# Form **991**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For th	e 2020 calendar year, or tax year beginning and	ending	_	
В	Check if applicab	C Name of organization		D Employer identific	cation number
_		ONLIED REDIGIONS INTITATIVE			
Ļ	Addre chang Name				• •
L	chang	e Doing business as		20-80085	
F	return	,	Room/suite	• •	
L	Final return termin			415-561-	
	ated	City or town, state or province, country, and ZIP or foreign postal code  SAN FRANCISCO, CA 94129-0242		G Gross receipts \$	6,834,937.
H	lreturn Applid tion	DAN FRANCIBCO, CA 34123-0242		H(a) Is this a group re	
	Itión pendi	SAME AS C ABOVE		for subordinates	
$\overline{}$	Tayay	empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) d	or 527	H(b) Are all subordinates in	list. See instructions
		te: $\triangleright N/A$	01 321	H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Year		State of legal domicile: CA
		Summary	L Tour	or formation. 2333 IV	Totate of logal dofficile. 022
		Briefly describe the organization's mission or most significant activities: RAISI	E AN E	ENDOWMENT TO	SUPPORT
Governance		UNITED RELIGIONS.	\		
rna	2	Check this box  if the organization discontinued its operations or dispose	sed of mor	e than 25% of its net as	ssets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		з	14
ত		Number of independent voting members of the governing body (Part VI, line 1b)			12
es	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)		5	0
Activities &		Total number of volunteers (estimate if necessary)			0
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
				Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		80,635.	678,175.
	9	Program service revenue (Part VIII, line 2g)		0. -178,946.	<u>0.</u> 358,517.
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-170,940.	330,317.
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-98,311.	1,036,692.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,168,792.	1,444,128.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)  Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
"	1	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	-	-
Ж	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		136,525.	161,711.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,305,317.	1,605,839.
	19	Revenue less expenses. Subtract line 18 from line 12		-2,403,628.	-569,147.
Net Assets or Fund Balances			В	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		15,830,605.	17,217,117.
AS Pur	21	Total liabilities (Part X, line 26)		19,146.	539,568.
	22	Net assets or fund balances. Subtract line 21 from line 20		15,811,459.	16,677,549.
	art II	Signature Block			
	•	Ilties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	, correc	tt, and complete. Declaration of preparer (other than officer) is based on all information of wh	nch prepare	r nas any knowledge.	
C:-		Signature of officer		I Date	
Sig He		BAILEY BARNARD, ACTING EXEC. DIRECTOR			
пе	re	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	EDWARD M. FAHEY EDWARD M. FAHEY		L1/13/21 if self-employe	P00194561
	parer	Firm's name RINA ACCOUNTANCY LLP	<u> </u>	Firm's EIN L	84-1980623
	only	Firm's address 150 POST STREET, STE 200			
		SAN FRANCISCO, CA 94108		Phone no. (4	15)777-4488
Ma	v the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

Form	1990 (2020) FOUNDATION, INC.	20-8008593	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:  THE UNITED RELIGIONS INITIATIVE FOUNDATION, INC. WAS OR RELIGIONS DBA UNITED RELIGIONS INITIATIVE'S ("URI") GI		red
	WITH ITS SOLE PURPOSE TO STAND AS AN INDEPENDENT, TRUS		LE
	FOR THE OVERSIGHT AND STEWARDSHIP OF URI'S INVESTED FOR	UNDS.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	ces? 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 Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to revenue, if any, for each program service reported.	others, the total expenses, a	
4a	(Code:) (Expenses \$1, 444, 128 . including grants of \$1, 444, 128 . ) (R	levenue \$	)
	THE BOARD OF DIRECTORS OF THE URI FOUNDATION (THE "FOUNDATION THE "FOUNDATION		
	IS RESPONSIBLE TO ENSURE THAT URI'S INVESTED FUNDS ARE		лпп
	COMPLIANCE WITH ALL APPLICABLE LAWS AND IN ORDER TO ACOUNTY OF THE FOUND TO THE URI CHARTER. THE FOUND TO THE URI CHARTER.		
	OVERSEES THE WORK OF THE INVESTMENT COMMITTEE, WHICH I		
	RECOMMENDATIONS REGARDING THE MAKE-UP OF URI FOUNDATION		п —
	PORTFOLIO, BOTH ENDOWED FUNDS AND STRATEGIC RESERVE.		
	USED TO FUND OPERATIONS AND SPECIFIC PROGRAMS THROUGH		AKE
	OBED TO FOND OFERATIONS AND SPECIFIC PROGRAMS THROUGH	JOI THE WORLD.	
4b	(Code:) (Expenses \$ including grants of \$) (R	Revenue \$	)
4c	(Code:) (Expenses \$ including grants of \$) (R	Revenue \$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 1,444,128.		
		Form <b>9</b> 9	90 (2020)

## 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)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	•		
•	Schedule D, Part III	8		х
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?	9		Х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	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? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		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		3.7	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Part IV Checklist of Required Schedules (continued)

			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	·
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		X
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ü	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		X
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 25
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			X
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
-	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х	
35.2	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	_ <u>^\</u>	Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		<del></del>
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	х	
Pai	Note: All Form 990 filers are required to complete Schedule 0  t V Statements Regarding Other IRS Filings and Tax Compliance	38	L 🔨	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	iccount)?	4a		X
b	If "Yes," enter the name of the foreign country ▶				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				37
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	da a a manadala da a da a manada O	_		v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and \$75 made		7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required	7-		Х
لم	to file Form 8282?	7d	7c		22
	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	I	7e		
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7 <del>6</del>		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
		,	8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	,			
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	406			
	1	13b			
	Enter the amount of reserves on hand	13c	44-		X
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		- 22
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		14b		
15	excess parachute payment(s) during the year?		15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.		i J		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х
	If "Yes," complete Form 4720, Schedule O.	t income?	.0		
	11 100, Complete I of the Frize, Comodule O.		Form	990	(2020

