEVERAGES _____ _____ _____	\$ <u>116,814.</u>	<u>01/28/22</u>
6	SNACK FOODS _____ _____ _____	\$ <u>10,800.</u>	<u>02/02/22</u>
6	FOOD _____ _____ _____	\$ <u>36,114.</u>	<u>02/05/22</u>
6	SNACK FOODS _____ _____ _____	\$ <u>24,759.</u>	<u>02/25/22</u>
6	SNACK FOODS _____ _____ _____	\$ <u>1,239.</u>	<u>03/05/22</u>
6	SNACK FOODS _____ _____ _____	\$ <u>8,727.</u>	<u>03/10/22</u>

Name of organization WORLD EMERGENCY RELIEF	Employer identification number 95-4014743
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	BEVERAGES _____ _____ _____	\$ <u>51,164.</u>	<u>03/17/22</u>
6	SNACK FOODS _____ _____ _____	\$ <u>117,000.</u>	<u>03/29/22</u>
6	BEVERAGES _____ _____ _____	\$ <u>39,557.</u>	<u>04/08/22</u>
6	BEVERAGES _____ _____ _____	\$ <u>58,265.</u>	<u>04/22/22</u>
6	BEVERAGES _____ _____ _____	\$ <u>126,917.</u>	<u>04/25/22</u>
7	HEALTH & HYGIENE ITEMS _____ _____ _____	\$ <u>210,832.</u>	<u>04/14/22</u>

Name of organization WORLD EMERGENCY RELIEF	Employer identification number 95-4014743
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	BOTTLED WATER _____ _____ _____	\$ <u>64,022.</u>	<u>07/14/22</u>
8	BOTTLED WATER _____ _____ _____	\$ <u>62,250.</u>	<u>08/19/22</u>
8	RICE MEALS _____ _____ _____	\$ <u>62,903.</u>	<u>10/25/22</u>
9	DEHYDRATED SOUP MIX _____ _____ _____	\$ <u>110,685.</u>	<u>02/16/22</u>
9	DEHYDRATED SOUP MIX _____ _____ _____	\$ <u>102,870.</u>	<u>06/17/22</u>
9	DEHYDRATED SOUP MIX _____ _____ _____	\$ <u>157,071.</u>	<u>08/15/22</u>

Name of organization WORLD EMERGENCY RELIEF	Employer identification number 95-4014743
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	DEHYDRATED SOUP MIX _____ _____ _____	\$ <u>114,467.</u>	<u>12/08/22</u>
10	MIXED RELIEF SUPPLIES _____ _____ _____	\$ <u>27,924.</u>	<u>05/02/22</u>
10	BLESSINGS BUCKETS _____ _____ _____	\$ <u>29,881.</u>	<u>05/07/22</u>
10	MIXED RELIEF SUPPLIES _____ _____ _____	\$ <u>28,139.</u>	<u>05/26/22</u>
10	MIXED RELIEF SUPPLIES _____ _____ _____	\$ <u>2,369.</u>	<u>07/06/22</u>
10	MIXED RELIEF SUPPLIES _____ _____ _____	\$ <u>52,500.</u>	<u>08/17/22</u>

Name of organization WORLD EMERGENCY RELIEF	Employer identification number 95-4014743
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	MIXED RELIEF SUPPLIES _____ _____ _____	\$ 22,269.	11/11/22
11	FOOD & BEVERAGES _____ _____ _____	\$ 21,000.	08/09/22
11	FOOD & BEVERAGES _____ _____ _____	\$ 191,318.	08/09/22
11	MILK _____ _____ _____	\$ 63,764.	08/10/22
11	SHELF STABLE MILK _____ _____ _____	\$ 56,979.	08/11/22
11	BEVERAGES _____ _____ _____	\$ 62,100.	08/18/22

Name of organization WORLD EMERGENCY RELIEF	Employer identification number 95-4014743
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
11	MILK _____ _____ _____	\$ <u>64,980.</u>	<u>08/30/22</u>
11	BOTTLED WATER _____ _____ _____	\$ <u>63,000.</u>	<u>09/06/22</u>
11	BEVERAGES _____ _____ _____	\$ <u>65,168.</u>	<u>09/07/22</u>
11	BEVERAGES _____ _____ _____	\$ <u>60,000.</u>	<u>12/22/22</u>
12	DEHYDRATED SOUP MIX _____ _____ _____	\$ <u>118,044.</u>	<u>05/27/22</u>
12	MIXED RELIEF SUPPLIES _____ _____ _____	\$ <u>325,980.</u>	<u>11/02/22</u>

