

November 15, 2022

United Religions Initiative P.O. Box 29242 San Francisco, CA 94129-0242 Attention: Pamela H. Banks

Dear Pamela,

Enclosed please find a copy of your 2021 federal and state income tax returns as follows:

Form 990 Return of Organization Exempt from Income Tax Form 114 Report of Foreign Bank and Financial Accounts Form 199 California Exempt Organization Annual Information Return Form RRF-1 Registration/Renewal Fee Report

In addition, enclosed are copies of your e-filing authorization forms as follows:

Form 8879-EO, IRS E-file Signature Authorization Form 8453-EO, California E-file Signature Authorization Form 114A, Record of Authorization to Electronically File FBARs

Aprio will electronically file your 2021 federal and California income tax returns.

Please sign, date, and fax or email back the authorization forms, so that we can release your returns to appropriate taxing authorities.

Kindly return the forms back to us as soon as possible to ensure the timely filing of your tax returns.

The California Form RRF-1 should be mailed on or before November 15, 2021 to:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

The returns were prepared primarily from data furnished to us. Before signing the authorization forms, you should review the stated income, deductions, etc., to ensure that there are no omissions or misstatements.

Upon an audit of the returns, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records.

We sincerely appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Very truly yours,

Edward markey

Edward Fahey

Aprio, LLP 150 Post Street Suite 200 San Francisco, CA 94108 415.777.4488

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2021

Prepared For:

United Religions P.O. Box 29242 San Francisco, CA 94129-0242

Prepared By:

Aprio, LLP 150 Post Street, Suite 200 San Francisco, CA 94108

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2022.

TAX RETURN FILING INSTRUCTIONS

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Prepared For:

United Religions P.O. Box 29242 San Francisco, CA 94129-0242

Prepared By:

Aprio, LLP 150 Post Street, Suite 200 San Francisco, CA 94108

Form Must be Filed On or Before:

Return Form(s) 114A to us as soon as possible.

Special Instructions:

| Form 114a Record of Authorization to | | | | | | | | | | |
|------------------------------------------------------|-----------|-----------------------------------------------------------------------|---------------------|----------------|----------------------------|------------|-------------------|---------------------|-----------------------|--|
| Department of the Trea | - | Electronically File FBARs | | | | | | | | |
| Financial Crimes Enforce Network (FinCEN) | | t (See instructions below for completion) | | | | | | | | |
| , , | , | Do not send to FinCEN. Retain this form for your records. | | | | | | | | |
| May 2015 | | | orm 114a may be | | | | UN | ITED | R20210001 | |
| Part I Persons who | o have | an obligation to file a Report of | | | | | | | | |
| 1. Owner last name or | entity's | s legal name | | | ner first name | | | | 3. Owner M.I. | |
| UNITED RELIG | | | | | | | | | | |
| 4. Spouse last name (in | f jointly | filing FBAR - see instructions be | elow) | 5. Spo | ouse first name | | | | 6. Spouse M.I. | |
| I/we declare that I/we h | nave pr | ovided information concerning | 1 (en | ter num | ber of accounts) foreig | n bank ar | nd finan | icial acc | L count(s) for the | |
| filing year ending Dece | mber 3 | 1, 2021 to the preparer list | | | | | | | | |
| | | rize the preparer listed in Part II | - | | | | | | | |
| | | inancial Accounts (FBAR) based mation from FinCEN, answer inc | | | , | | | | | |
| | | on, it is my/our legal responsibili | • | | 0 | | | 0 | <i>,</i> | |
| to do so. | | ,, | - , , | | ,,,,, | , | | | | |
| | | | | | | | | | T7 | |
| 7. Owner signature (Au | uthorize | ed representative if entity) | 8. Date | | 9. Owner or entity TI | N | 10. TIN | | X EIN SSN/ITIN | |
| | | | | YYY | 680369482 | | typ | c [| Foreign | |
| 11. Spouse signature | | | 12. Date | | 13. Spouse TIN | | 14. TIN | l a | EIN | |
| | | | | | | | typ | ſ | SSN/ITIN | |
| Part II Individual o | r Entit | y Authorized to File FBAR on b | • | YYY c.who.l | | | | C | Foreign | |
| 15. Preparer last name | | y Authonized to File FBAR of L | 16. Preparer fir | | | 17. Pre | oarer M | .l. 18 | 8. Preparer PTIN | |
| | | | | | | | | | | |
| FAHEY | | | EDWARD | | | | | P00194561 | | |
| 19. Address | | | 20. City | | | 21. Stat | e | 22. ZIP/postal code | | |
| 150 POST STR | EET | , SUITE 200 | SAN FRAN | ICISCO CA | | | | 94108 | | |
| | 24. Pre | parer's (item 15) employer's (Ent | tity) name | 25. | Employer EIN | 26. Pre | oarer's s | signatu | re | |
| Code US A | PRT | O, LLP | | 5 | 57-1157523 | APRIC |) т. [.] | ГЪ | | |
| | | Instructions for complete | eting the FBAR | | | | , ц. | | | |
| This record may be cor | mpleted | d by the individual or entity grant | - | - | | | uthorize | ed to pe | rform such | |
| | | rd <u>must</u> be signed by the individ | | - | | | | - | | |
| | U | ty must be registered with FinCE | EN BOA E-File Sy | stem. (S | see http://bsaefiling.find | cen.treas. | .gov/ma | an.ntmi | for registration). | |
| Read and complete the | e accou | int owner statement in Part I. | | | | | | | | |
| • | - | le the Foreign Bank and Financia the document in Part I, items 7/8 | • | | | | | e Part I, | items 1 through | |
| Accounts Jointly Owne | ed by S | pouses (see exceptions in the Fl | BAR instructions |) | | | | | | |
| If the account owner is | filing a | n FBAR jointly with his/her spou | ise, the spouse n | nust als | o complete Part I, item | s 4 throu | gh 6. Th | ne spou | ise must also | |
| | | ms 11/12, (item 11 may be digita | | - | | | | - | | |
| | | oreign account. In this case, bot R on behalf of both spouses will | | | | | | | • • • | |
| number x). | E LDAL | on behall of both spouses will | complete Part II | | itilety (do not use such | terms as | see al | bove, o | same as item | |
| | 15 thr | ough 18 with the preparer's info | rmation. The add | lress, ite | ems 19 through 23, is t | hat of the | prepar | er or t | he preparer's | |
| employer if the prepare | er is an | employee. Record the employer | 's information (if | any) in i | items 24 and 25. If the | preparer | does no | ot have | a PTIN, leave | |
| | | preparer <u>must</u> sign in item 26 (d | ligital signature a | cceptal | ole) of Part II indicating | that the l | FBAR w | /ill be fil | ed as directed | |
| by the authorizing auth The person(s) listed in I | - | and the person listed in Part II as | authorized to fil | e on he | half of the person(s) lis | ted in Par | t I. sho | uld reta | in copies | |
| | | and the filing itself, both for a pe | eriod of 5 years. | See 31 | CFR 1010. 430(d). | | ., 5110 | | | |
| 120011 04-01-21 | | DO NOT SEND THIS REC | | | JO NEWUEDIED IUL | 0 30. | | Rev. 10 |).7 May 21, 2015 | |

| Form 8879-TE | IRS e-file Signature Author for a Tax Exempt Enti | | OMB No. 1545-0047 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| Developed of the Terror | For calendar year 2021, or fiscal year beginning, 2021, and endi | | 2021 |
| Department of the Treasury Internal Revenue Service | Go to www.irs.gov/Form8879TE for the lates | st information. | |
| Name of filer | | EIN or S | SN |
| UNITED | RELIGIONS | 68-0 | 0369482 |
| Name and title of officer or pe | son subject to tax BAILEY BARNARD | | |
| | ACTING EXEC DIRECTOR | | |
| Part I Type of I | Return and Return Information | | |
| Form 5330 filers may enter or 10a below, and the amo | n for which you are using this Form 8879-TE and enter the applicab dollars and cents. For all other forms, enter whole dollars only. If you unt on that line for the return being filed with this form was blank, th ank (do not enter -0-). But, if you entered -0- on the return, then enter | ou check the box on line 1a, 2 hen leave line 1b, 2b, 3b, 4b, | a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, 5b, 6b, 7b, 8b, 9b, or 10b, |
| 1a Form 990 check h | ere b Total revenue, if any (Form 990, Part VIII, c | column (A), line 12) | нь 2,383,938. |
| 2a Form 990-EZ che | | | |
| 3a Form 1120-POL of | | | |
| 4a Form 990-PF che | | | |
| 5a Form 8868 check | | | |
| 6a Form 990-T check | | | |
| 7a Form 4720 check | | | |
| 8a Form 5227 check | | | |
| 9a Form 5330 check | | | |
| 10a Form 8038-CP ch | | www. 2022 CD. Dort III, line, 22) | 9b |
| | eck here b Amount of credit payment requested (Foild in a signature Authorization of Officer or Person of Authorization of Officer or Person of Authorization of Officer or Person of Authorization of Author | n Subject to Tax | 10b |
| | I declare that $\boxed{\mathbf{X}}$ I am an officer of the above entity or $$ I am | | anast ta (nama |
| of entity) | | | ve examined a copy of the |
| of any refund. If applicable entry to the financial institu- financial institution to debi- later than 2 business days payment of taxes to receiv | bt or reason for rejection of the transmission, (b) the reason for any , I authorize the U.S. Treasury and its designated Financial Agent to tition account indicated in the tax preparation software for payment : the entry to this account. To revoke a payment, I must contact the prior to the payment (settlement) date. I also authorize the financial e confidential information necessary to answer inquiries and resolve iber (PIN) as my signature for the electronic return and, if applicable | initiate an electronic funds wit of the federal taxes owed on th e U.S. Treasury Financial Agent institutions involved in the pro- e issues related to the payment | hdrawal (direct debit) nis return, and the at 1-888-353-4537 no cessing of the electronic . I have selected a |
| X I authorize AP | RIO, LLP | to enter my | / PIN 18029 |
| | ERO firm name | to enter my | Enter five numbers, but |
| | | | do not enter all zeros |
| with a state ager | on the tax year 2021 electronically filed return. If I have indicated wincy(ies) regulating charities as part of the IRS Fed/State program, I a isclosure consent screen. | | |
| return. If I have in IRS Fed/State pr | person subject to tax with respect to the entity, I will enter my PIN as indicated within this return that a copy of the return is being filed wit ogram, I will enter my PIN on the return's disclosure consent screer | th a state agency(ies) regulating n. | g charities as part of the |
| Signature of officer or person subject Part III Certifica | t to tax tion and Authentication | D; | ate 🕨 |
| | | | |
| | ur six-digit electronic filing identification your five-digit self-selected PIN. | 67921311111 Do not enter all zeros | |
| - | neric entry is my PIN, which is my signature on the 2021 electronica cordance with the requirements of Pub. 4163, Modernized e-File (N | - | |
| ERO's signature 🕨 APR | IO, LLP | Date ▶ <u>11/15/22</u> | 2 |
| | | | |
| | ERO Must Retain This Form - See Ins | structions | |
| | Do Not Submit This Form to the IRS Unless Re | equested To Do So | |
| LHA For Privacy act and | Paperwork Reduction Act Notice, see instructions. | | Form 8879-TE (2021) |
| 102521 01-11-22 | | | |

FINANCIAL CRIMES ENFORCEMENT NETWORK

BSA E-Filing - Report of Foreign Bank and Financial Accounts (FBAR)

FinCEN Form 114

UNITEDR20210001

Filing Name UNITED RELIGIONS

Submission Type NEW

PIN NOT REQUIRED

Check here \boxed{X} if this report is submitted by an authorized third party, and complete the 3rd party preparer section on page one of the report. The E-file system will auto complete item 46.

NOTE: The FBAR must be received by the Department of the Treasury on or before April 15, 2022. An automatic extension to October 17, 2022 is available.