20-8008593 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								
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year								
	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.								
b	b Enter the number of voting members included on line 1a, above, who are independent lb 12								
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?								
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?	3		X					
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	in Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37					
	The organization's CEO, Executive Director, or top management official	15a		X					
b	Other officers or key employees of the organization	15b		X					
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	4-		v					
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401							
800	exempt status with respect to such arrangements?	16b							
	tion C. Disclosure								
17 10	List the states with which a copy of this Form 990 is required to be filed CA  Section 6104 requires an erganization to make its Forms 1023 (1024 or 1024 A. if applicable), 990, and 990 T (Section 501(a)(3)).	ic onl	() ava:	able					
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) for public inspection. Indicate how you made these available. Check all that apply.	is Utily	j avall	aule					
	X Own website Another's website X 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, an	d fina-	ncial						
13	statements available to the public during the tax year.	u midi	icial						
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	PAMELA H. BANKS - (415)561-2300								
	1009 GENERAL KENNEDY AVE, 1ST FL, SAN FRANCISCO, CA 94129-0242								

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

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per	box	not c , unle	Pos check ess pe	more rson	than	h an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) REV. VICTOR H. KAZANJIAN, JR. PRESIDENT	39.00	x		X	4			0.	133,438.	79,552.
(2) THE RIGHT REV. WILLIAM SWING PRESIDENT, URI	1.00 39.00	х						0.	139,674.	2,700.
(3) PETER PHLEGER BOARD MEMBER, EX-OFFICIO	1.00	х						0.	0.	0.
(4) DOUG KAHN	1.00									
CHAIR (5) BECKY BURAD	1.00	Х		X				0.	0.	0.
TREASURER (6) JOHN WEISER	1.00	Х		Х				0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(7) SWAMINI ADITYANANDA SARASWATI BOARD MEMBER		х						0.	0.	0.
(8) KELEY PETERSEN BOARD MEMBER, EX-OFFICIO	1.00	x						0.	0.	0.
(9) JULIA DAVIDSON BOARD MEMBER	1.00	х						0.	0.	0.
(10) JAMES D. FALASCHI	1.00	X						0.	0.	0.
BOARD MEMBER (11) DAVID STEIRMAN	1.00									
VICE CHAIR (12) KAREN PAJARILLO	1.00	Х		Х				0.	0.	0.
BOARD MEMBER (13) BARBARA SHANNON	1.00	X						0.	0.	0.
SECRETARY		х		х				0.	0.	0.
(14) SUSAN COOK HOGANSON BOARD MEMBER	1.00	х						0.	0.	0.
		1_								
020007 10 02 00	1		_	_				1	I.	Form <b>990</b> (2020)

UNITED RELIGIONS INITIATIVE 20-8008593 FOUNDATION, INC. Form 990 (2020) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (C) (F) (D) (E) Position Name and title Average Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations compensation ndividual trustee or director the hours for organization (W-2/1099-MISC) from the related nstitutional trustee (W-2/1099-MISC) organization organizations and related below organizations line) 0. 273,112. 1b Subtotal 0. c Total from continuation sheets to Part VII, Section A 273,112. 0. 82,252. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization Yes No Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Х 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** 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. (C) (A) (B) Name and business address NONE Description of services Compensation

Form 990 (2020)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Form 990 (2020)

Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any lin	e in this Part VIII			
		Officer if Octredule O Contains a response of	Tiole to arry iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt		Revenuè éxcluded
					function revenue		from tax under
<u> </u>							sections 512 - 514
nts	1 :	a Federated campaigns 1a					
Sra ou	- 1	b Membership dues1b					
s, (	(	c Fundraising events 1c					
ar		d Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (contributions) 1e					
ös		f All other contributions, gifts, grants, and					
he l		similar amounts not included above 11	678,175.				
들힌		g Noncash contributions included in lines 1a-1f	,				
Š		h Total. Add lines 1a-1f		678,175.			
<u> </u>			Business Code	,			
	•	<del> </del>	busiliess Code				
<u>ğ</u>	2 6						
Program Service Revenue	'	b					
T el	•	с					
Re	•	d		A			
<u>o</u> _	•	e					
<u>-</u>	1	f All other program service revenue					
		g Total. Add lines 2a-2f	<b></b>				
	3	Investment income (including dividends, interest	t, and				
		other similar amounts)	▶	308,297.			308,297.
	4	Income from investment of tax-exempt bond pro	ceeds 🕨				
	5	Royalties	🕨 [				
		(i) Real	(ii) Personal				
	6 :	a Gross rents 6a					
	1	b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	′ ′	assets other than inventory <b>7a</b> 5,848,465.	(.,,				
		b Less: cost or other basis					
<u>o</u>	'						
Revenue							
ě	(	. ,		E0 220	E0 220		
		d Net gain or (loss)	<b></b>	50,220.	50,220.		
ther	8 8	a Gross income from fundraising events (not					
Ò		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
		b Less: direct expenses 8b					
	•	c Net income or (loss) from fundraising events					
	9 8	a Gross income from gaming activities. See					
		Part IV, line 199a					
	-	b Less: direct expenses 9b					
	(	c Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
	1	b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory	<b>•</b>				
			Business Code				
on «	11 :	a					
Miscellaneous Revenue		b					
ella ×e		c					
Re							
Σ		d All other revenue					
		e Total Add lines 11a-11d		1,036,692.	50 220	0.	308,297.
	12	Total revenue. See instructions		1,030,032.	50,220.	<u> </u>	300,29/.

#### 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 (C) (D) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1,444,128 1,444,128 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages ..... 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (nonemployees): 45,000. 45,000 Management Legal 5,000. 5,000. Accounting Lobbying Professional fundraising services. See Part IV, line 17 108,571. 108,571 Investment management fees ..... Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 14 Information technology Royalties 15 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates \_\_\_\_\_ 21 Depreciation, depletion, and amortization ..... 22 23 Other expenses. Itemize expenses not covered 24 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.) 1,993. 1,993. TAXES & LICENSES 1.147. 1,147. PLEDGE RECEIVABLE WRITE C d All other expenses е 1,605,839. 1,444,128. 161,711 0. Total functional expenses. Add lines 1 through 24e 25 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 if following SOP 98-2 (ASC 958-720)

Form 990 (2020)

Part X | Balance Sheet

Ра	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments		2	1 000 000
	3	Pledges and grants receivable, net		3	1,000,000
	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	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	10 100 -	10c	
	11	Investments - publicly traded securities	13,408,780.	11	16,217,117
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	15,830,605.	16	17,217,117
	17	Accounts payable and accrued expenses		17	
	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	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ja de		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	10 116		E20 E60
		of Schedule D	19,146.	25	539,568
	26	Total liabilities. Add lines 17 through 25	19,146.	26	539,568
ű		Organizations that follow FASB ASC 958, check here ▶ X			
nce		and complete lines 27, 28, 32, and 33.	0 055 140		11 700 576
ala	27	Net assets without donor restrictions	9,055,148.	27	11,708,576.
d B	28	Net assets with donor restrictions	6,756,311.	28	4,968,973.
ڌ		Organizations that do not follow FASB ASC 958, check here			
F		and complete lines 29 through 33.			
ţ	29	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	15 011 150	31	16 688 540
Š	32	Total net assets or fund balances	15,811,459.	32	16,677,549.
	33	Total liabilities and net assets/fund balances	15,830,605.	33	17,217,117