Name of organization WORLD EMERGENCY RELIEF	Employer identification number 95-4014743
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
12	MEDICAL EQUIPMENT & SUPPLIES _____ _____ _____	\$ 263,561.	12/01/22
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization WORLD EMERGENCY RELIEF	Employer identification number 95-4014743
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: WORLD EMERGENCY RELIEF; Employer identification number: 95-4014743

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts required to be reported.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		72,914.	39,193.	33,721.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				33,721.

Part VII Investments - Other Securities.

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

(a) Description of security or category (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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	38,007,304.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-5,890.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-5,890.	
3	Subtract line 2e from line 1		3	38,013,194.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	4,472.	
c	Add lines 4a and 4b	4c	4,472.	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	38,017,666.

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

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

1	Total expenses and losses per audited financial statements		1	38,085,658.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1		3	38,085,658.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	38,085,658.

Part XIII Supplemental Information.

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ALLOWANCE FOR UNCOLLECTIBLE PLEDGES 4,472.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization WORLD EMERGENCY RELIEF	Employer identification number 95-4014743
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	PROGRAM SERVICES	PROGRAM SUPPORT	39,929.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	HUMANITARIAN AID	HUMANITARIAN RELIEF	1,152,443.
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	HUMANITARIAN AID	HUMANITARIAN RELIEF	1,320,866.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	PROGRAM SUPPORT	3,173.
RUSSIA AND NEIGHBORING STATES	0	0	HUMANITARIAN AID	HUMANITARIAN RELIEF	5,894,330.
NORTH AMERICA	0	0	HUMANITARIAN AID	HUMANITARIAN RELIEF	1,509,156.
EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	0	0	HUMANITARIAN AID	HUMANITARIAN RELIEF	2,369.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	PROGRAM SUPPORT	15,000.
3 a Subtotal	0	0			9,937,266.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			9,937,266.

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

Schedule F (Form 990) 2022

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM SUPPORT	12,498.	WIRE/CHECK	0.		
		RUSSIA AND NEIGHBORING STATES	HUMANITARIAN AID	0.		2672615.	BEVERAGES, HARD SURFACE DISINFECTANT, & CLEANING PRODUCTS	FMV
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	HUMANITARIAN AID	0.		232,511.	DEHYDRATED SOUP MIX	FMV
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROGRAM SUPPORT	20,227.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	HUMANITARIAN AID	0.		325,980.	MIXED RELIEF SUPPLIES	FMV
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	HUMANITARIAN AID	0.		227,943.	DISINFECTANT WIPES	FMV
		RUSSIA AND NEIGHBORING STATES	PROGRAM SUPPORT	15,000.	WIRE/CHECK	0.		
		SUB-SAHARAN AFRICA	HUMANITARIAN AID	0.		483,267.	HEALTH & HYGIENE PRODUCTS	FMV

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 **13**

3 Enter total number of other organizations or entities **0**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	HUMANITARIAN AID	0.		110,685.	DEHYDRATED SOUP MIX	FMV
		CENTRAL AMERICA AND THE CARIBBEAN	HUMANITARIAN AID	0.		1092923.	DISINFECTANT WIPES & HAND SANITIZER	FMV
		NORTH AMERICA	HUMANITARIAN AID	0.		1509156.	BLEACH, DISINFECTANTS AND HAND SANITIZER	FMV
		EUROPE (INCLUDING ICELAND & GREENLAND)	HUMANITARIAN AID	0.		2964142.	ASSORTED HYGIENE & DISINFECTING PRODUCTS	FMV
		RUSSIA AND NEIGHBORING STATES	HUMANITARIAN AID	0.		259,941.	DEHYDRATED SOUP MIX	FMV

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

THE ORGANIZATION HAS REVIEWED AND APPROVED ALL FOREIGN PROJECTS AS BEING IN FURTHERANCE OF ITS OWN EXEMPT PURPOSE AND IT RETAINS CONTROL AND DISCRETION AS TO THE USE OF THE CONTRIBUTIONS. SHIPPING DOCUMENTS SHOW INVENTORY OF GOODS SENT, THE PROGRAM PARTNER REPORTS SET OUT SPECIFIC DETAILS OF EXPECTATIONS OF RECEIVER AND A MEMBER OF THE ORGANIZATION WILL TRAVEL TO THE SITES UNANNOUNCED AND TIMED TO VIEW DELIVERIES.