This report filed late for the following reason (Check only one):

- a. Forgot to file
- b. Did not know that I had to file
- c. Thought account balance was below reporting threshold
- d. Did not know that my account qualified as foreign
- e. Account statement not received in time
- f. Account statement lost (Replacement requested)
- g. Late receiving missing required account information
- h. Unable to obtain joint spouse signature in time
- i. Unable to access BSA E-filing system
- z. ____ Other (please provide explanation below)

123151 05-20-21

FinCEN Form 114

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

1 This report is for calendar year ended 12/31 2021

Amended

| Part I F | iler information | | UNIT | 「EDR | 2021 | 0001 | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------|-------------------|--------------------------------|--------------------------------------|----------------------|--------------|----------------------------|---------------|--------------|----------------------------------------------|-----------|--------------------|
| 2 Type of filer | | | | | | | | | | | | | |
| a 📃 Indivi | dual b 🗌 Partnership | c 🗴 Corpo | oration (| d 🗌 | Consolio | dated e | E Fid | luciary or o | ther - Enter | type | | | |
| 3 U.S. Taxpayer Identification Number 3a TIN type 4 Foreign in | | | | | | n (<u>Comp</u> l | ete only if | item 3 is no | t applicable) | 5 Ir | ndividual's MM/D | | |
| 6803694 | | SSN/ITIN | a Type | : | Passpor | t 🗌 | Foreign T | | ther | _ | IVIIVI/D | D/ T T | TT |
| If filer has no U.S. Identification X EIN number complete item 4 b Number c Country of Issue | | | | | | | | | | | | | |
| | or organization name RELIGIONS | | | | | 7Fi | rst name | | | 8 N | 1iddle initia | al 8 | a Suffix |
| 9 Mailing add | ress (number, street, and a | apt. or suite no | .) | | | | | | | • | | | |
| р.о. во | x 29242 | | | | | | | | | | | | |
| 10 City | | 1 | 1 State | 12 ZII | P/Postal | Code | 13 Cour | ntry | | | | | |
| SAN FRA | NCISCO | | CA | 941 | 2902 | 42 | USA | | | | | | |
| Yes No X b) Does th Yes No X | e filer have signature auth Enter number of accou | ints ority over but r ints | no financia | Do not al intere Comp. I | complet est in 25 Part IV, ite | or more ems 34 th | financial | accounts? | | | | | authority. |
| | nformation on finance | | • • | | | - | | | _ | | ٦ | | |
| 15 Maximum v | alue of account during cal | endar year | 15a Amo unknow | | Type of | account | : a 🛄 E | 3ank b∟ | _ Securitie | s c |] Other - E | nter ty | ype below |
| 17 Name of fin | ancial institution in which a | account is held | l | | | | | | | | | | |
| 18 Account nu | mber or other designation | 19 Mailing | address (| numbe | r, street, | apt. or s | suite no.) | of financia | l institution | in which | n account i | s hel | d |
| 20 City | | 21 State, if | known | 2 | 2 Foreig | n posta | l code, if l | known 23 | Country | | | | |
| Signature | 44a Check here X | if this report is | s complet | ed by a | third pa | rty prep | arer and o | complete t | he third part | ty prepa | rer sectior | ۱. | |
| | ure 45 Filer vill be electronically d when filed | title, if not rep | orting a p | ersona | l accoun | t | | | 4 | This | (MM/DD/Y date will auto AR is electron | o-fill wh | nen the |
| | 47 Preparer's last name FAHEY | 48 First na EDWARD | | | 49 MI | 50 Che | | f 51 TIN 1 P0019 | 4561 | | TIN type SSN/ITIN | X | PTIN Foreign |
| Third Party Preparer | 52 Contact phone no. 415-777-4488 | 52a Ext. 53 | Firm's n | | 1 | Sell | employed | 54 Firm | | | TIN type | | Foreign EIN |
| Use Only | 415-777-4488 55 Mailing address (nun | | RIO, | | 56 City | | | 57 State | 1 | ostal Co | ode | | Foreign Country |
| | 150 POST STRE | | | | AN F | RANC | ISCO | CA | 94108 | | | US | 5 |

123141 04-01-21

| | ion on finand / but no finar | | • • | | iler has signature or other count(s) | | | FinCEN Form 114 |
|-------------------------------------|---------------------------------|----------------------|-----------------|----------|---------------------------------------------------------|------------------|------------------------|--------------------------|
| Complete a separa | ate block for | each acco | ount | | | | | |
| Add an additional Part IV | / page as many t | imes as nece | ssary in o | rder to | provide information on all account | s | | |
| 1 Filing for calendar year | 3-4 Check approp | priate identificat | tion numb | er | 6 Last name or organization name | • | | |
| | X Taxpayer I | dentification I | Number | | UNITED RELIGIONS | | | |
| 2021 | - | entification Nu | | | | | | |
| | Enter ident | tification num 82 | ber here: | | | | | |
| 15 Maximum value of a | Ū | alendar year | 15a An unkno | | 16 Type of account a X Bank | b Sec | curities c | Other - Enter type below |
| | 13,664. | | | | | | | |
| 17 Name of financial in HOUSING BAN | K TRADE & | FINAN | | | | | | |
| 18 Account number or 00055311002 | | | addres | | iber, street, apt. or suite no.) of final 5 9 3 | ncial institu | ution in which | n account is held |
| 20 City AMMAN | | 21 State | , if knowr | 1 | 22 Foreign postal code, if known 11118 | 23 Cour JORDA | | |
| 34 Last name or organ | | | | 35 T | ax identification number of accoun | | 35a TIN ty | |
| 36 First name | | 37 Middle ini | | L Suffix | x 38 Mailing address (number, stre WADI SAQRAH STREE | | · | |
| 39 City AMMAN | | 40 State | | | 41 ZIP/Postal Code | 42 Count | | |
| 43 Filer's title with this | owner | | | | | | | |
| 15 Maximum value of a | account during c | alendar year | 15a An unkno | | 16 Type of account a Bank | b Sec | curities c | Other - Enter type below |
| 17 Name of financial in | stitution in whicl | n account is h | neld | | | | | |
| 18 Account number or | other designatio | on 19 Mailin | ig addres | s (num | ber, street, apt. or suite no.) of fina | ncial institu | ution in which | n account is held |
| 20 City | | 21 State | , if knowr | 1 | 22 Foreign postal code, if known | 23 Cour | ntry | |
| 34 Last name or organ | ization name of a | account owne | er | 35 T | ax identification number of accoun | t owner | 35a TIN ty EI EI | |
| 36 First name | | 37 Middle ini | tial 37a | Suffi | x 38 Mailing address (number, stre | et, and apt | t. or suite no. |) |
| 39 City | | 40 State | 1 | | 41 ZIP/Postal Code | 42 Count | try | |
| 43 Filer's title with this | owner | | | | 1 | | | |

123143 04-01-21

| Form 990 |
|-----------------|
|-----------------|

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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



| Ar | or the | 2021 Calendar year, or tax year beginning and | i enaing | | | | | | |
|-------------------------|-------------------------|-----------------------------------------------------------------------------------|--------------------|----------------------------------|-----------------------------|--|--|--|--|
| B c | Check if applicable: | C Name of organization | | D Employer identification number | | | | | |
| | Address change | UNITED RELIGIONS | | | | | | | |
| | Name change | Doing business as UNITED RELIGIONS INITIATIVE | 68-0369482 | | | | | | |
| | Initial | Number and street (or P.O. box if mail is not delivered to street address) | E Telephone number | | | | | | |
| | Final return/ | P.O. BOX 29242 | | 415-561-2 | 2300 | | | | |
| | termin- ated | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 2,436,234. | | | | |
| | Amende return | SAN FRANCISCO, CA 94129-0242 | | H(a) Is this a group re | turn | | | | |
| | Applica | F Name and address of principal officer: DALLET DANNARD | | for subordinates | ? Yes X No | | | | |
| | pending | SAME AS C ABOVE | | H(b) Are all subordinates in | cluded? Yes No | | | | |
| | | mpt status: 🔀 501(c)(3) 🗌 501(c) ()◀ (insert no.) 🗌 4947(a)(1) | or 527 | If "No," attach a | list. See instructions | | | | |
| | | e: ▶ WWW.URI.ORG | | H(c) Group exemption | | | | | |
| | | organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨 | L Year | of formation: 1995 N | State of legal domicile: CA | | | | |
| Pa | | Summary | | | | | | | |
| đ | 1 E | Briefly describe the organization's mission or most significant activities: | | | | | | | |
| ũ | <u>I</u> | PEACE, JUSTICE AND HEALING, URI'S NETWORK | C HAS G | ROWN TO OVE | r 1,100 | | | | |
| Activities & Governance | 2 0 | Check this box 🕨 📃 if the organization discontinued its operations or dispo | sed of more | than 25% of its net ass | | | | | |
| 0 Vě | 3 N | | | | <u>35</u> 31 | | | | |
| 5 | 4 № | Number of independent voting members of the governing body (Part VI, line 1b) | | | | | | | |
| es | 5 T | otal number of individuals employed in calendar year 2021 (Part V, line 2a) | | 17 | | | | | |
| viti | 6 T | Total number of volunteers (estimate if necessary) | | | 0 | | | | |
| Acti | 7a⊺ | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | | | |
| _ | | Net unrelated business taxable income from Form 990-T, Part I, line 11 | ····· | | 0. | | | | |
| | | | | Prior Year | Current Year | | | | |
| ē | 8 0 | Contributions and grants (Part VIII, line 1h) | | 2,987,535. | 2,368,142. | | | | |
| Revenue | 9 F | Program service revenue (Part VIII, line 2g) | | 0. | 0. | | | | |
| se | 10 li | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 10,269. | 29,115. | | | | |
| | 11 0 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 8,254. | -13,319. | | | | |
| | | otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 3,006,058. | 2,383,938. | | | | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 640,840. | 690,096. | | | | |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | | | |
| es | 15 8 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 1,669,630. | 1,579,143. | | | | |
| Expenses | 16 a F | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | | | |
| ďX | b T | Total fundraising expenses (Part IX, column (D), line 25) | | 0.05 0.45 | 0.01 110 | | | | |
| ш | 1 " | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 805,845. | 831,110. | | | | |
| | | otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 3,116,315. | 3,100,349. | | | | |
| | | Revenue less expenses. Subtract line 18 from line 12 | | -110,257. | -716,411. | | | | |
| S OF | | | Be | ginning of Current Year | End of Year | | | | |
| Assets | 20 T | Total assets (Part X, line 16) | ······ | 18,484,247. | 19,667,907. | | | | |
| Net A: | 1 | otal liabilities (Part X, line 26) | | 485,554. | 1,490,736. | | | | |
| ž | | Net assets or fund balances. Subtract line 21 from line 20 | | 17,998,693. | 18,177,171. | | | | |