Form **990** (2020)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1				92.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	<u>,60</u>	<u>5,8</u>	39.	
3	Revenue less expenses. Subtract line 2 from line 1	3				47.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				59.	
5	Net unrealized gains (losses) on investments	5	1	,63	4,6	68.	
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		-19	9,4	32.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	16	,67	7,5	48.	
Pa	rt 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: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule C	D. [				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	dit				
	Act and OMB Circular A-133?			За		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired auc	lit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization UNITED RELIGIONS INITIATIVE FOUNDATION, INC.

**Employer identification number** 20-8008593

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.										
The	organ	ization is not a private found	dation because it is: (	For lines 1 through 12, o	check only	one box.)				
1		A church, convention of ch	urches, or association	on of churches describe	d in <b>sectio</b>	n 170(b)(	1)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)				
3		A hospital or a cooperative		•			ii).			
4	Ħ	A medical research organiz					•	the hospital's name		
•		city, and state:	ation operated in co	njanotion with a noopita	1 400011500	3 111 000110		the noopital o name,		
5		An organization operated for	or the benefit of a co	llogo or university ewner	d or operat	tod by a a	overnmental unit describ	ood in		
3				nege of utiliversity owner	u or opera	led by a g	overimental unit descrit	Ded III		
_		section 170(b)(1)(A)(iv). (0								
6	Н	A federal, state, or local go	~							
7	ш	An organization that norma		ntial part of its support i	rom a gov	ernmental	unit or from the general	public described in		
		section 170(b)(1)(A)(vi). (C								
8	Н	A community trust describe	ed in <b>section 170(b)(</b>	1)(A)(vi). (Complete Par	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	ınction with a land-grant	college		
		or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	je or		
		university:						_		
10		An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from (	contributio	ons, membership fees, a	nd gross receipts from		
		activities related to its exer	npt functions, subjec	t to certain exceptions;	and (2) no	more than	n 33 1/3% of its support	from gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.		
		See section 509(a)(2). (Co	mplete Part III.)		7					
11		An organization organized	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).			
12	X	An organization organized	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to carry out the	e purposes of one or		
		more publicly supported or	rganizations describe	ed in <b>section 509(a)(1)</b> o	section	509(a)(2).	See section 509(a)(3).	Check the box in		
		lines 12a through 12d that	~							
а	X	¬ -	* *			•	<del>_</del>	, aivina		
		the supported organization								
		organization. You must o		1				, app 69		
b		Type II. A supporting org	-		tion with it	e sunnort	ed organization(s) by ha	avina		
~		control or management of	•					-		
		organization(s). You mus			arric perse	ons that of	ontrol of manage the sup	pported		
_		Type III functionally inte			in connoc	tion with	and functionally intograt	od with		
·			-					eu wiiii,		
		its supported organizatio		•				ization(o)		
d		☐ Type III non-functionally					• • • • • •			
		that is not functionally int	-	-	•		•	iveness		
	v	requirement (see instruct	•							
е	X	3					a Type I, Type II, Type III			
	_	functionally integrated, o	* *	nally integrated support	ing organiz	zation.		1		
f		er the number of supported	•					. <u> </u>		
g		vide the following information  i) Name of supported	n about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other		
	,	organization	(II) LIIV	(described on lines 1-10	in your governi		support (see instructions)	support (see instructions)		
		organization		above (see instructions))	Yes	No	Support (See mondens)	Support (See instructions)		
- T. T	- m=	D DEL TOTOMO	60 0360403	7	37		1 444 100			
UИ	ITE	D RELIGIONS	68-0369482	7	Х		1,444,128.			
Γota	ıl						1,444,128.	0.		

Schedule A (Form 990 or 990-EZ) 2020 FOUNDATION, INC. 20-80085

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 o	or if the organization			-
<u> </u>	fails to qualify under the tests	listed below, ple	ase complete Part	III.)			
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(a) 2018	(4) 2010	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(I) TOTAL
'	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-				1		
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support				•	•	•
Cale	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the	1					
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruct	ions)			12	
13	First 5 years. If the Form 990 is for th	ŭ	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						<u></u> ▶∟
	ction C. Computation of Publi					1	
	Public support percentage for 2020 (li					14	%
	Public support percentage from 2019					15	%
168	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies a						
t	o 33 1/3% support test - 2019. If the o						nis box
4-	and <b>stop here.</b> The organization quali						▶□
178	10% -facts-and-circumstances test						
	and if the organization meets the facts		*	-	•	· ·	
	meets the facts-and-circumstances te	-	•		-	47	
t	10% -facts-and-circumstances test		-				1U% Or
	more, and if the organization meets the organization meets the facts-and-circu						ightharpoonup

Schedule A (Form 990 or 990-EZ) 2020

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

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

(Complete only if you checked the box on line 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.)

qualify under the tests listed be Section A. Public Support	pelow, please com	plete Part II.)				
	(a) 0010	(h) 0017	(a) 0010	(4) 0010	(a) 0000	(6) T-+-!
Calendar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
<b>b</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) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	=======================================	<u>l</u>
14 First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	i 501(c)(3) organizat	ion,
check this box and stop here Section C. Computation of Pub	lia Gunnart De					<b>P</b> L
•			. (0)		11	
15 Public support percentage for 2020 (						
16 Public support percentage from 2019					16	
Section D. Computation of Inve					14-1	
17 Investment income percentage for 20						
18 Investment income percentage from						17:
19a 33 1/3% support tests - 2020. If the	-					ı / ıs not
more than 33 1/3%, check this box a b 33 1/3% support tests - 2019. If the	e organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is n	nore than 33 1/3%,	
line 18 is not more than 33 1/3%, che  20 Private foundation. If the organization						<b>P</b>
ZU PRIVATE TOURDATION IT THE OPPOSITE TO	an aid not chack a	DOV OD 1100 1/1 10	ra or lun chackth	HE DOY AND COD I	DETRICTIONS	