PART I, LINE 3:

EXPENDITURES ARE VALUED AT FAIR MARKET VALUE.

GIFTS-IN-KIND ARE VALUED AND RECORDED AT THEIR ESTIMATED FAIR VALUE BASED UPON THE ORGANIZATION'S ESTIMATE OF THE WHOLESALE VALUE THAT WOULD BE RECEIVED FOR SELLING THE GOODS IN ITS PRINCIPAL EXIT MARKET CONSIDERING THE GOODS CONDITION AND UTILITY FOR USE AT THE TIME THEY ARE CONTRIBUTED BY THE DONOR USING LEVEL 2 AND 3 INPUTS. THE ORGANIZATION DOES NOT SELL DONATED GIFTS-IN-KIND AND ONLY DISTRIBUTES THE GOODS FOR PROGRAM USE.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **WORLD EMERGENCY RELIEF** Employer identification number **95-4014743**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
GOD'S WAREHOUSE MINISTRIES 9933 BUSINESS PARK DR. SACRAMENTO, CA 95827	62-0943831	501(C)(3)	0.	405,625.	FMV	HUMANITARIAN AID & FOOD	DISINFECTING WIPES, MILK, SHELF STABLE MILK
GOOD360 675 N. WASHINGTON ST. ALEXANDRIA, VA 22314	54-1282616	501(C)(3)	0.	1,322,888.	FMV	HEALTH & HYGIENE	DISINFECTANT WIPES, HARD SURFACE DISINFECTANT & HAND SANITIZER
MIDWEST FOOD BANK 2031 WAREHOUSE RD. NORMAL, IL 61761	41-2120170	501(C)(3)	0.	6,934,727.	FMV	HEALTH & HYGIENE	DISINFECTANT WIPES
REACH OUT AMERICA PO BOX 16007 SUGARLAND, TX 77496	76-0628517	501(C)(3)	0.	131,376.	FMV	HEALTH & HYGIENE	HAND SANITIZER
SOL COMMUNICATIONS PO BOX 225 MONTGOMERY CRK, CA 96065	95-4648687	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
CONVOY OF HOPE 1 CONVOY DR. SPRINGFIELD, MO 65802	68-0051386	501(C)(3)	0.	3,931,907.	FMV	HEALTH & HYGIENE	ASSORTED CLEANERS & DISINFECTANTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **15.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAXIMUM IMPACT LOVE 6255 BOAT ROCK BLVD SW ATLANTA, GA 30336	36-4685861	501(C)(3)	0.	2,273,556.	FMV	HEALTH & HYGIENE	DISINFECTANTS & SANITIZERS
THE 3000 CLUB 1741 W. ROSE GARDEN LANE PHOENIX, AZ 85027	27-3295358	501(C)(3)	0.	372,816.	FMV	HEALTH & HYGIENE	DISINFECTING WIPES
NEW LIFE MISSIONS 100 SEATON DR. RUSSELL, KY 41169	61-1360007	501(C)(3)	0.	26,186.	FMV	HEALTH & HYGIENE	BLEACH
PEOPLE HELP EXCHANGE 71 PINE GROVE RD. LOCUST GROVE, GA 30248	47-1675169	501(C)(3)	0.	172,716.	FMV	HUMANITARIAN AID & FOOD	CHICKEN & ASSORTED FOODS
HFMC FOOD PANTRY 19111 ELIZABETH BLVD MADILL, OK 73446	82-1045200	501(C)(3)	0.	15,753.	FMV	HUMANITARIAN AID & FOOD	SNACK FOODS
CEDARIDGE MINISTRIES PO BOX 818 WILLIAMSBURG, KY 40769	61-1237088	501(C)(3)	0.	10,800.	FMV	HUMANITARIAN AID & FOOD	SNACK FOODS
INSPIRED VISION COMPASSION CENTER 2019 N. MASTERS DR. DALLAS, TX 75217	45-2810447	501(C)(3)	0.	24,759.	FMV	HUMANITARIAN AID & FOOD	SNACK FOODS