Part II Signature Block

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

| Sign | | Signature | e of officer | | | | | | Date | | | |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|-----------|---------|--------------|----------|-------|--------|---------------------|---------|-----|
| Here | | BAIL | EY BA | RNARD, | ACTING | EXEC. | DIRECTOR | | | | | |
| | | Type or p | rint name a | ind title | | | | | | | | |
| | Prin | nt/Type prep | arer's nam | е | | Preparer's s | ignature | Date | | Check | PTIN | |
| Paid | EDV | WARD 1 | FAHEY | | | EDWARD | FAHEY | 11/15 | 5/22 | ii self-employed | P001945 | 561 |
| Preparer | Firm | n's name | APR | IO, LLI | 2 | | | | Firm's | EIN ▶ 57 | -115752 | 23 |
| Use Only | Firm | n's address | 150 | POST S | STREET, | SUITE | 200 | | | | | |
| | SAN FRANCISCO, CA 94108 Phone no.415-777-4488 | | | | | | | | | 88 | | |
| May the IF | May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | | | | | |
| 132001 12-0 | In the second | | | | | | | | | | | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| Form | 990 (2021) UNITED RELIGIONS 68-0369482 Page 2 |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Pa | t 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: |
| | FOUNDED IN 2000, UNITED RELIGIONS INITIATIVE (URI) IS A 501(C)(3) |
| | INTERNATIONAL ORGANIZATION REGISTERED IN THE STATE OF CALIFORNIA. ITS |
| | PURPOSE IS TO PROMOTE ENDURING, DAILY INTERFAITH COOPERATION, END |
| | RELIGIOUSLY MOTIVATED VIOLENCE AND CREATE CULTURES OF PEACE, JUSTICE |
| 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. Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| 3 | |
| 4 | If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. |
| 4 | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and |
| | revenue, if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ 1,565,698 · _ including grants of \$690,096 · _) (Revenue \$) |
| Ĩ | GLOBAL NETWORK DEVELOPMENT: IN 21 YEARS, URI HAS GROWN FROM 83 FOUNDING |
| | MEMBER ORGANIZATIONS, CALLED COOPERATION CIRCLES (CCS), TO OVER 1,100 |
| | MEMBER GROUPS IN OVER 110 COUNTRIES. URI'S UNIQUE GLOBAL NETWORK OF |
| | GRASSROOTS CCS CALLS FORTH LOCALLY-INITIATED ACTIONS BY SELF-SUPPORTING |
| | GROUPS AND ORGANIZATIONS. CCS CAN BE SMALL GROUPS ORGANIZING FOR THE |
| | FIRST TIME, OR WELL-ESTABLISHED ORGANIZATIONS. EVERY CC MUST HAVE AT |
| | LEAST SEVEN MEMBERS, AND MUST REPRESENT AT LEAST THREE DIFFERENT |
| | RELIGIONS, SPIRITUAL EXPRESSIONS OR INDIGENOUS TRADITIONS. |
| | |
| | URI'S ORGANIZATIONAL STRUCTURE INCLUDES EIGHT REGIONS WHICH ARE STAFFED |
| | BY 18 REGIONAL COORDINATORS WHO SERVE CCS THROUGH PROGRAMMATIC |
| | APPROACHES, SUPERVISE REGIONAL TEAM MEMBERS, COORDINATE REGIONAL |
| 4b | (Code:) (Expenses \$319,098. including grants of \$) (Revenue \$) |
| | THE GLOBAL COUNCIL IS URI'S GOVERNING BOARD OF TRUSTEES. THREE GLOBAL |
| | COUNCIL TRUSTEES ARE ELECTED BY URI'S MEMBER CCS FROM EACH OF EIGHT |
| | REGIONS OF THE WORLD. THE GLOBAL COUNCIL CAN APPOINT AT-LARGE TRUSTEES TO ENSURE GENDER, FAITH AND EXPERIENCE DIVERSITY. THE GLOBAL COUNCIL'S |
| | PRIMARY RESPONSIBILITIES INCLUDE BEING THE GOVERNING BODY OF URI; |
| | CARRYING OUT URI'S MISSION AND PURPOSE; SELECTING, SUPPORTING AND |
| | EVALUATING THE EXECUTIVE DIRECTOR; ENSURING EFFECTIVE PLANNING AND |
| | ADEQUATE FINANCIAL RESOURCES; PROTECTING THE ORGANIZATION'S ASSETS AND |
| | PROVIDING FINANCIAL OVERSIGHT; AND ENSURING LEGAL AND ETHICAL |
| | INTEGRITY. WITH TRUSTEES FROM 22 COUNTRIES REPRESENTING DIVERSE |
| | RELIGIOUS AND INDIGENOUS TRADITIONS, THE GLOBAL COUNCIL BRINGS ITS |
| | GRASSROOTS EXPERIENCE TO URI'S ONGOING STRATEGIC PLANNING, NETWORK |
| 4c | (Code:) (Expenses \$273,521. including grants of \$) (Revenue \$) |
| | COMMUNICATIONS: URI'S INTERNATIONAL NETWORK RELIES ON A ROBUST |
| | COMMUNICATION SYSTEM. URI'S GLOBAL WEBSITE, URI.ORG, IS DESIGNED TO |
| | MAGNIFY URI'S IMPACT, HIGHLIGHT CC SUCCESSES, CONNECT CCS, PROVIDE |
| | RESOURCE INFORMATION TO CCS, AND ENCOURAGE GLOBAL CAMPAIGNS FOR |
| | COLLECTIVE GLOBAL ACTION AND MORE. ADDITIONALLY, URI PRODUCES AN ANNUAL |
| | IMPACT REPORT, AS WELL AS OTHER PRINT, ONLINE AND MULTIMEDIA COLLATERAL |
| | FOR THE NETWORK. IN THE DIGITAL MEDIA DOMAIN, URI IS ENHANCED BY |
| | ENGAGING AUDIENCES ON FACEBOOK, TWITTER, INSTAGRAM, LINKEDIN, AND |
| | YOUTUBE. GIVEN FAST-PACED TECHNOLOGICAL CHANGE, URI'S COMMUNICATIONS |
| | TEAM STUDIES NEW SYSTEMS, MAKES RECOMMENDATIONS TO URI, AND RECENTLY |
| | LAUNCHED AN UPDATED WEBSITE. |
| 4~ | Other program convises (Describe on Schedule O) |
| 40 | Other program services (Describe on Schedule O.) (Expenses \$ 308,507 • including grants of \$) (Revenue \$) |
| 40 | (Expenses \$ 308,507 • including grants of \$) (Revenue \$) Total program service expenses ► 2,466,824 • |
| | Form 990 (2021 |
| 13200 | 12-09-21 SEE SCHEDULE O FOR CONTINUATION(S) |
| | 2 |

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 Form 990 (2021)
 UNITED
 RELIGIONS

 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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | 37 |
| _ | public office? If "Yes," complete Schedule C, Part I | 3 | | <u> </u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | v |
| - | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u> </u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | F | | х |
| 6 | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> | 6 | | х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 0 | | - 23 |
| ' | 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? If "Yes," complete | - | | |
| Ŭ | 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? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | х |
| 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, VII, 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 | | X |
| 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 | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | 37 |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | <u> </u> |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | v |
| | Schedule D, Parts XI and XII | 12a | | <u> </u> |
| D | Was the organization included in consolidated, independent audited financial statements for the tax year? | 106 | х | |
| 12 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b 13 | - 22 | X |
| 13 | Did the experimetion residues an efficiency and experts outside of the United Otates O | 14a | Х | |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 144 | - 23 | |
| U | 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 | | | <u> </u> |
| - | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | х | |
| 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. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | <u> </u> |
| 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 | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | X | |
| 132003 | 12-09-21 | Form | 990 | (2021) |

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 Form 990 (2021)
 UNITED
 RELIGIONS

 Part IV
 Checklist of Required Schedules (continued)

| | | | Vee | Na |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----|----------|
| 22 | Did the exercitation report more than \$5,000 of grants or other exciptions to or far demostic individuals on | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | 22 | | х |
| 23 | Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | 22 | | - 23 |
| 25 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | х | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| с | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | 77 |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | 07 | | х |
| 00 | entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | 27 | | ~ |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, | | | |
| - | instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| a | | 28a | | x |
| b | "Yes," complete Schedule L, Part IV | 28b | | X |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | 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 | | Х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | X | |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Х | |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 054 | | х |
| 26 | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | <u>л</u> |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 36 | | х |
| 37 | If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 50 | | |
| 07 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 01 | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | х | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7 | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| с | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | 000 | |
| 132004 | J 12-09-21 | Form | 990 | (2021) |

| Form | 990 (2021) UNITED RELIGIONS 68-0369 | 482 | Р | age 5 |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----------|
| Par | t 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 17 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | X |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | | |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | <u> </u> |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | X | <u> </u> |
| b | If "Yes," enter the name of the foreign country JORDAN | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | <u>5a</u> | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | <u> </u> |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | <u>6a</u> | | X X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| _ | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | _ | | v |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | <u> </u> |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | x |
| | to file Form 8282? | 7c | | |
| | | 7e | | |
| - | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7e 7f | | <u> </u> |
| f | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | <u> </u> |
| - | If the organization received a contribution of qualified intellectual property, did the organization life i official property and the organization life i official property is a second official property of the organization life i official property is a second official property of the organization life i official property is a second official property of the organization life i official property is a second official property of the organization life i official property o | 79 7h | | <u> </u> |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| • | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | L |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 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 | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans | | | |
| с | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | ┣── |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | - v |
| | excess parachute payment(s) during the year? | 15 | | X |
| 40 | If "Yes," see the instructions and file Form 4720, Schedule N. | 40 | | x |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | |
| 17 | If "Yes," complete Form 4720, Schedule O. | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes," complete Form 6069. | 17 | | |
| 130005 | 12-09-21 5 | Form | 990 | (2021) |
| 132005 | | | | (2021) |

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| | ion A. Governing Body and Management | | | | | Yes | N |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------|---------------------------------|-------------------|--------|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1 a | L : | 35 | | | |
| | 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. | | | | | | |
| | Enter the number of voting members included on line 1a, above, who are independent | 1b | | 31 | | | |
| | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh | | any other | | | | |
| _ | officer, director, trustee, or key employee? | | | | 2 | | Г |
| 3 | Did the organization delegate control over management duties customarily performed by or under t | | | · – | | | t |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | | 3 | | |
| | Did the organization make any significant changes to its governing documents since the prior Form | | | | 4 | | t |
| | Did the organization become aware during the year of a significant diversion of the organization's a | | | ··· ⊢ | - 5 | | t |
| | Did the organization have members or stockholders? | | | | 6 | x | t |
| | Did the organization have members, stockholders, or other persons who had the power to elect or a | | | ·· | 0 | | t |
| | | | | - | 7a | х | |
| | more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | ·· | <i>i</i> a | - 23 | ┢ |
| | | | | . | 71. | | L |
| | persons other than the governing body? | | | ·· + | 7b | | - |
| | Did the organization contemporaneously document the meetings held or written actions undertaken during the y | | • | | _ | v | F |
| | The governing body? | | | | <u>3a</u> | X X | ╀ |
| | Each committee with authority to act on behalf of the governing body? | | | • | 3b | A | ╀ |
| | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re | | | | _ | | |
| | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | | 9 | | |
| sect | tion B. Policies (This Section B requests information about policies not required by the Internal F | Revenue | Code.) | | | 1 | Т |
| | | | | | | Yes | ╞ |
| | Did the organization have local chapters, branches, or affiliates? | | | . [1 | 0a | X | ╞ |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such of | chapters | s, affiliates, | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | [1 ' | 0b | Х | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing bo | dy befor | re filing the form? | 1 | 1a | X | L |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 1 | 2a | Х | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri | | | | 2b | Х | |
| с | Did the organization regularly and consistently monitor and enforce compliance with the policy? If | "Yes." d | lescribe | | | | |
| | on Schedule O how this was done | , - | | 1 | 2c | Х | |
| | Did the organization have a written whistleblower policy? | | | | 13 | Х | Γ |
| | Did the organization have a written document retention and destruction policy? | | | | 14 | Х | T |
| | Did the process for determining compensation of the following persons include a review and appro- | | | | | | T |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision' | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 1 | 5a | х | Г |
| | Other officers or key employees of the organization | | | | 5b | X | t |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | 💾 | 00 | | t |
| | | amont w | vith a | | | | |
| | | | | - 4 | 60 | | Г |
| | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange | | | | 6a | | |
| 16a | taxable entity during the year? | | | · F | | | |
| 16a b | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu | ate its p | participation | | | | |
| 16a b | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to | ate its p anizatior | articipation 1's | | <u>.</u> | | |
| 16a b | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization exempt status with respect to such arrangements? | ate its p anizatior | articipation 1's | | 6b | | |
| 16a b Sect | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization exempt status with respect to such arrangements? ion C. Disclosure | ate its p anizatior | articipation 1's | | 6b | | |
| 16a b Sect | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization exempt status with respect to such arrangements? ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA | ate its p anizatior | articipation 1's | 1 | | | |
| 16a b Sect 17 18 | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evalue exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ <u>CA</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, | ate its p anizatior | articipation 1's | 1 | | availa | bl |
| 16a b Sect 17 18 | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ <u>CA</u> Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply | ate its p anizatior | articipation 1's | 1 | | availa | bl |
| 16a b Sect 17 18 | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalue in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other <i>(expla</i>) | ate its p anizatior and 990 and 990 | Participation n's | 1)(3)s or | nly) | | bl |
| 16a b Sect 17 18 | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. | ate its p anizatior and 990 and 990 | Participation n's | 1)(3)s or | nly) | | bl |
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| 16a b <u>Sect</u> 17 18 19 20 | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalue in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explate the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's both | ate its p anization and 990 and 990 conflict c | Derticipation n's D-T (section 501(c) Chedule O) of interest policy, | 1)(3)s or | nly) | | Ы |
| 16a b <u>Sect</u> 17 18 19 20 | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalue in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other <i>(expla</i>) of the organization made its governing documents, or statements available to the public during the tax year. | ate its p anization and 990 and 990 conflict c | Derticipation n's D-T (section 501(c) Chedule O) of interest policy, | 1)(3)s or | nly) | | |
| 16a b <u>5ect</u> 17 18 19 | taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalue in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explate the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's both | ate its p anization and 990 and 990 conflict c | Derticipation n's D-T (section 501(c) Chedule O) of interest policy, | 1)(3)s or | nly) | | |
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Page **6**

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to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Form 9 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

| 990 (| 2021) |
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| Form 990 | (2021) UNITED RELIGIONS | 68-0369482 | Page 7 |
|-----------|-------------------------------------------------------------------------------------------------------------|---------------------------------|-------------|
| Part VI | Compensation of Officers, Directors, Trustees, Key Employees, Highest Com | npensated | |
| | 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 Comp | ete this table for all persons required to be listed. Report compensation for the calendar year ending with | th or within the organization's | 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 the instructions for definition of "key employee."