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

### Section A. All Supporting Organizations

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

	1	
	Yes	No
1	Х	
2		Х
		v
3a		X
3b		
3c		
4a		Х
4b		
4c		
5a		X
<b>5</b> 1-		
5b 5c		_
6		X
7		X
8		X
0		
9a		Х
9b		X
90		
9c		X
10a		Х
10b		
m 990 or 9	90-EZ	2020

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га	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		X
	A family member of a person described in line 11a above?	11b		Х
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			X
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		Λ
	tion B. Type I supporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		162	NO
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	х	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		X
Sec	tion 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		
Sec	tion D. All Type III Supporting Organizations			
	Did the considering and in the control of the control of the control of the control of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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.	3		
Sec	tion 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 yea(see instructions)	)-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
b	Did the activities described in 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	2b		
3	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.	ZU		
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust c	on Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	comple	ete Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	v intear	ated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

# Schedule A (Form 990 or 990-EZ) 2020 FOUNDATION, INC

and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2021. Add lines 3j

Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations /	/\	o ooooooo Fager			
		mnt numacca		1	Current Year			
1 2	Amounts paid to supported organizations to accomplish exe							
2	Amounts paid to perform activity that directly furthers exemp	or purposes or supported		ا ۾ ا				
	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	ovide details in Dout VIII		4				
_5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.		_	7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive	Э	ا ۾ ا				
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2020 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount	(2)	(**)	10	/···\			
		(i) (ii) Underdistributions		(iii) Distributable				
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2020		Amount for 2020			
_	Distribute ble agreement for 2000 from Continue Cline C							
	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reason-							
	able cause required - explain in Part VI). See instructions.							
_3_	Excess distributions carryover, if any, to 2020							
	From 2015							
	From 2016							
	From 2017							
	From 2018							
	From 2019							
	Total of lines 3a through 3e							
	Applied to underdistributions of prior years							
	Applied to 2020 distributable amount							
<del>_</del>	Carryover from 2015 not applied (see instructions)							
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from Section D,							
	line 7: \$							
	Applied to underdistributions of prior years							
	Applied to 2020 distributable amount							
	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2020. Subtract lines 3h							

Schedule A (Form 990 or 990-EZ) 2020

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2016

b Excess from 2017

c Excess from 2018

d Excess from 2019

e Excess from 2020

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,
	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.)
-	
-	
<u> </u>	

### **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 Open to Public Inspection

Name of the organization

UNITED RELIGIONS INITIATIVE FOUNDATION, INC.

**Employer identification number** 20-8008593

Pa			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(1,7 = 0.111 = 0.111 = 0.111 = 0.111	(-)
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's e	_	
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pa			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cor	nservation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserv	ation easements during the year
_	<b>\$</b>		
8	Does each conservation easement reported on line 2(d) above	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial stater	nents that describes the
Do	organization's accounting for conservation easements.  † III   Organizations Maintaining Collections of	Art Historical Transuras or (	Other Similar Assets
Pa	Complete if the organization answered "Yes" on Form		Julei Sillilai Assets.
	· · · · · · · · · · · · · · · · · · ·		and balance about wedge
па	If the organization elected, as permitted under FASB ASC 958	, ·	
	of art, historical treasures, or other similar assets held for pub	· · · · · · · · · · · · · · · · · · ·	•
	service, provide in Part XIII the text of the footnote to its finan		
D	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		<b>•</b> •
	(i) Revenue included on Form 990, Part VIII, line 1		
•	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		ai gaiii, provide
_	the following amounts required to be reported under FASB AS	_	<b>L</b> ¢
a	Revenue included on Form 990, Part VIII, line 1  Assets included in Form 990, Part X		
a	ASSELS INCIDURED IN FORM SOU, PART A		▶ ⊅

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

Schedule D (Form 990) 2020

Pai	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tr	easures, or Oth	er Si	imilar Asse	ets(contin	ued)	
3	Using the organization's acquisition, accessio	n, and other records	s, check any of the	following that make	signifi	cant use of its	3		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	hange program					
b	Scholarly research	е	Other						
С	c Preservation for future generations								
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 mai	intained as part of th	ne organization's co	ollection?			Yes		No
Pai	t IV Escrow and Custodial Arrang	<b>jements.</b> Comple	te if the organizatio	n answered "Yes" o	n Forn	n 990, Part IV	line 9, or		
	reported an amount on Form 990, Part	X, line 21.							
1a	Is the organization an agent, trustee, custodia	ın or other intermedi	iary for contribution	s or other assets no	t inclu	ided	_		
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a								
							Amount	:	
С	Beginning balance				L	1c			
d	Additions during the year				L	1d			
е	Distributions during the year				L	1e			
f	Ending balance				L	1f			
	Did the organization include an amount on Fo				ility?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.								
Pai	Tt V Endowment Funds. Complete if	the organization ans	swered "Yes" on Fo	rm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) T	rree years back	(e) Four	years b	ack
1a	Beginning of year balance	15,811,459.	15,418,565.	16,378,352.		773,144		674,3	362.
b	Contributions	478,744.	388,810.	1,406,450.	-	15,783,035	,		
	Net investment earnings, gains, and losses	1,993,185.	2,309,401.	-620,683.		509,328	,	98,7	782.
d	Grants or scholarships	1,444,128.	2,168,792.	1,657,157.		672,690	,		
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	161,711.	136,525.	88,397.		14,464	,		
g	End of year balance	16,677,549.	15,811,459.	15,418,565.		16,378,352	,	773,1	44.
2	Provide the estimated percentage of the curre		e (line 1g, column (a	a)) held as:					
	Board designated or quasi-endowment	70.2050	_%						
b	Permanent endowment ► 19.2390	%							
С	Term endowment ▶ 10.5560 %	5							
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.							
За	Are there endowment funds not in the posses	sion of the organiza	tion that are held a	nd administered for	the or	ganization	_		
	by:								No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?				. 3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipme	ent.							
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part X	(, line <sup>-</sup>	10.			
	Description of property	(a) Cost or ot	1 ' '	or other (c) A	Accum	ulated	(d) Bool	< value	
		basis (investm	ient) basis (	(other) de	eprecia	ation			
1a	Land								
b	Buildings								
	Leasehold improvements								
d	Equipment								
	Other								
Tata	Add lines to through to (Column (d) must ea	ual Form 000 Port	V column (P) line 1	001					n