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PROGRAM SUPPORT	4815	42,023.	0.		
HUMANITARIAN AID	277989	0.	2,308,723.	FMV	CLOTHES, TOYS, FOOD, WATER, DEHYDRATED SOUP MIX
HEALTH & HYGIENE	856696	0.	8,394,080.	FMV	TOILET BOWL CLEANER, HAND SOAP, HAND SANITIZER, DISINFECTANTS, AND SANITIZING WIPES

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

MONITORING IS DONE THROUGH REPORTS FROM RECIPIENT ORGANIZATIONS AND PHYSICAL INSPECTIONS VIA TRAVEL BY OFFICERS/DIRECTORS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **WORLD EMERGENCY RELIEF**
Employer identification number: **95-4014743**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	7	2,854,975.	FAIR MARKET VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (<u>HYGIENE ITEMS</u>)	X	8	33,350,101.	FAIR MARKET VALUE
26	Other (_____)				
27	Other (_____)				
28	Other (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THERE WERE NO ESTIMATES USED IN DETERMINING FOOD AND HYGIENE ITEMS.

ACTUAL NUMBER OF DONORS LISTED FOR EACH CATEGORY.

SCHEDULE M, LINE 32B:

WHEN THE ORGANIZATION RECEIVES A GRANT REQUEST FOR TANGIBLE PROPERTY, IT WILL CONTACT OTHER RELIEF ORGANIZATIONS TO ASSIST IN LOCATING AND OBTAINING THE GOOD REQUESTED AND WILL REIMBURSE ANY ORGANIZATION THAT IS ABLE TO LOCATE THE REQUESTED GOODS THEIR COSTS TO ADMINISTRATE THE TRANSACTION.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

WORLD EMERGENCY RELIEF

Employer identification number

95-4014743

FORM 990, ITEM C, DOING BUSINESS AS:

CHILDREN'S FOOD FUND AND NATIVE AMERICAN EMERGENCY RELIEF

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

RELIEF AND DEVELOPMENTAL AID TO PEOPLE WHO HAVE BEEN MARGINALIZED BY
GEOGRAPHY OR HARMED BY NATURAL DISASTER, WAR, ARMED CONFLICT,
EXPLOITATION, PHYSICAL OR MENTAL ABUSE OR ECONOMIC DEPRIVATION.

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

DEPRIVATION.

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

A COPY OF FORM 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY FOR
REVIEW BEFORE IT IS FILED.

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

ALL MANAGEMENT PERSONNEL MONITOR POTENTIAL CONFLICTS OF INTEREST. ALL
CONCERNS ARE DISCUSSED AT WEEKLY MANAGEMENT MEETINGS. IN ADDITION, THE
POLICY IS PRESENTED ANNUALLY TO STAFF DURING TRAINING. ANY CONFLICT OF
INTEREST ISSUES WITHIN THE BOARD ARE DISCUSSED DURING REGULAR MEETINGS WITH
MEMBERS ABSTAINING FROM VOTES AS NEEDED.

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

COMPENSATION AND BENEFITS ARE DETERMINED BY REVIEWING THE PREVAILING
AMOUNTS IN THE NONPROFIT MANAGEMENT SURVEY FOR SOUTHERN CALIFORNIA AFTER
TAKING INTO ACCOUNT BUDGETARY CONSTRAINTS.

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization WORLD EMERGENCY RELIEF	Employer identification number 95-4014743
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FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
 AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MS, NC, NH, NJ, OH, OK, OR, PA
 RI, SC, TN, UT, VA, WA, WV, WI, NM, NY

FORM 990, PART VI, SECTION C, LINE 18:
 ORGANIZATION MAKES FORM 990 AVAILABLE ON ITS WEBSITE AND FORM 1023
 AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:
 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST
 POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION MAKES ITS
 FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BOTH ON ITS WEBSITE AND UPON
 REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
 ALLOWANCE FOR UNCOLLECTIBLE PLEDGES -4,472.

FORM 990, PART XII, LINE 2C
 THE ORGANIZATION MADE NO CHANGES TO ITS AUDIT OVERSIGHT OR SELECTION
 PROCESS DURING THE YEAR COVERED BY THE RETURN.