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

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

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

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

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

| (A) | (B) | | | (0 | | | | (D) | (E) | (F) |
|--------------------------------------|------------------------|-------------------------------|----------------------|---------|--------------|---------------------------------|--------|---------------------|----------------------------------|--------------------------|
| Name and title | Average | (do | | Pos | | l than c | ne | Reportable | Reportable | Estimated |
| | hours per | box | , unles | ss per | rson i | s both r/trus | an | compensation | compensation | amount of |
| | week | | cer an | laaa | recio | r/trus | .ee) | from | from related | other |
| | (list any hours for | ndividual trustee or director | | | | | | the organization | organizations (W-2/1099-MISC/ | compensation from the |
| | related | e or c | stee | | | sated | | (W-2/1099-MISC/ | 1099-NEC) | organization |
| | organizations | truste | al trus | | yee | mper | | 1099-NEC) | 1000 NEO | and related |
| | below | idual 1 | nstitutional trustee | 5 | Key employee | est co oyee | er | | | organizations |
| | line) | Indiv | Instit | Officer | Key e | Highest compensated employee | Former | | | - |
| (1) REV. WILLIAM E. SWING | 1.00 | | | | | | | | | |
| FOUNDER AND PRESIDENT EMERITUS | | Х | | Х | | | | 139,674. | 0. | 2,700. |
| (2) REV. VICTOR H. KAZANJIAN, JR. | 0.00 | | | | | | | | | |
| FORMER EXECUTIVE DIRECTOR | | | | | | | Х | 42,101. | 0. | 48,971. |
| (3) BAILEY S. BARNARD SR. | 0.00 | | | | | | | | | |
| FORMER ACTING EXECUTIVE DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (4) SWAMINI ADITYANANDA SARASWATI | 0.00 | | | | | | | | | |
| FORMER EXECUTIVE DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (5) KIRAN BALI | 25.00 | | | | | | | | | |
| CHAIRPERSON | | Х | | Х | | | | 0. | 0. | 0. |
| (6) BECKY BURAD | 25.00 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (7) BARBARA SHANNON | 25.00 | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (8) PREETA BANSAL | 25.00 | | | | | | | | | |
| AT-LARGE TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (9) HEREDITARY CHIEF PHIL LANE JR. | 5.00 | | | | | | | | | |
| AT-LARGE TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (10) MILKA WAMBUI NGIGE | 5.00 | | | | | | | | | |
| AT-LARGE TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (11) SOK SIDON | 5.00 | | | | | | | | | |
| AT-LARGE TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (12) FR. JOHN NGOMA, MALAWI | 5.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (13) THE RIGHT REV. MACLEORD BAKER O | 5.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (14) THE HONORABLE ELISHA BUBA YERO, | 5.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (15) RAVINDRA KANDAGE, SRI LANKA | 10.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (16) REV. KALYAN KUMAR KISKU, PAKIST | 25.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (17) DR. C.N.N. RAJU, INDIA | 5.00 | | | | | | | | _ | _ |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| 132007 12-09-21 | | | | | | | | | | Form 990 (2021) |

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Form 990 (2021)

| Form | 990 | (2021) |
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| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------|-----------------------|---------|--------------|---------------------------------|----------|---------------------------|--------------------|----------|----------------------|----------|
| (A) | (B) | | | (| C) | | | (D) | (E) | | (F) | |
| Name and title | Average | | | | sitior | | | Reportable | Reportable | F | Estimate | ed |
| | hours per | | | | | than d is both | | compensation | compensation | a | amount | of |
| | week | offi | cer ar T | id a c | directo | or/trus | tee) | from | from related | | other | |
| | (list any | ector | | | | | | the | organizations | cor | mpensa | ation |
| | hours for | or dir | e. | | | ated | | organization | (W-2/1099-MISC/ | | from th | |
| | related organizations | ustee | truste | | æ | bens | | (W-2/1099-MISC/ | 1099-NEC) | | ganizat | |
| | below | ual tri | ional | | ploye | t com | | 1099-NEC) | | | nd relat ganizati | |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | Janizan | 0115 |
| (18) DANIEL EROR, BOSNIA AND HERZEGO | 5.00 | - | <u> </u> | 0 | × | <u> </u> | <u> </u> | | | + | | |
| TRUSTEE | 5.00 | x | | | | | | 0. | 0 | | | 0. |
| (19) REV. HIERODEACON PETAR GRAMATIK | 5.00 | | | | | \vdash | | | | | | |
| TRUSTEE | | x | | | | | | 0. | 0 | | | 0. |
| (20) MARIANNE HORLING, GERMANY | 5.00 | | | | | | | | | | | |
| TRUSTEE | | x | | | | | | 0. | 0 | | | 0. |
| (21) SALETTE AQUINO, BRAZIL | 5.00 | - 23 | | | | \vdash | | | • | • | | <u> </u> |
| TRUSTEE | 5.00 | x | | | | | | 0. | 0 | | | 0. |
| (22) ROSA DELIA QUIZHPE MACAS, ECUAD | 5.00 | - 23 | | | | | | | • | • | | <u> </u> |
| TRUSTEE | 5.00 | x | | | | | | 0. | 0 | | | Ο. |
| (23) FRANCISCO MORALES VENTOSA, ARGE | 5.00 | - 23 | | | | | | | • | • | | <u> </u> |
| TRUSTEE | 5.00 | x | | | | | | 0. | 0 | | | 0. |
| (24) ANWAR DAHAK, YEMEN | 5.00 | | | | | | | | 0 | • | | <u> </u> |
| TRUSTEE | 5.00 | x | | | | | | 0. | 0 | | | 0. |
| (25) NAOUFAL EL HAMMOUMI, MOROCCO | 5.00 | | | | | | | | 0 | • | | <u> </u> |
| TRUSTEE | 5.00 | x | | | | | | 0. | 0 | | | 0. |
| (26) DR. OMAR TAYEH, JORDAN | 5.00 | Δ | | | | \vdash | | 0. | 0 | • | | <u> </u> |
| TRUSTEE | 5.00 | x | | | | | | 0. | 0 | | | 0. |
| | | | | | | | | 181,775. | 0 | | 51,6 | |
| 1b Subtotal c Total from continuation sheets to Part VI | | ••••• | | | | | | 0. | 0 | | <u>,,,,</u> | 0. |
| | | | | | | | | 181,775. | 0 | | 51,6 | |
| d Total (add lines 1b and 1c) 2 Total number of individuals (including but n | | | | | | | | · · · | | • - | <u>,,,,</u> | / _ • |
| | or infined to th | lose | liste | u ai | DOVE | <i>e)</i> wri | o re | eceived more than \$100, | uou oi reportable | | | 1 |
| compensation from the organization | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer, | director truct | ~~ I | | | | | hia | hast componented ampl | | | 100 | 110 |
| | | | | | | | | | | 3 | x | |
| line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | 3 | | |
| 4 For any individual listed on line 1a, is the su | | | | | | | | | | | | x |
| and related organizations greater than \$150 5 Did any person listed on line 1a receive or a | | | | | | | | | | 4 | | - 23 |
| 51 | | | | | | | | | iual for services | 5 | | x |
| rendered to the organization? <i>If "Yes," corr</i> Section B. Independent Contractors | plete Schedule | e J f | or sl | ich . | pers | ion . | | | | <u> </u> | | |
| 1 Complete this table for your five highest co | mpensated inc | | ndo | at c | ontr | acto | re th | nat received more than \$ | 100 000 of compens | ation f | rom | |
| the organization. Report compensation for | • | • | | | | | | | • | ation | 10m | |
| (A) | the calcillar ye | | / IGII | ig vi | | 51 101 | | (B) | | | (C) | |
| Name and business | address | N | ONE | 2 | | | | Description of s | ervices | | ensatio | n |
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| | | | | | | | | | | | | |
| 2 Total number of independent contractors (ii | ncludina but na | ot lir | nited | d to | thos | se lis | ted | above) who received mo | ore than | | | |
| \$100,000 of compensation from the organiz | • | | | - | |) | | , | | | | |
| SEE PART VII, SECTION | | 'IN | UA | ΤI | ON | S | HE | ETS | | Forn | n 990 (| 2021) |

| Form 990 UNITED RI | | | | | | | | | 68-036 | 9482 |
|-------------------------------------------------------------------------------|---------------|------------------------------------|-----------------------|------------|------------------|---------------------------------|--------|-----------------|-------------------------------|-----------------------|
| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest | | | | | | | | | , , | r |
| (A) | (B) | | | (0 | C) | | | (D) | (E) | (F) |
| Name and title | Average | Position (check all that apply) | | Reportable | Reportable | Estimated | | | | |
| | hours | (cł | heck | k all 1 | that | app | ly) | compensation | compensation | amount of |
| | per week | | | | | e | | from the | from related organizations | other compensation |
| | (list any | tor | | | | ploye | | organization | (W-2/1099-MISC) | from the |
| | hours for | r direc | | | | ed em | | (W-2/1099-MISC) | (| organization |
| | related | Individual trustee or director | Institutional trustee | | | Highest com pen sated em ployee | | | | and related |
| | organizations | al trus | onal tr | | Key employee | comp | | | | organizations |
| | below | lividu | titutio | Officer | y emp | phest | Former | | | |
| | line) | pul | | 9# | , K e | Ξ̈́Ξ | For | | | |
| (27) PERRI (P.K.) MCCARY, USA TRUSTEE | 5.00 | x | | | | | | 0. | 0. | 0 |
| (28) MORGANA SYTHOVE, NETHERLANDS | 25.00 | | | | | - | | 0. | 0. | 0. |
| TRUSTEE | 25.00 | x | | | | | | 0. | 0. | 0. |
| (29) ISSAC THOMAS, INDIA | 5.00 | | | | | | | 0. | 0. | |
| TRUSTEE | 5.00 | х | | | | | | 0. | 0. | 0. |
| (30) GENEVA BLACKMER, USA | 5.00 | | | | | | | | | Ŭ |
| TRUSTEE | | x | | | | | | 0. | 0. | 0. |
| (31) FRED FIELDING, USA | 5.00 | | | | | | | | | |
| , TRUSTEE | | x | | | | | | 0. | 0. | 0. |
| (32) VALERIA VERGANI, CANADA | 5.00 | | | | | | | | | |
| TRUSTEE | | х | | | | | | 0. | 0. | 0. |
| (33) DR. POTRE DIRAMPTAN-DIAMPUAN, P | 5.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (34) PETER MOUSAFERIADIS, AUSTRALIA | 5.00 | | | | | | | | | |
| TRUSTEE | | Х | | | | | | 0. | 0. | 0. |
| (35) BISHOP STEPHEN L. VILLAESTER, P | 5.00 | | | | | | | | | |
| TRUSTEE | | х | | | | | | 0. | 0. | 0. |
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| Total to Part VII, Section A, line 1c | | | | | | | | | | |