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 FOUNDATION,	INC.	20-0	9000333 Page <b>3</b>
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" or (a) Description of security or category (including name of security)	n Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12.  (c) Method of valuation: Cost or end-or	f voor morket value
(A) =:	(b) BOOK Value	(c) Method of Valuation. Cost of end-o	i-year market value
(1) Financial derivatives			
(2) Closely held equity interests (3) Other			
(A)			
(B) (C)			
(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" of	n 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-or	f-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" of	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) D	escription		(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.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	n 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) INVESTMENTS HELD FOR UNITE	ED		
(3) RELIGIONS			539,568.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			539,568.
2. Liability for uncertain tax positions. In Part XIII, provide to	the text of the footnote to	o the organization's financial statements tha	t reports the

032053 12-01-20

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2020

Pai	TXI Reconciliation of Revenue per Audited Financial State		h Revenue per R	leturn	l <b>.</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, line			1 4 1	2,561,643.
1	Total revenue, gains, and other support per audited financial statements			1	2,301,043.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	اما	1,634,668.		
a	Net unrealized gains (losses) on investments		1,034,000.	-	
b	Donated services and use of facilities			-	
c d	Recoveries of prior year grants Other (Describe in Part XIII.)			-	
e	Add lines 2a through 2d			2e	1,634,668.
3	Subtract line 2e from line 1			3	926,975.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	108,571.		
b	Other (Describe in Part XIII.)		108,571.		
С	Add lines 4a and 4b			4c	109,718.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,036,693.
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	ements W	th Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total expenses and losses per audited financial statements			1	1,496,121.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	4 1			
а	Donated services and use of facilities				
b	Prior year adjustments			_	
С	Other losses			-	
d	Other (Describe in Part XIII.)				0
e	Add lines 2a through 2d			2e	1,496,121.
3	Subtract line 2e from line 1			3	1,490,121.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a	108,571.		
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)		1,147.	-	
b	Add lines 4a and 4b			4c	109,718.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18.</i> )			5	1,605,839.
	rt XIII Supplemental Information.				, ,
Prov	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1	b 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 info	ormation.		
D 7 I	OM VI I INE AD OMILED AD HIGHNESSES				
PAI	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
рт і	EDGE RECEIVABLE WRITE-DOWN				1,147.
ЕПІ	EDGE RECEIVABLE WRITE-DOWN				1,14/•
PAI	RT XII, LINE 4B - OTHER ADJUSTMENTS:				
	•				
PLI	EDGE RECEIVABLE WRITE-DOWN				1,147.

### 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

Open to Public Inspection

UNITED RELIGIONS INITIATIVE Name of the organization Employer identification number 20-8008593 FOUNDATION, INC. 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? X No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, noncash assistance or government (if applicable) cash grant non-cash or assistance FMV, appraisal, assistance other) UNITED RELIGIONS INITIATIVE 1009 GENERAL KENNEDY AVE. 1ST FLOOR SUPPORT OF URI 1,444,128 INITIATIVES. SAN FRANCISCO, CA 94129 68-0369482 501(C)(3) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2020

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		
			X				
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	ne 2; Part III, column	ı (b); and any other a	dditional information.			

### **SCHEDULE J** (Form 990)

**Compensation Information** 

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

UNITED RELIGIONS INITIATIVE

**Employer identification number** 20-8008593 FOUNDATION, INC. **Questions Regarding Compensation** 

			Yes	No			
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel  Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees						
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		X				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?						
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	X Compensation committee						
	Independent compensation consultant  X Compensation survey or study						
	Form 990 of other organizations  X Approval by the board or compensation committee						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
	organization or a related organization:						
а	Receive a severance payment or change-of-control payment?	4a		X			
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X			
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х			
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the revenues of:	_		v			
a	The organization?	5a		X			
a	Any related organization?	5b		Λ			
^	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
_	contingent on the net earnings of:	6-		Х			
a	The organization?	6a 6b		X			
D	Any related organization?  If "Yes" on line 6a or 6b, describe in Part III.	do		21			
7							
′	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		Х			
8	not described on lines 5 and 6? If "Yes," describe in Part III	<b>-</b>		-23			
o	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	-					
3	Regulations section 53.4958-6(c)?	9					
	1 104414410110 00041011 00.7000 0101:		i				

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

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Deficition	(6)(1)-(0)	reported as deferred on prior Form 990
(1) REV. VICTOR H. KAZANJIAN, JR.	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	133,438.	0.	0.	0.	79,552.	212,990.	0.
(2) THE RIGHT REV. WILLIAM SWING	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT, URI	(ii)	139,674.	0.	0.	0.	2,700.	142,374.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)				Y			
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)					-		
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

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

# **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

UNITED RELIGIONS INITIATIVE FOUNDATION, INC.

**Employer identification number** 20-8008593

FORM 990, PART VI, SECTION B, LINE 11B:
A CPA FIRM PREPARES THE TAX RETURN WITH THE HELP OF THE ORGANIZATION'S
FINANCIAL MANAGER. THE FINANCIAL MANAGER REVIEWS THE RETURN AFTER IT IS
PREPARED AND PRESENTS IT TO THE EXECUTIVE DIRECTOR FOR SIGNATURE ONCE IT
HAS BEEN REVIEWED AND APPROVED.
FORM 990, PART VI, SECTION B, LINE 12C:
THE CONFLICT OF INTEREST POLICY REQUIRES CONTEMPORANEOUS DISCLOSURE OF ANY
FINANCIAL TRANSACTIONS WHICH MAY GIVE RISE TO A CONFLICT. BOARD MEMBERS
AND OFFICERS ANNUALLY REVIEW THE POLICY AND SIGN AN AFFIDAVIT OF
INDEPENDENCE.
FORM 990, PART VI, SECTION C, LINE 19:
COPIES ARE PROVIDED UPON REQUEST OR ON URI'S WEBSITE.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
EQUITY TRANSFER FROM UNITED RELIGIONS INITIATIVE 10,000.
RECLASSIFIED 2019 CONTRIBUTION -209,432.
TOTAL TO FORM 990, PART XI, LINE 9 -199,432.

#### SCHEDULE R (Form 990)

**Related Organizations and Unrelated Partnerships** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization UNITED RELIGIONS INITIATIVE FOUNDATION, INC.

Employer identification number 20-8008593

OMB No. 1545-0047

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-ye		ssets Direct controllin entity		g
			1					
rt II Identification of Related Tax-Exempt Org	ganizations. Complete if the organization	answered "Yes" on Form 990	) Part IV line 34 I	hocauso it had o				
organizations during the tax year.			5,1 4,11,1,	Decause it flad of	ne or more	related tax-exe	empt	
organizations during the tax year.  (a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if sectio	Direc	(f) ct controlling entity	Section cont	rolled tity?
organizations during the tax year.  (a)  Name, address, and EIN  of related organization		(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	Direc	(f)	Section cont	rolled
(a)  Name, address, and EIN  of related organization  TED RELIGIONS - 68-0369482		(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if sectio	Direc	(f)	Section cont	rolled tity?
(a)  Name, address, and EIN  of related organization  TED RELIGIONS - 68-0369482  BOX 29242		(c) Legal domicile (state or foreign country)	(d) Exempt Code	(e) Public charity status (if sectio	Direc	(f)	Section cont	rolled tity?
(a)  Name, address, and EIN  of related organization  TED RELIGIONS - 68-0369482  . BOX 29242	Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if sectio 501(c)(3))	Direc	(f)	Section cont	rolled tity?
(a)  Name, address, and EIN  of related organization  TED RELIGIONS - 68-0369482  . BOX 29242	Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if sectio 501(c)(3))	Direc	(f)	Section cont	rolled tity?
(a)  Name, address, and EIN of related organization  TED RELIGIONS - 68-0369482  BOX 29242	Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if sectio 501(c)(3))	Direc	(f)	Section cont	rolled tity?
(a)  Name, address, and EIN of related organization  TED RELIGIONS - 68-0369482  BOX 29242	Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if sectio 501(c)(3))	Direc	(f)	Section cont	rolled tity?
(a)  Name, address, and EIN  of related organization  TED RELIGIONS - 68-0369482  D. BOX 29242	Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if sectio 501(c)(3))	Direc	(f)	Section cont	rolled tity?
(a) Name, address, and EIN	Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if sectio 501(c)(3))	Direc	(f)	Section cont	rolled tity?

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
				4						Ш	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i	i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	CITA	
		country)		,				Yes	No
	1								
	1								
	1								
	1	3.3	l .	I					

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
			•				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	<u> </u>	Х
b	Gift, grant, or capital contribution to related organization(s)				1b	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d		Х
							Х
f	Dividends from related organization(s)				1f		Х
							Х
h	uring the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?  sceipt of (i) interest, (ii) annutities, (iii) royalties, or (iv) rent from a controlled entity (ft., grant, or capital contribution to related organization(s)  ft., grant, or capital contribution to related organization(s)  sans or loan guarantees to or for related organization(s)  sans or loan guarantees by related organization(s)  widends from related organization(s)  suchange of assets from related organization(s)  sase of sasets with related organization(s)  sase of facilities, equipment, or other assets to related organization(s)  sase of facilities, equipment, or other assets from related organization(s)  sase of facilities, equipment, or other assets from related organization(s)  sarormance of services or membership or fundralising solicitations for related organization(s)  sarormance of services or membership or fundralising solicitations by related organization(s)  sarring of paid employees with related organization(s)  simbursement paid to related organization(s) for expenses  simbursement paid to related organization(s) for expenses  simbursement paid by related organization(s) for expenses  simbursement paid to related organization for information on who must complete this line, including covered relationships and transaction thresholds.  (a)  Name of related organization  (			1h		Х	
							Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
1	Performance of services or membership or fundraising solicitations for related organiz	ration(s)			11		Х
m							Х
							Х
							Х
р	Reimbursement paid to related organization(s) for expenses				1p		Х
							Х
•							
r	Other transfer of cash or property to related organization(s)				1r		Х
					1s	Х	
2	,						
				·			
	Name of related organization			Method of determining amount in	volved		
		type (a-s)					
1) T	JNITED RELIGIONS INITIATIVE	S	10,000.	FMV			
2) T	JNITED RELIGIONS INITIATIVE	В	1,444,128.	FMV			
,							
3)							
4)							
,							
5)							
6)							
				I			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all partners sec 501(c)(3) orgs.?	(f)	(g)	(h	)	(i)	()	j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec	Share of	Share of	Dispro	por-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	ral or	Percentage
of entity		(state or foreign	lexcluded from tax under	orgs.?	total	end-of-year	allocation	ons?	of Schedule K-1	parti	ner?	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes	No	
							+			Ш		
							$\Box$					
							1 1					
							t					
-							++			$\vdash$	$\vdash$	
-												

Part VII	Supplemental Information
	Provide additional information for responses to questions on Schedule R. See instructions.