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| Check # Schedule C contains a response or note to any line in the Part VII (A) (A) Total interenue (Case of the part of the part VIII) (Case of the part of the part VIII) (Case of the part of the part of the part VIII) (Case of the part of the part of the part of the part VIII) (Case of the part of the par | Pa | rt VIII | Statement of Rev | venue | | | | | |
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| Total revenue Predeted or exempt function revenue Differente excludes function revenue Total revenue Differente excludes function revenue Total revenue Differente excludes function revenue Differente excludes function revenue Differente excludes function revenue Offerente excludes function function revenue | | | Check if Schedule O c | contains a response o | or note to any lin | | (=) | (2) | |
| Bit The Federated campaigns In I | | | | | | | Related or exempt | Unrelated | Revenue excluded from tax under |
| generation Business Code Image: Solution of the solu | Grants | 1 a b | Membership dues | 1b | 70.070 | | | | 3001013 012 014 |
| generation Business Code Image: Solution of the solu | , Gifts, nilar An | c d | Related organizations | 1d 1, | 385,000. | | | | |
| generation Business Code Image: Solution of the solu | ibutions Other Sin | f | All other contributions, gifts, | grants, and above 1f | 912,172. | | | | |
| generation Business Code Image: Solution of the solu | ontr | g | | | | 0 0 0 140 | | | |
| 2 a | <u>ਹ</u> ត | h | Total. Add lines 1a-1f | | | 2,368,142. | | | |
| B | | | | | Business Code | | | | |
| g Total. Add lines 11a 11d 100. | ice | 2 a | | | | | | | |
| g Total. Add lines 11a-11d 100. | erv ue | b | | | | | | | |
| g Total. Add lines 11a-11d 100. | ven S ven | С А | | | | | | | |
| g Total. Add lines 11a-11d 100. | gra Re | u | | | | | | | |
| g Total. Add lines 2a.2f. >>>>>>>>>>>>>>>>>>>>>>>>>>>>>> | Pro | f | All other program service | revenue | | | | | |
| 3 Investment income (including dividends, interest, and other similar amounts) 28,929. 28,929. 4 Income from investment of tax exempt bond proceeds 2 28,929. 28,929. 5 Royatties 0) Real 0) Personal 2 28,929. 28,929. 6 a Gross rents 6a 4,913. 4,913. 4,913. 4,913. 6 a Gross rents 6a 4,913. 4,913. 4,913. 4,913. 7 a Gross anoth form sales of assets other than inventory b b assets other than inventory 10 3,964. 7 7 13,964. 7 186. 186. 186. 8 a Gross income from fundraising events (not including \$70,970. of cort incl | _ | • | | | | | | | |
| Other similar amounts) 4 income from investment of tax-exempt bond proceeds 5 Royalites 0 6 a Gross rents 6a b Less: rental expenses 6b 0. c Rental income or (loss) 6c 4.913. 7 Gross amount from sales of assets other than inventory 6c 4.913. 9 Gross amount from sales of assets other than inventory 10 8c 186. 8 Gross income from fundraising events inch including \$ 7.0.970 of contributions reported on line 10. See Part IV, line 18 8b 18,332. 9 Gross income from gaming activities. See Part IV, line 18 9b 18,332. -18,332. 9 Gross income from gaming activities. See Part IV, line 18 9b 10a 10a 10 Gross sales of inventory, less returns in da allowances. 10a 10a 10a 10 Gross sales of inventory. Less returns in da allowances. 10a 10a 10a 11 MISCELLANEOUS INCOME 900099 100. 100. 900099 100. 12 Total revenue. 10a 100. </td <th></th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | | | | | | | | | |
| 4 Income from investment of tax-exempt bond proceeds 5 Royatties 6 a Gross rents 6 a 4,913. 6 b 0. c Rental income of (loss) 7 a Gross anount from sales of a 34,150. b Less: cost or other basis and sales supenes 70,970. of contributions reported on line 10. See Part IV, line 18 a Gross income from fundraising events (not including \$_70,970. of contributions reported on line 10. See Part IV, line 18 8a 9 a 0. 9 a Gross income from gaming activities. See Part IV, line 18 -18,332. 9 a 0. 10 a | | - | | - | | 28,929. | | | 28,929. |
| 6 a Gross rents 0 (Peal (0) Personal | | 4 | | | | | | | - |
| 6 a Gross rents 0 (Peal (0) Personal | | 5 | Royalties | | 🕨 | | | | |
| b Less: rental expenses 6b 0. c Rental income or (toss) 6c 4,913. 4,913. d Net rental income or (toss) 4,913. 4,913. 4,913. 7 a Gross amount from sales of assets other than inventory 5 4,913. 4,913. b Less: cost or other basis 7a 34,150. 4,913. 4,913. c Gain or (toss) Ta 33,964. 7a 186. 186. c Gain or (toss) Ta 186. 186. 186. 186. a fross income from fundraising events (not including \$ 70,970.or iculting \$ 7a 33.2. -18,332. -18,332. 9 a Gross income from gaming activities. See Part W, line 18 Ba 0. Bb 18,332. -18,332. -18,332. -18,332. -18,332. -18,332. -18,332. -18,332. -18,332. -18,332. -18,332. -18,332. -18,332. -18,332. -18,332. -18,332. -18,332. -18,332. -18,332. -18,332. -18,332. <th></th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | | | | | | | | | |
| c Rental income or (loss) Gc 4,913. 4,913. d Net rental income or (loss) (i) Securities 4,913. 4,913. 7 a Gross amount from sales of assets other than inventory i) Securities (ii) Other b Less: cost or other basis and sales expenses 7b 33,964. c c Gain or (loss) 7c 186. 186. 8 Gross income from fundraising events (not including \$ 70,970 of contributions reported on line 1c). See Part IV, line 18 8a 0. 9 Gross income from gaming activities. -18,332. -18,332. 9 Gross income from gaming activities. 9a -18,332. -18,332. 9 a Gross income from gaming activities. 9a -18,332. -18,332. 9 a Gross income from gaming activities. 0 0 0 10 a Gross sales of inventory, less returns and allowances 10a 0 0 0 b Less: cost of goods soid 10b 0 0 0 0 0 11 a MISCELLANEOUS INCOME 900099 100. 100. 0 | | 6 a | Gross rents | | | | | | |
| d Net rental income or (loss) ▲ 4,913. ▲ 4,913. 7 a Gross amount from sales of assets other than inventory Image: Control of the sales and sales expenses Image: Control of the sales expenses Image: Con | | b | Less: rental expenses | | | | | | |
| 7 a Gross amount from sales of assets other than inventory 7a 34,150. b Less: cost or other basis and sales expenses 7b 33,964. c Gain or (loss) 7c 186. d Net gain or (loss) 7c 0,970. or contributions reported on line 1c). See Part IV, line 18 8a 0. b Less: direct expenses 8b 18,332. c Net income from gaming activities. See Part IV, line 19 9a 9b b Less: direct expenses 9b c Net income or (loss) from gaming activities. See Part IV, line 19 9a b Less: correct expenses 9b c Net income or (loss) from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities. See Part IV, line 19 9a b Less: correct expenses 9b c Net income or (loss) from gaming activities 10a for a dialowances 10a c Net income or (loss) from sales of inventory. 9a b Less: core of goods sold 10b c Net income or (loss) from sales of inventory 10a c Net income or (loss) from sales of inventory 10a c All other revenue 10a c All other revenue <t< td=""><th></th><td>с</td><td>Rental income or (loss)</td><td>6c 4,913.</td><td></td><td></td><td></td><td></td><td></td></t<> | | с | Rental income or (loss) | 6c 4,913. | | | | | |
| assets other than inventory Ta 34,150. b Less: cost or other basis and sales expenses Tb 33,964. c Gain or (loss) To 186. 186. c Gain or (loss) To 186. 186. assets other than inventory To 186. 186. assets other than inventory To 186. 186. c Gain or (loss) To 186. 186. assets other than inventory See 186. 186. assets other than inventory See 186. 186. assets other than inventory See -18,332. -18,332. assets other on gaining activities. See See See 10 See sales of inventory, less returns and allowances 10a and allowances 10a 10a 10a 10a 10a b See sost of goods sold 10b < | | d | Net rental income or (loss) | | > | 4,913. | | | 4,913. |
| Butes: cost or other basis and sales expenses 7b 33,964. c Gain or (loss) 186. 186. d Net gain or (loss) 186. 186. d Net gain or (loss) 186. 186. d Net gain or (loss) 0 186. 186. d Net gain or (loss) 0 186. 186. d Second from fundraising events (not including \$70,970.ord contributions reported on line 1c). See Part IV, line 18 8a 0. b Less: direct expenses 8b 18,332. -18,332. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a 9a b Less: direct expenses 9b 0 0 c Net income or (loss) from gaming activities 0 0 0 d Gross sales of inventory, less returns and allowances 0a 0a 0a 0a b Less: cost of goods sold 0a 0a 0a 0a 0a 0a c Net income or (loss) from sales of inventory Image: Second of the s | | 7 a | Gross amount from sales of | ., | (ii) Other | | | | |
| and sales expenses 7b 33,964. 7c 186. c Gain or (loss) 7c 186. 186. 186. d Net gain or (loss) > 186. 186. 186. a Gross income from fundraising events incot including \$ 70,970.of contributions reported on line 1c). See 8a 0. 8a 0. b Less: direct expenses 8b 18,332. -18,332. -18,332. c Net income or (loss) from fundraising events > -18,332. -18,332. 9 a Gross income from gaming activities. See 9a 9b 9b 9c b Less: direct expenses 9b 9c 9c 9c 9c 10 a Gross sales of inventory, less returns and allowances 10a 10a 900099 100. 900099 900.09 11 a MISCELLANEOUS INCOME Business Code 900099 100. 100. 10. b c d All other revenue - - 100. - 10. 10. 2 Total revenue. See instructions 2,383,938. 100.0 0. 15,696. | | | assets other than inventory | 7a 34,150. | | | | | |
| c Gain or (loss) 7c 186. 186. d Net gain or (loss) 186. 186. 186. 8 a Gross income from fundraising events (not including \$70,970 of contributions reported on line 10. See 8a 0. b Less: direct expenses 8b 18,332. -18,332. c Net income or (loss) from fundraising events -18,332. -18,332. 9 a Gross income from gaming activities. See 9a 9a 9b b Less: direct expenses 9b 9b 0 c Net income or (loss) from gaming activities > -18,332. 0 a Gross sales of inventory, less returns and allowances 10a 10b 10b c Net income or (loss) from sales of inventory > 0 c Net income or (loss) from sales of inventory > 0 d NISCELLANEOUS INCOME 900099 100. 100. b | | b | | | | | | | |
| 8 a Gross income from fundraising events (not including \$70,970. of contributions reported on line 1c). See Part IV, line 188b 18,332. a 0. 9 a Gross income from gaming activities. See Part IV, line 198a9b > -18,332. -18,332. 9 a Gross sincome from gaming activities. See Part IV, line 199b > -18,332. -18,332. 9 a Gross sincome from gaming activities. See Part IV, line 199b > -18,332. -18,332. 0 a Gross sales of inventory, less returns and allowances10a > 10a | onu | | | | | | | | |
| 8 a Gross income from fundraising events (not including \$70,970. of contributions reported on line 1c). See Part IV, line 188b 18,332. a 0. 9 a Gross income from gaming activities. See Part IV, line 198a9b > -18,332. -18,332. 9 a Gross sincome from gaming activities. See Part IV, line 199b > -18,332. -18,332. 9 a Gross sincome from gaming activities. See Part IV, line 199b > -18,332. -18,332. 0 a Gross sales of inventory, less returns and allowances10a > 10a | evel | | | | | 100 | | | 100 |
| b including \$70,970. of contributions reported on line 1c). See Part IV, line 188a0. b Less: direct expensesbb 18,332. c Net income or (loss) from fundraising events -18,332. 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities | <u> </u> | | | | > | 180. | | | 186. |
| contributions reported on line 1c). See Ba 0. b Less: direct expenses Bb 18,332. c Net income or (loss) from fundraising events -18,332. -18,332. 9 a Gross income from gaming activities. See 9a -18,332. 9 b Less: direct expenses 9b 9b -18,332. 0 a Gross sincome from gaming activities. See 9a -18,332. -18,332. 0 a Gross sincome from gaming activities - - -18,332. 10 a Gross sales of inventory, less returns and allowances 10a - - b Less: cost of goods sold 10b - - c Net income or (loss) from sales of inventory - - b Less: cost of goods sold 10b - - - c | the | 8 a | | | | | | | |
| Part IV, line 18 Ba 0. b Less: direct expenses Bb 18, 332. c Net income or (loss) from fundraising events -18, 332. -18, 332. 9 a Gross income from gaming activities. See Part IV, line 19 9a -18, 332. b Less: direct expenses 9b -18, 332. c Net income or (loss) from gaming activities -18, 332. 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory -18, 332. stince 10a -18, 332. b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory -18, 332. generation 10b -100. -100. c -100. -100. -100. d All other revenue -100. -15, 696. 12 Total revenue. See instructions 2, 383, 938. 100. 0. 15, 696. | 0 | | | | | | | | |
| b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory c All other revenue e Total. Add lines 11a 11d 12 Total revenue. See instructions b 2, 383, 938. 100. 0 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 100. 10 | | | - | | 0 | | | | |
| c Net income or (loss) from fundraising events -18,332. -18,332. -18,332. 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a 9a b Less: direct expenses 9b 9b 0 0 0 0 a Gross sales of inventory, less returns and allowances 10a C Net income or (loss) from sales of inventory Less: cost of goods sold 10b C Net income or (loss) from sales of inventory Business Code 900099 100. Business Code 100. 11 a MISCELLANEOUS INCOME 900099 100. 10. | | h | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a 9a b Less: direct expenses 9b 9b 9b 9c c Net income or (loss) from gaming activities > 0 0 0 10 a Gross sales of inventory, less returns and allowances 10a 0 0 0 b Less: cost of goods sold 10b 0 0 0 0 c Net income or (loss) from sales of inventory > > 0 0 0 b Less: cost of goods sold 10b 0 0 0 0 0 0 c Net income or (loss) from sales of inventory > > 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 15, 696 0 0 0 15, 696 0 0 0 15, 696 0 0 0 15, 696 0 0 0 0 15, 696 0 0 0 0< | | | | | | -18.332. | | | -18,332. |
| Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold 11 a MISCELLLANEOUS INCOME b Business Code c Image: Code d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions | | | | | | | | | |
| b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory b Business Code b Interpret of the second o | | | | - | | | | | |
| c Net income or (loss) from gaming activities ▶ ■ ■ 10 a Gross sales of inventory, less returns and allowances 10a ■ ■ b Less: cost of goods sold 10b ■ ■ ■ c Net income or (loss) from sales of inventory ▶ ■ ■ ■ source I1 a MISCELLANEOUS INCOME 900099 100. 100. ■ b | | b | | | | | | | |
| and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a MISCELLANEOUS INCOME b Business Code c 900099 d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions | | | | | ► | | | | |
| b Less: cost of goods sold 10b ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► ► − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − − | | 10 a | Gross sales of inventory, l | ess returns | | | | | |
| c Net income or (loss) from sales of inventory ▶ 11 a MISCELLANEOUS INCOME Business Code b 900099 100. c 4 All other revenue e Total Add lines 11a-11d 100. 12 Total revenue. See instructions 2,383,938. 100. | | | and allowances | <u>10a</u> | | | | | |
| Business Code Business Code 11 a MISCELLANEOUS INCOME 900099 100. 100. b | | b | Less: cost of goods sold | 10b | | | | | |
| 11 a MISCELLANEOUS INCOME 900099 100. 100. b | | с | Net income or (loss) from | sales of inventory | ► | | | | |
| e Total. Add lines 11a-11d ► 100. 12 Total revenue. See instructions ► 2,383,938. 100. 0. 15,696. | s | | | | | | | | |
| e Total. Add lines 11a-11d ► 100. 12 Total revenue. See instructions ► 2,383,938. 100. 0. 15,696. | ∋ou | 11 a | MISCELLANEOUS | INCOME | 900099 | 100. | 100. | | |
| e Total. Add lines 11a-11d ► 100. 12 Total revenue. See instructions ► 2,383,938. 100. 0. 15,696. | lane enu | b | | | | | | | |
| e Total. Add lines 11a-11d ► 100. 12 Total revenue. See instructions ► 2,383,938. 100. 0. 15,696. | cell Seve | С | | | | | | | |
| e Total. Add lines 11a-11d ► 100. 12 Total revenue. See instructions ► 2,383,938. 100. 0. 15,696. | Mis | d | | | | 100 | | | |
| | | е | | | | | 100 | 0 | 15 606 |
| | | | | ons | ▶ | 4,303,330. | 100. | U. | |

Form 990 (2021)

68-0369482

Page **9**

| <u>Form 990 (</u> | ======================================= | RELIGIONS | 6 |
|-------------------|-----------------------------------------|------------------------------|---------------------------------------------------|
| Part IX | Statement of Functional | Expenses | |
| Section 50 | 1(c)(3) and 501(c)(4) organizations | must complete all columns. / | All other organizations must complete column (A). |

| 0000 | Check if Schedule O contains a response | | | | |
|-----------------|----------------------------------------------------------------------------------------------------|----------------|---------------------------------------|------------------|------------------------|
| | Check if Schedule O contains a respons | (A) | (B) | (C) | (D) |
| | not include amounts reported on lines 6b, | Total expenses | Program service | Management and | Fundraising |
| | 8b, 9b, and 10b of Part VIII. | | expenses | general expenses | expenses |
| 1 | Grants and other assistance to domestic organizations | 21 000 | 21 000 | | |
| - | and domestic governments. See Part IV, line 21 | 21,000. | 21,000. | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | 669,096. | 669,096. | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 233,446. | 211,034. | 9,107. | 13,305. |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 1,074,143. | 816,063. | 75,943. | 182,137. |
| 8 | Pension plan accruals and contributions (include | | | · · · | |
| 5 | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 184,509. | 126,830. | 17,252. | 40,427. |
| 10 | | 87,045. | 63,317. | 8,991. | 14,737. |
| | Payroll taxes | 07,043. | | | <u> </u> |
| 11 | Fees for services (nonemployees): | | | | |
| | Management | 98,561. | 56,569. | 41,992. | |
| | Legal | 38,000. | 31,160. | 3,040. | 3,800. |
| | Accounting | 30,000. | 51,100. | 5,040. | 5,000. |
| | Lobbying | | | | |
| | Professional fundraising services. See Part IV, line 17 | | | | |
| | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | 000 450 | 000 007 | 40.050 | 00 000 |
| | column (A), amount, list line 11g expenses on Sch 0.) | 293,452. | 228,367. | 42,252. | 22,833. |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 35,853. | 19,807. | 10,580. | 5,466. |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 118,415. | 101,366. | 4,687. | 12,362. |
| 17 | Travel | 10,292. | 2,952. | 6,337. | 1,003. |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 3,016. | 573. | 182. | 2,261. |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 70,005. | | 70,005. | |
| 23 | Insurance | 19,434. | 15,383. | 1,498. | 2,553. |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| - | above. (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) | | | | |
| а | MISCELLANEOUS | 79,292. | 65,796. | 6,748. | 6,748. |
| h | PAYROLL FEE | 23,835. | 21,024. | 247. | 2,564. |
| c b | BANK FEES | 20,004. | , , , , , , , , , , , , , , , , , , , | 20,004. | _, |
| d | INTERNET | 9,014. | 6,122. | 2,560. | 332. |
| | All other expenses | 11,937. | 10,365. | 38. | 1,534. |
| | Total functional expenses. Add lines 1 through 24e | 3,100,349. | 2,466,824. | 321,463. | 312,062. |
| <u>25</u> 26 | Joint costs. Complete this line only if the organization | 5,100,517. | 2,300,0230 | 541, 1050 | 512,002. |
| 20 | | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | | | | | Form 990 (2021) |
| 13201 | 0 12-09-21 | 11 | | | Form 330 (2021) |

| | 990 (2 | UNITED RELIGIO | NS | | | 68- | 0369482 Page 11 |
|-----------------------------|---------|-----------------------------------------------------------------------------|-------------|-----------------------------|---------------------------------|-----|---------------------------|
| Par | tΧ | Balance Sheet | | | | | |
| | | Check if Schedule O contains a response or note | e to any | line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 782,948. | 1 | 1,494,543. |
| | 2 | Savings and temporary cash investments | | | ,02,910, | 2 | 1,191,919 |
| | 3 | Pledges and grants receivable, net | 280,839. | 3 | 39,217. | | |
| | 4 | | | | 200,000. | 4 | 55,217 |
| | -+ 5 | Accounts receivable, net Loans and other receivables from any current or | | | | | |
| | 3 | trustee, key employee, creator or founder, substa | | , , | | | |
| | | controlled entity or family member of any of thes | | | | 5 | |
| | 6 | Loans and other receivables from other disgualif | - | | | 5 | |
| | U | under section 4958(f)(1)), and persons described | • | , | | 6 | |
| | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| Ass | 9 | B | | | 73,147. | 9 | 87,496 |
| - | | Land, buildings, and equipment: cost or other | | | / 3 / 2 1 / 1 | 3 | 077150 |
| | 104 | basis. Complete Part VI of Schedule D | 102 | 184 251 | | | |
| | h | Less: accumulated depreciation | 100 10b | <u>184,251.</u> 174,823. | 7,187. | 10c | 9.428 |
| | 11 | Investments - publicly traded securities | | | 539,568. | 11 | 9,428 399,992 |
| | 12 | Investments - other securities. See Part IV, line 1 | | | 3,112. | | 9,663 |
| | 13 | Investments - program-related. See Part IV, line 1 | | | 0,111 | 13 | 5,000 |
| | 14 | Intangible assets | | | 102,803. | 14 | 36,814 |
| | 15 | Other assets. See Part IV, line 11 | | | 16,694,643. | 15 | 17,590,754 |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | | 18,484,247. | 16 | 19,667,907 |
| | 17 | Accounts payable and accrued expenses | | | 196,942. | 17 | 210,001 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | 12,877. | 19 | 5,000 |
| | 20 | Tax-exempt bond liabilities | | | , - <u>,</u> - | 20 | |
| | 21 | Escrow or custodial account liability. Complete F | | | | 21 | |
| <i>(</i> 0 | 22 | Loans and other payables to any current or form | | | | | |
| tie | | trustee, key employee, creator or founder, subst | | | | | |
| Liabilities | | controlled entity or family member of any of thes | | | | 22 | |
| Lia | 23 | Secured mortgages and notes payable to unrela | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, pay | | | | | |
| | | parties, and other liabilities not included on lines | | | | | |
| | | of Schedule D | | | 275,735. | 25 | 1,275,735 |
| | 26 | | | | 485,554. | 26 | 1,275,735 1,490,736 |
| | | Organizations that follow FASB ASC 958, che | | | | | |
| ses | | and complete lines 27, 28, 32, and 33. | | | | | |
| anc | 27 | Net assets without donor restrictions | 12,135,995. | 27 | 13,924,715. | | |
| Bal | 28 | Net assets with donor restrictions | 5,862,698. | 28 | 4,252,456 | | |
| pu | | Organizations that do not follow FASB ASC 95 | | | | | |
| μ | | and complete lines 29 through 33. | | | | | |
| Net Assets or Fund Balances | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or eq | | | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated inc | | | | 31 | |
| let | 32 | Total net assets or fund balances | | r | 17,998,693. | 32 | 18,177,171. |
| - | 33 | Total liabilities and net assets/fund balances | | | 18,484,247. | 33 | 19,667,907. |

Form **990** (2021)

| Form | 1990 (2021) UNITED RELIGIONS | 68- | 0369482 | Pa | ge 12 |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------|-----|--------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,38 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 3,10 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | - | 11. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 17,99 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | _ | 1,2 | 20. |
| 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 | 89 | 6,1 | 09. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| _ | column (B)) | 10 | 18,17 | 7,1 | 71. |
| 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 on Schedule | 0. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2 b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| с | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | x | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | A | <u> </u> |
| • | If the organization changed either its oversight process or selection process during the tax year, explain on Scho | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin | - | | | |
| | Act and OMB Circular A-133? | | <u>3a</u> | | X X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits? | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | 990 | (2021) |

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

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

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

| OMB No. 1545-0047 |
|------------------------------|
| 2021 |
| Open to Public Inspection |

| Name of the | organization |
|-------------|--------------|
|-------------|--------------|

| | | | | | | identification number | | | |
|-------------|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------------------------|------------------------|-----------------------|------------------|---------------|-------------------------------|
| Der | | | ED RELIGIO | | | | | 6 | 8-0369482 |
| Par | | Reason for Public C | | | | | ee instruction | S. | |
| . F | rgani | zation is not a private found | | | • | | | | |
| 1 | | A church, convention of chu | | | | n 170(b)(1 | l)(A)(i). | | |
| 2 [| | A school described in secti | | | | | | | |
| 3 [| | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, | | | | | | | |
| 4 [| | | ation operated in cor | njunction with a hospital | described | in sectio | n 170(b)(1)(A |)(III). Enter | the hospital's name, |
| _ r | | city, and state: | | | | | | - 14 - 1 | at the |
| 5 [| | An organization operated for | | lege or university owned | or operation | ed by a go | ivernmental u | nit describe | ain |
| o [| | section 170(b)(1)(A)(iv). (C | | and a low the data set the set for | | | () | | |
| 6 [-7 [| X | A federal, state, or local gov | • | | | | ., | | u de lie, ele e suite e el in |
| 7 [| Δ | An organization that normal | • | ntial part of its support fi | rom a gove | ernmental | unit or from tr | ie general p | Dudiic described in |
| o [| | section 170(b)(1)(A)(vi). (Co | | (1)(A)(ui) (Complete Der | + 11 \ | | | | |
| 8 [9 [| | A community trust describe An agricultural research org | | | | nd in coniu | unction with a | land grant | collogo |
| 9 [| | or university or a non-land-g | | | | - | | - | - |
| | | university: | fram conege of agrici | | | lame, ony | , and state of | the college | |
| 10 | | An organization that normal | Ilv receives (1) more | than 33 1/3% of its sunr | ort from c | ontribution | s membersh | in fees and | d aross receipts from |
| | | activities related to its exem | | | | | | | |
| | | income and unrelated busin | | - | | | | | - |
| | | See section 509(a)(2). (Cor | | (1000 00011011 0111 1009 110 | | eee aequi | | | |
| 11 [| | An organization organized a | | velv to test for public sa | fetv. See | section 50 |)9(a)(4). | | |
| 12 | | An organization organized a | | | | | | rry out the | purposes of one or |
| | | more publicly supported org | ganizations describe | d in section 509(a)(1) d | r section | 509(a)(2). | See section & | 509(a)(3). | Check the box on |
| | | lines 12a through 12d that of | describes the type of | f supporting organizatior | n and com | plete lines | 12e, 12f, and | 12g. | |
| а | |] Type I. A supporting orga | anization operated, s | upervised, or controlled | by its supp | orted org | anization(s), ty | pically by | giving |
| | | the supported organization | on(s) the power to req | gularly appoint or elect a | majority o | f the direc | tors or trustee | es of the su | ipporting |
| | | organization. You must c | complete Part IV, Se | ections A and B. | | | | | |
| b | | Type II. A supporting orga | anization supervised | or controlled in connect | tion with its | s supporte | ed organizatio | n(s), by hav | ring |
| | | control or management o | f the supporting orga | anization vested in the sa | ame perso | ns that co | ntrol or manag | ge the supp | ported |
| | | organization(s). You mus | t complete Part IV, | Sections A and C. | | | | | |
| С | | Type III functionally inte | | | | | | ly integrate | d with, |
| | | its supported organization | .,. | - | - | | - | | |
| d | | Type III non-functionally | | | | | | - | |
| | | that is not functionally int | | | • | | - | an attentiv | reness |
| | _ | requirement (see instructi | , | • | | | | | |
| е | | Check this box if the orga | | | | | Type I, Type | II, Type III | |
| | Fata | functionally integrated, or r the number of supported c | | | | ation. | | | |
| | | ide the following information | • | d organization(c) | | | | | |
| <u> </u> | |) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga | inization listed | (v) Amount of | monetary | (vi) Amount of other |
| | | organization | | (described on lines 1-10 above (see instructions)) | in your governi Yes | No | support (see ir | structions) | support (see instructions) |
| | | | | above (see instructions)) | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