TAXABLE YEAR **2020** 

California Exempt Organization Annual Information Return 028941 12-22-20 FORM

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Ca	lendar Year	2020 or fiscal year beginning (mm/dd/yyyy)	, and ending (mm/dd/	уууу)		_
Со	rporation/Org	anization name	(	California corpo	pration number	
U.	NITED	RELIGIONS INITIATIVE				
F	OUNDA	TION, INC.		2932	787	
Ad	ditional inforn	ation. See instructions.		FEIN		
				20-80	008593	
		suite or room)		PMB no.		
P	.O. B	OX 29242				
Cit	у		State	ZIP code		
<u>S</u> .	AN FR	ANCISCO	CA	94129	9-0242	
For	eign country	name Foreign province/state/county		Foreign po	ostal code	
						_
A	First retu		he organization have any ch			
В	Amended		eported to the FTB? See ins			)
C		, , , ,	empt under R&TC Section 2			
D			ged in political activities? Se			
			e organization exempt under			)
_			es," enter the gross receipts			
E			e organization a limited liabil			)
F			he organization file Form 10			
^		Other 990 series repoi	rt taxable income?		• Yes X No	)
G		roup filing? See instructions  Yes X No N Is the particular and a group exemption  Yes X No IRS a				
Н		,	audited in a prior year?			
	ii Yes, v		deral Form 1023/1024 pend		Yes A NO	)
	-	Date	filed with IRS			
Ŧ	Part I	omplete Part I unless not required to file this form. See General Information	B and C			_
÷	uit!	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8		•	1 6,156,762 0	<u> </u>
						00
					3 678,175 <sub>0</sub>	
		4 Total gross receipts for filing requirement test. Add line 1 through line 3.			3 3 7 2 3 9	Ť
	Receipts	This line must be completed. If the result is less than \$50,000, see Gen		•	4 6,834,937 0	 )()
	and	5 Cost of goods sold	• 5	00		Ĭ
F	Revenues	6 Cost or other basis, and sales expenses of assets sold	<ul><li>6 5,798,</li></ul>			
		7 Total costs. Add line 5 and line 6			7 5,798,245 0	0
		8 Total gross income. Subtract line 7 from line 4			8 1,036,692 0	
	_	9 Total expenses and disbursements. From Side 2, Part II, line 18			9 1,958,503 0	
	Expenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 fro			10 -921,811 0	
		11 Total payments		•	11 0	00
		12 Use tax. See General Information K		_ [	12 0	00
		13 Payments balance. If line 11 is more than line 12, subtract line 12 from li	ine 11	• [	13 0	00
F	iling Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line	12	• [	14 0	00
		15 Penalties and Interest. See General Information J			15 0	00
		16 Balance due. Add line 12 and line 15. Then subtract line 11 from the res	sult		16 0	0
Si	an	Under penalties of perjury, I declare that I have examined this return, including accompanyin it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all	ig schedules and statements, and information of which preparer ha	d to the best of s any knowledg	my knowledge and belief, ge.	
He		Title	Dat	е	Telephone	
		Signature of officer ACTI	NG EXEC. D		415-561-2300	
		Propagation ————————————————————————————————————	1	eck if	• PTIN	
		Preparer's ► EDWARD M. FAHEY	11/13/21 self	-employed	P00194561  ● Firm's FEIN	
Pa		Firm's name				
	eparer's	(or yours, if self-			84-1980623  • Telephone	$\dashv$
Us	e Only	employed) 150 POST STREET, STE 200 and address GAN EDANGE GGO. GA. 04109			<u> </u>	
		SAN FRANCISCO, CA 94108		_ \ \77	(415)777-4488	$\dashv$
_		May the FTB discuss this return with the preparer shown above? See instruction	ons <u></u>	• X	Yes No	

028951 12-22-20

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

	1	Gross sales or receipts from all	hucinace activit	ine Can inetri	ıctione				1		00
	1 '								2	7	5,260 00
	2								-		3,037 00
	3	Dividends						•	3		
Receipts	4							······•	4		00
from	5	Gross royalties						•	5		00
Other	6	Gross amount received from sal	e of assets (Se	e Instructions	)	S	'T'A'	TEMENT I •	6	5,84	8,465 00
Sources	7								7		00
	8	Total gross sales or receipts fro							8		6,762 00
	9	Contributions, gifts, grants, and	similar amount	s paid		S	TA'	TEMENT 2 •	9	1,44	4,128 00
	10	Disbursements to or for membe	rs					•	10		00
	11	Compensation of officers, direct	ors, and trustee	es		SEE S	'AT	TEMENT 3 •	11	35	2,664 00
	12							•	12		00
Expenses	13								13		00
and	14								14		00
Disburse-	15								15		00
ments	16	Depreciation and depletion (See	instructions)					•	16		00
	17	Other expenses and disburseme	ents			SEE S	TA	TEMENT 4 •	17	16	1,711 00
	18	Total expenses and disburseme	nts. Add line 9	through line 1	7. Enter	here and on Side	1. Pa	rt I, line 9	18		8,503 00
Schedi				Beginning o			,			able year	
Assets			(a	1)		(b)		(c)		((	d)
1 Cash						7		.,		•	<u>-</u>
		s receivable					7			•	
		ceivable								•	
										•	
		state government obligations								•	
		s in other bonds								•	
		s in stock				<u> </u>					
8 Morto											
		ments STMT 5				13,408,7	8 0			16	217,117
10 2 Der	nraciah	lle accate				10,400,7	-			<u> </u>	217,117
in a pel	o accu	ole assets Imulated depreciation	1		1			1	1		
			(		4			(			
11 Lanu		ступ б				2,421,8	25			<u> </u>	000,000
12 Utiler	assets	STMT 6				15,830,6				<u>• ⊥,</u>	217,117
		š			-	15,630,6	03			т/,	211,111
Liabilities										_	
		ayable								•	
		ns, gifts, or grants payable								•	
16 Bonds	s and r	notes payable								•	
17 Morto	jages p	payable ies <b>STMT</b> 7				10 1	4			•	<u> </u>
<b>18</b> Other	liabiliti	ies STMT /				19,1	40				539,568
		k or principal fund								<u>•</u>	
		ital surplus. Attach reconciliation			ļ.,		ᆜ			•	<del></del>
		rnings or income fund			-	15,811,4	59			• 16,	677,549 217,117
		ties and net worth				15,830,6	05			17,	217,117
Sched	ule N	<b>1-1</b> Reconciliation of income									
		Do not complete this sche				. , , ,		·			
1 Net in	come	per books	•	722,	857	7 Income reco	rded	on books this year			
2 Feder	al inco	me tax	•			not included	l in thi	is return <b>STMT</b>	8	• 1,	644,668
3 Exces	s of ca	apital losses over capital gains	•			8 Deductions i	in this	return not charged			
		recorded on books this year				against book	k inco	me this year		•	
		corded on books this year not				9 Total. Add lii				1,	644,668
		this return	•			10 Net income	per re	turn.			
6 Total.	Add lii	ne 1 through line 5		722,		Subtract line				_	921,811
		-	•	<del>-</del>							

CA 199	GROSS AM	OUNT FROM SAL	E OF AS	SETS	S	TATEMENT	1
DESCRIPTION		DATE ACQUIRED				THOD UIRED	
			·		PUR	CHASED	
		COST OR OTHER BASIS	DEPRE	c.	EXPENSE OF SALE	GROSS SALES PRIC	CE
		5,798,245.		0.	0.	5,848,465	5.
TOTAL TO FORM 199,	PAGE 2, LN 6	5,798,245.		0.	0.	5,848,465	 5 •
ACTIVITY CLASSIFICA	AND TION: GRANTS		TS PAID			TATEMENT	2
DONEES NAME	DONEES ADD	RESS		RELAT	IONSHIP	AMOUNT	
UNITED RELIGIONS		AL KENNEDY AV - SAN FRANCIS		NONE		1,444,128	8.
	TOTAL FOR	THIS ACTIVITY				1,444,128	8.
TOTAL INCLUDED ON FO	ORM 199 PART	TT T.TNE 9				1,444,128	—— Q