Schedule A (Form 990) 2021

UNITED RELIGIONS

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

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

| Sec | ction A. Public Support | | | | | | |
|-------------|----------------------------------------------|-----------------------|-----------------------|------------------------|---------------------|--------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 1736634. | 3233481. | 3336543. | 2987535. | 2368145. | 13662338. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 1736634. | 3233481. | 3336543. | 2987535. | 2368145. | 13662338. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | 1872657. |
| | Public support. Subtract line 5 from line 4. | | | | | | 11789681. |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 | Amounts from line 4 | 1736634. | 3233481. | 3336543. | 2987535. | 2368145. | 13662338. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources \dots | 924. | 1,286. | 28,210. | 9,641. | 33,842. | 73,903. |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | 154,295. | 166,205. | 240,677. | 52,397. | | 613,674. |
| 11 | Total support. Add lines 7 through 10 | | | | | I | 14349915. |
| 12 | Gross receipts from related activities, | etc. (see instructio | ons) | | | 12 | |
| 13 | First 5 years. If the Form 990 is for the | ne organization's fir | rst, second, third, f | fourth, or fifth tax y | /ear as a section 5 | 01(c)(3) | |
| _ | organization, check this box and stop | <u>o here</u> | | | | | |
| | ction C. Computation of Publi | | | | | | 00.10 |
| | Public support percentage for 2021 (I | | • | ()) | | 14 | 82.16 % |
| | Public support percentage from 2020 | | | | | 15 | 74.71 % |
| 1 6a | 33 1/3% support test - 2021. If the o | - | | | 14 is 33 1/3% or m | ore, check this bo | |
| | stop here. The organization qualifies | | • | | | | |
| b | 33 1/3% support test - 2020. If the o | | | | line 15 is 33 1/3% | or more, check th | is box |
| | and stop here. The organization qual | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the fact | | | - | • | VI how the organiz | ation |
| | meets the facts-and-circumstances te | • | • • | | • | | |
| b | 10% -facts-and-circumstances test | 0 | | | | | 10% or |
| | more, and if the organization meets th | | | | | | . — |
| | organization meets the facts-and-circu | | • | | • • | | |
| 18 | Private foundation. If the organization | n did not check a | box on line 13, 16a | a, 16b, 17a, or 17b | o, check this box a | | |
| | | | | | | Schedule A | (Form 990) 2021 |

16101115 795476 0639700

| Schedule A | | | | RELIGIONS | | |
|------------|---------|------------|--------------|--------------------|-----------------|-------|
| Part III | Support | Schedule f | or Organizat | tions Described in | າ Section 509(a | l)(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.)

| Sect | ion A. Public Support | | - | | | | |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------|-------------------------------------|---------------------|----------------------|------------------------|
| Calend | lar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 202 ⁻ | 1 (f) Total |
| 1 0 | Gifts, grants, contributions, and | | | | | | |
| n | nembership fees received. (Do not | | | | | | |
| ir | nclude any "unusual grants.") | | | | | | |
| n fe a | Gross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in uny activity that is related to the organization's tax-exempt purpose | | | | | | |
| | Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| ir | ness under section 513 | L | | | | | |
| iz | ax revenues levied for the organ- zation's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| f | The value of services or facilities urnished by a governmental unit to | | | | | | |
| | he organization without charge | | | | | | |
| | otal. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and B received from disqualified persons | | | | | | |
| fr e | mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) ion B. Total Support | | | | | | |
| Calend | lar year (or fiscal year beginning in) 🕨 | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 202 ⁻ | 1 (f) Total |
| | Amounts from line 6 | | | | | | |
| 10a (c s | Gross income from interest, lividends, payments received on eccurities loans, rents, royalties, and income from similar sources | | | | | | |
| (| Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b | | | | | | |
| 11 N a v | Vet income from unrelated business ictivities not included on line 10b, whether or not the business is egularly carried on | | | | | | |
| 12 C | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | otal support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| | First 5 years. If the Form 990 is for th | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section 5 | 01(c)(3) orgai | nization, |
| C | heck this box and stop here | - | | | | | |
| Sect | ion C. Computation of Publi | c Support Per | centage | | | | |
| 15 F | Public support percentage for 2021 (I | ine 8, column (f), d | ivided by line 13, | column (f)) | | 15 | % |
| 16 F | Public support percentage from 2020 | Schedule A, Part | III, line 15 | | | 16 | % |
| Sect | ion D. Computation of Inves | tment Income | e Percentage | | | , | |
| | nvestment income percentage for 20 nvestment income percentage from 3 | | | ine 13, column (f)) | | 17 18 | <u>%</u> |
| | 3 1/3% support tests - 2021. If the | | | | | | |
| | nore than 33 1/3%, check this box ar | - | | | | | |
| | 33 1/3% support tests - 2020. If the | | | | | | |
| | ne 18 is not more than 33 1/3%, che | | | | | | |
| | Private foundation. If the organization | | | | | | |
| - | 01-04-22 | | | ,,, , cc on c | | | dule A (Form 990) 2021 |
| | | | 16 | 5 | | 20110 | |

^{2021.05000} UNITED RELIGIONS

1

2

3a

3b

3c

4a

4b

4c

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

132024 01-04-21

| | (Form 990) 2021 | | RELIGIONS |
|---------|-----------------|-----------------|-----------|
| Part IV | Supporting Org | anizations (con | tinued) |

2

| | | | Yes | No |
|-----|----------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| с | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |

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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

| 300011130 | | the supporting or | janizalion. |
|------------|--------------|-------------------|-------------|
| Section C. | Type II Supp | orting Organi | zations |

 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
 Image: Control organization was vested in the same persons that controlled or managed
 Image: Control organization was vested in the same persons that controlled or managed
 Image: Control organization was vested in the same persons that controlled or managed
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| | Section D. | All Typ | e III Sup | porting | Organizations |
|--|------------|---------|-----------|---------|---------------|
|--|------------|---------|-----------|---------|---------------|

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

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to s | satisfy the Integral Part | Test during the year | (see instructions). |
|---|------------------------------------------------------------------|---------------------------|-----------------------|---------------------|
| • | Check the box heat to the method that the organization used to s | | i est during the year | (000 1100 000010) |

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

| с | | The organization supported a governmental entity. | Describe in Part VI how you supported | a governmental entity (see instruction <u>s).</u> |
|---|--|---------------------------------------------------|---------------------------------------|---------------------------------------------------|
|---|--|---------------------------------------------------|---------------------------------------|---------------------------------------------------|

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 3a
 ...

 3b
 ...

Schedule A (Form 990) 2021

132025 01-04-22

| _ | dule A (Form 990) 2021 UNITED RELIGIONS | | | 68-0369482 Page 6 |
|------|------------------------------------------------------------------------------|----------------|---------------------------|--------------------------------|
| Pa | rt V Type III Non-Functionally Integrated 509(a)(3) Supporti | | | |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualify | | • | Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations mu | st complete S | Sections A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| _1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| 3 | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| 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-function | ally integrate | d Type III supporting org | anization (see |

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

| Sche | dule A (Form 990) 2021 UNITED RELIGIO | | | 6 | 8-0369482 | Page 7 |
|----------|------------------------------------------------------------------------------|-------------------------------|---------------------------------------|------|--------------------------------------|---------------|
| Par | t V Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations (continu | ied) | | |
| Secti | on D - Distributions | | | | Current Yea | ar |
| _1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | 1 | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | | |
| | organizations, in excess of income from activity | | | 2 | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | 3 | | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | | |
| 6 | Other distributions (<i>describe in</i> 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 | | | | |
| | (provide details in Part VI). See instructions. | | | 8 | | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | 9 | | |
| 10 | Line 8 amount divided by line 9 amount | 1 | 1 | 10 | | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistribution Pre-2021 | IS | (iii) Distributab Amount for 2 | |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 (reason- | | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | | |
| 3 | Excess distributions carryover, if any, to 2021 | | | | | |
| а | From 2016 | | | | | |
| b | From 2017 | | | | | |
| C | From 2018 | | | | | |
| d | From 2019 | | | | | |
| е | From 2020 | | | | | |
| f | Total of lines 3a through 3e | | | | | |
| g | Applied to underdistributions of prior years | | | | | |
| <u>h</u> | Applied to 2021 distributable amount | | | | | |
| i | Carryover from 2016 not applied (see instructions) | | | | | |
| i_ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | |
| 4 | Distributions for 2021 from Section D, | | | | | |
| | line 7: \$ | | | | | |
| a | Applied to underdistributions of prior years | | | | | |
| b | Applied to 2021 distributable amount | | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | | |
| 5 | Remaining underdistributions for years prior to 2021, if | | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | | |
| | than zero, explain in Part VI. See instructions. | | | | | |
| 6 | Remaining underdistributions for 2021. Subtract lines 3h | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | |
| | Part VI. See instructions. | | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j | | | | | |
| | and 4c. | | | | | |
| 8 | Breakdown of line 7: | | | | | |
| а | Excess from 2017 | | | | | |
| b | Excess from 2018 | | | | | |
| с | Excess from 2019 | | | | | |
| d | Excess from 2020 | | | | | |
| е | Excess from 2021 | | | | | |

Schedule A (Form 990) 2021

| Schedule A | (Form | 990 | 2021 |
|------------|-------|-----|------|
| Dout V/ | ~ | | |

| | Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8; and Par (See instructions.) | , 4b, 4c, 5a, 6, 9a, 9b, 9c, d 3: Part IV. Section E. line | 11a, 11b, and 11c; Part as 1c, 2a, 2b, 3a, and 3b; | IV, Section B, lines 1 an Part V. line 1: Part V. S | nd 2; Part IV, Section C, Section B. line 1e: Part V. |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------|
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| 32028 01-04-2 | 2 | | | | Schedule A (Form 990) 202 ⁻ |
| | | | 21 | | |

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File ** *** Not Open to Public Inspection ***

| Contributor's Name | Total Contributions | Excess Contributions |
|-----------------------------------------------------------|------------------------|-------------------------|
| STORM CASTLE FOUNDATION | 310,000. | 23,002. |
| KRAMER FAMILY FOUNDATION | 700,000. | 413,002. |
| RUPERT H. JOHNSON, JR. FOUNDATION | 653,000. | 366,002. |
| S. D. BECHTEL, JR. FOUNDATION | 400,000. | 113,002. |
| GEORGE MARCUS | 1,000,000. | 713,002. |
| COMMUNITY OUNDATION OF GREATER MEMPHIS | 531,645. | 244,647. |
| | | |
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| | | |
| Total Excess Contributions to Schedule A. Part II. Line 5 | | 1,872,657. |

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

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

2021

Employer identification number

68-0369482

| INITED | RELIGIONS |
|--------|------------|
| | TUTTTOTOTO |

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

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

Schedule B (Form 990) (2021)