CA 199 C	COMPENSATION OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 3
NAME AND ADDRE	ESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
P.O. BOX 29242		PRESIDENT 1.00	212,990.
P.O. BOX 29242	WILLIAM SWING CA 94129-0242	PRESIDENT, URI 1.00	139,674.
PETER PHLEGER P.O. BOX 29242 SAN FRANCISCO,	2 CA 94129-0242	BOARD MEMBER, EX-OFFICIO 1.00	0.
DOUG KAHN P.O. BOX 29242 SAN FRANCISCO,	2 . CA 94129-0242	CHAIR 1.00	0.
BECKY BURAD P.O. BOX 29242 SAN FRANCISCO,	2 . CA 94129-0242	TREASURER 1.00	0.
JOHN WEISER P.O. BOX 29242 SAN FRANCISCO,	CA 94129-0242	BOARD MEMBER 1.00	0.
P.O. BOX 29242	ANANDA SARASWATI 2 . CA 94129-0242	BOARD MEMBER 1.00	0.
KELEY PETERSEN P.O. BOX 29242 SAN FRANCISCO,	2	BOARD MEMBER, EX-OFFICIO 1.00	0.
JULIA DAVIDSON P.O. BOX 29242 SAN FRANCISCO,		BOARD MEMBER 1.00	0.
JAMES D. FALAS P.O. BOX 29242 SAN FRANCISCO,		BOARD MEMBER 1.00	0.
DAVID STEIRMAN P.O. BOX 29242 SAN FRANCISCO,		VICE CHAIR 1.00	0.

UNITED RELIGIONS INITIATIVE FOUNDATION,	20-8008593	
KAREN PAJARILLO BOARD MEMI P.O. BOX 29242 1 SAN FRANCISCO, CA 94129-0242	BER .00	0.
BARBARA SHANNON SECRETARY	.00	0.
SUSAN COOK HOGANSON P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	BER .00	0.
TOTAL TO FORM 199, PART II, LINE 11		352,664.
CA 199 OTHER EXPENSES		STATEMENT 4
DESCRIPTION		AMOUNT
TAXES & LICENSES PLEDGE RECEIVABLE WRITE MANAGEMENT FEES ACCOUNTING FEES INVESTMENT MANAGEMENT FEES  TOTAL TO FORM 199, PART II, LINE 17	1,993. 1,147. 45,000. 5,000. 108,571.	
CA 199 OTHER INVESTMENTS	S	STATEMENT 5
DESCRIPTION  INVESTMENTS  TOTAL TO FORM 199, SCHEDULE L, LINE 9	BEG. OF YEAR  13,408,780.	END OF YEAR  16,217,117.  16,217,117.
CA 199 OTHER ASSETS		STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	2,421,825.	1,000,000.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	2,421,825.	1,000,000.

CA 199	OTHER LIABILIT	IES	STATEMENT	7
DESCRIPTION		BEG. OF YEAR	END OF YEA	R
INVESTMENTS HELD FOR UN	NITED RELIGIONS	19,146.	539,56	8.
TOTAL TO FORM 199, SCHE	EDULE L, LINE 18	19,146.	539,56	8.
CA 199	INCOME RECORDED ON BOOK NOT INCLUDED IN THI	S THIS YEAR S RETURN	STATEMENT	8
CA 199  DESCRIPTION			STATEMENT	8
	NOT INCLUDED IN THI			8.

DEPARTMENT OF JUSTICE PAGE 1 of 5

(For Registry Use Only)

STATE OF CALIFORNIA
RRF-1
(Rev. 09/2017)

MAIL TO:
Registry of Charitable Trusts

ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916)210-6400

WEBSITE ADDRESS: www.oag.ca.gov/charities

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

		Check if:				
UNITED RELIGIONS INITIATIVE			ange of address			
FOUNDATION, INC. Name of Organization		Ame	ended report			
List all DBAs and names the organization uses or has used			0150604			
P.O. BOX 29242 Address (Number and Street)		State Cha	rity Registration Number $\mathtt{CT} \underline{0150624}$			
SAN FRANCISCO, CA 94129-0242 City or Town, State, and ZIP Code		Corporation	on or Organization No. 2932787			
City or Town, State, and ZIP Code  415-561-2300 Telephone Number  OFFICE@URI.ORG E-mail Address		Federal E	mployer ID No. 20-8008593			
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)  Make Check Payable to Department of Justice						
Gross Annual Revenue Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fe	 е	
Less than \$25,000 0	Between \$100,001 and \$250,000		Between \$1,000,001 and \$10 million	\$1		
Between \$25,000 and \$100,000 \$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million Greater than \$50 million	\$2: \$3		
PART A - ACTIVITIES						
For your most recent full accounting p	eriod (beginning 01/01/20	20 end	ing <u>12/31/2020</u> ) list:			
1 036 69	0.2 Names & Contribution &		0 17 21	7 1	17	
Gross Annual Revenue\$ 1,036,69	1,444,128	Total Expe	0 Total Assets \$ 17,21 enses \$ 1,605,839	<i>'</i> , ±	<u>. 1 /</u>	
PART B - STATEMENTS REGARDING ORGA	NIZATION DURING THE PERIOD	OF THIS RE	PORT			
Note: All questions must be answered. If yo providing an explanation and details			w, you must attach a separate page -1 instructions for information required.	Yes	No	
During this reporting period, were there are	ny contracts, loans, leases or other f	inancial trar	nsactions between the organization	1.00		
and any officer, director or trustee thereof	, either directly or with an entity in w	hich any su	ch officer, director or trustee had		x	
any financial interest?  2. During this reporting period, was there any	v theft embezzlement diversion or i	misuse of th	ne organization's charitable property		^	
or funds?						
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?					x	
During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?					х	
5 During this reporting period, did the organ	nization receive any governmental fu	nding?				
5. During this reporting period, did the organ	nzation receive any governmentanti	riding?			X	
6. During this reporting period, did the organ	nization hold a raffle for charitable pu	irposes?			х	
7. Does the organization conduct a vehicle d	donation program?				x	
Did the organization conduct an independ generally accepted accounting principles		cial stateme	ents in accordance with	х		
9. At the end of this reporting period, did the	organization hold restricted net ass	sets, while re	eporting negative unrestricted net assets?		х	
I declare under penalty of perjury that I have			ng documents, and to the best of my kno	owled		
and belief, the content is true, correct and co	omplete, and I am authorized to si	-	CTING EYEC			
RATI	LEY BARNARD		CTING EXEC. IRECTOR			
	d Name		He Date			