UNITED RELIGIONS

Name of organization

Employer identification number

68-0369482

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed. | |
|------------|----------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | MS. DAISY BEREXA AND MR. STEVEN BEREXA 4805 ROCK SPRING ROAD ARLINGTON, VA 22207 | \$10,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | MR. CURTIS BROWN 918 BAILEYANA ROAD HILLSBOROUGH, CA 94010 | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | MR. AND MRS. SCOTT BRUBAKER 3233 JACKSON STREET, #1 SAN FRANCISCO, CA 94118 | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4_ | MR. AND MRS. J. ROBERT COLEMAN, JR. 220 BOOKWOOD R WOODSIDE, CA 94062 | \$22,242. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | COMMUNITY FOUNDATION OF GREATER MEMPHIS 1900 UNION AVENUE MEMPHIS, TN 38104 | \$264,969. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | THE REV. AND MRS. NORMAN L. CRAM, JR. P.O. BOX 224 VINEBURG, CA 95487 | \$5,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021) |

123452 11-11-21

UNITED RELIGIONS

Name of organization

Employer identification number

68-0369482

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution MS. MARY CRANSTON AND MR. ROGER VAN 7 CRAEYNEST X Person Payroll 2957 PACIFIC AVENUE 6,000. Noncash \$ (Complete Part II for SAN FRANCISCO, CA 94115 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 ENSEMBLE CAPITAL MANAGEMENT X Person Payroll 1350 OLD BAYSHORE HWY. STE. 460 8,100. Noncash \$ (Complete Part II for BURLINGAME, CA 94010 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 9 MR. AND MRS. BRADLEY FREITAG X Person Payroll 255 UPLANDS DRIVE 20,000. Noncash \$ (Complete Part II for HILLSBOROUGH, CA 94010 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. WILLIAM P. FULLER AND MS. JENNIFER MR. 10 BECKETT X Person Payroll 2076 VALLEJO STREET 9,035. Noncash \$ (Complete Part II for SAN FRANCISCO, CA 94123 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 JUDITH GADALDI X Person Payroll 61 SHORE VIEW AVENUE 6,000. Noncash (Complete Part II for SAN FRANCISCO, CA 94121 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution THE STEPHEN AND MARGARET GILL FAMILY 12 FOUNDATION X Person Payroll 32 FLOOD CIRCLE 20,000. Noncash \$ (Complete Part II for ATHERTON, CA 94027 noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021)

UNITED RELIGIONS

Name of organization

Employer identification number

68-0369482

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 MR. AND MRS. JOHN GOLDMAN X Person Payroll 42 SERRANO DR. 10,000. Noncash \$ (Complete Part II for ATHERTON, CA 94027-3934 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 14 MR. MARK GRACE X Person Payroll 266 W BLITHEDELE AVE. 5,187. Noncash \$ (Complete Part II for MILL VALLEY, CA 94941 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 15 MR. AND MRS. PATRICK W. GROSS X Person Payroll 7401 GLENBROOK ROAD 5,000. Noncash \$ (Complete Part II for BETHESDA, MD 20814-1327 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 16 HERBST FOUNDATION X Person Payroll 30 VAN NESS AVE., SUITE 3600 5,000. Noncash \$ (Complete Part II for SAN FRANCISCO, CA 94102-6026 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 MR. AND MRS. GARD JAMESON X Person Payroll P.O. BOX 60250 25,000. Noncash \$ (Complete Part II for BOULDER CITY, NV 89006-0250 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 18 MS. ELIZABETH E. JANOPAUL X Person Payroll 6,000. 501 PORTOLA ROAD, #8010 Noncash \$ (Complete Part II for PORTOLA VALLEY, CA 94028 noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021)

UNITED RELIGIONS

Name of organization

Employer identification number

68-0369482

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution MR. AND MRS. MICHAEL KOKINOS 19 X Person Payroll 14075 ARNERICH ROAD 5,000. Noncash \$ (Complete Part II for LOS ALTOS, CA 95032 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 20 MR. AND MRS. ROBERT A. LURIE X Person Payroll 181 SELBY LANE 50,000. Noncash (Complete Part II for ATHERTON, CA 94027 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 21 MR. AND MRS. JOHN A. MCQUOWN X Person Payroll 19320 CARRIGER ROAD 100,000. Noncash \$ (Complete Part II for SONOMA, CA 95476 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 22 ALEXANDER AND CAROLYN MEHRAN X Person Payroll 3680 JACKSON STREET 25,000. Noncash \$ (Complete Part II for SAN FRANCISCO, CA 94118 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 23 RUPERT H. JOHNSON, JR. FOUNDATION X Person C/O FRANKLIN RESOURCES ONE FRANKLIN Payroll PARKWAY 200,000. Noncash (Complete Part II for SAN MATEO, CA 94403 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 24 MS. SUZANNE E. SISKEL X Person Payroll 5,000. **157 VICENTE ROAD** Noncash \$ (Complete Part II for BERKELEY, CA 94705-1605 noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021)

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UNITED RELIGIONS

Name of organization

Employer identification number

68-0369482

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 25 MRS. ROSELYNE C. SWIG X Person Payroll **3710 WASHINGTON STREET** 10,000. Noncash (Complete Part II for SAN FRANCISCO, CA 94118 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 26 THE RT. REV. AND MRS. WILLIAM E. SWING X Person Payroll 601 LAUREL AVE., APT. 802 8,000. Noncash \$ (Complete Part II for SAN MATEO, CA 94401 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 27 MR. AND MRS. PAUL JOHN TAGLIABUE X Person Payroll 5630 WISCONSIN AVENUE, APT. 503 10,000. Noncash \$ (Complete Part II for CHEVY CHASE, MD 20815 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 28 MS. LAURETTE VERBINSKI X Person Payroll 8,000. 8871 CLIFFRIDGE AVE. Noncash \$ (Complete Part II for LA JOLLA, CA 92037-2102 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 29 JOHN WEISER X Person Payroll 3400 PAUL SWEET ROAD, UNIT D219 26,041. Noncash (Complete Part II for SANTA CRUZ, CA 95065 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 30 MR. AND MRS. MICHAEL WILSEY X Person Payroll 5,000. Noncash 143 ISABELLA AVENUE \$ (Complete Part II for ATHERTON, CA 94027 noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

UNITED RELIGIONS

Name of organization

Employer identification number

Page 2

68-0369482

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 31 UN ENVIRONMENT PROGRAMME X Person Payroll P.O. BOX 30552, 00100 15,000. Noncash \$ (Complete Part II for NAIROBI, KENYA noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 32 STIFTUNG AUXILIUM X Person Payroll **GRAFENAUWEG** 10 300,000. Noncash \$ (Complete Part II for ZUG, SWITZERLAND 6300 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) 123452 11-11-21 Schedule B (Form 990) (2021)

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| Part II | Noncash Property (see instructions). Use duplicate copies of Part | II if additional space is needed. | |
|------------------------------|-------------------------------------------------------------------|-------------------------------------------------|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |

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

Employer identification number

68-0369482

16101115 795476 0639700

30 2021.05000 UNITED RELIGIONS Schedule B (Form 990) (2021)

| Name of org | ganization | | Employer identification number | | |
|---------------------------|-----------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|--|
| INTTED | RELIGIONS | | 68-0369482 | | |
| Part III | | (a) through (e) and the following line en , charitable, etc., contributions of \$1,000 or | ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| Part I | | | | | |
| - | | (e) Transfer of git | | | |
| - | Transferee's name, address, | and ZIP + 4 | Relationship of transferor to transferee | | |
| (a) No. from | | | | | |
| Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | | (e) Transfer of gif | | | |
| - | Transferee's name, address, | and ZIP + 4 | Relationship of transferor to transferee | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | | (e) Transfer of gif | | | |
| - | Transferee's name, address, | and ZIP + 4 | Relationship of transferor to transferee | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | | | | | |
| - | (e) Transfer of gift | | | | |
| | Transferee's name, address, | and ZIP + 4 | Relationship of transferor to transferee | | |
| | | | | | |
| 123454 11-11-2 | 21 | 31 | Schedule B (Form 990) (202 | | |

2021.05000 UNITED RELIGIONS

| SCHEDULE | D |
|----------|---|
|----------|---|

Department of the Treasury

Name of the organization

Internal Revenue Service

| (Form | 990) |
|-------|------|
|-------|------|

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.

Open to Public Inspection

OMB No. 1545-0047

|--|

Employer identification number

| 68-036948 | 2 | |
|-----------|---|--|
|-----------|---|--|

| | UNITED RELIGIONS | | | 68-0369482 |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------|---------------------------------|
| Par | t I Organizations Maintaining Donor Advised | d Funds or Other Similar Funds or | Accour | Its. Complete if the |
| | organization answered "Yes" on Form 990, Part IV, lin | e 6. | | |
| | | (a) Donor advised funds | (b) Fur | nds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in v | writing that the assets held in donor advised | funds | |
| • | are the organization's property, subject to the organization's | - | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | | | |
| Ŭ | for charitable purposes and not for the benefit of the donor of | | | |
| | | | 0 | Yes No |
| Par | | anization answered "Yes" on Form 990 Par | t IV line 7 | |
| 1 | Purpose(s) of conservation easements held by the organization | | | |
| • | Preservation of land for public use (for example, recreat | | historically | important land area |
| | Protection of natural habitat | Preservation of a | | |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation contribution in the form of | a conserva | tion assement on the last |
| 2 | day of the tax year. | | | Held at the End of the Tax Year |
| • | | | 20 | |
| | | | | |
| b | c , , , , , , , , , , , , , , , , , , , | | | |
| | Number of conservation easements on a certified historic structure of conservation easements included in (a) and the structure of the structur | | <u>2c</u> | |
| a | Number of conservation easements included in (c) acquired a | | | |
| • | listed in the National Register | | | |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, or terminated by the or | ganization | during the tax |
| | year ▶ | | | |
| 4 | Number of states where property subject to conservation eas | | | |
| 5 | Does the organization have a written policy regarding the per | | | |
| - | violations, and enforcement of the conservation easements it | | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, and enforcing conserv | ation ease | ements during the year |
| _ | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | ling of violations, and enforcing conservation | n easemen | ts during the year |
| • | | | | |
| 8 | Does each conservation easement reported on line 2(d) above | | | |
| - | | | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation | - | | |
| | balance sheet, and include, if applicable, the text of the footn | ote to the organization's financial statement | s that desc | cribes the |
| Dar | organization's accounting for conservation easements. t III Organizations Maintaining Collections of | Art Historical Treasures or Othe | r Simila | r Accots |
| Fai | | | | 1 A33613. |
| | Complete if the organization answered "Yes" on Form | | | |
| та | If the organization elected, as permitted under FASB ASC 95 | | | |
| | of art, historical treasures, or other similar assets held for pub | , , | erance of | public |
| | service, provide in Part XIII the text of the footnote to its finan | | | |
| b | If the organization elected, as permitted under FASB ASC 95 | | | |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research in furthera | ance of pu | blic service, |
| | provide the following amounts relating to these items: | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | \$ |
| | | | | · |
| 2 | If the organization received or held works of art, historical trea | · · · · · · | ain, provide | e |
| | the following amounts required to be reported under FASB A | - | | |
| | Revenue included on Form 990, Part VIII, line 1 | | | \$ |
| b | Assets included in Form 990, Part X | | 🕨 | \$ |
| LHA | For Paperwork Reduction Act Notice, see the Instructions | for Form 990. | | Schedule D (Form 990) 2021 |
| 132051 | 10-28-21 | | | |

32 2021.05000 UNITED RELIGIONS

| Sche | | RELIGIONS | | | | 68-03 | 69482 | Pa | age 2 |
|--------------|-------------------------------------------------------------------------------------------|----------------------------------|-----------------------|-------------------------------|-----------------------|----------------|-----------|-------|--------------|
| Par | t III Organizations Maintaining C | ollections of Art, | , Historical Tre | asures, or Otl | ner Sim | ilar Assets | (contin | ued) | |
| 3 | Using the organization's acquisition, accession | on, and other records | , check any of the f | ollowing that make | e significa | int use of its | | | |
| | collection items (check all that apply): | | | | | | | | |
| а | Public exhibition | d | Loan or exc | hange program | | | | | |
| b | Scholarly research | е | Other | | | | | | |
| с | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explain | how they further th | e organization's e | xempt pu | rpose in Part | XIII. | | |
| 5 | During the year, did the organization solicit o | r receive donations of | art, historical treas | sures, or other sim | ilar assets | s | _ | | _ |
| _ | to be sold to raise funds rather than to be ma | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arrange | | te if the organizatio | n answered "Yes" | on Form | 990, Part IV, | ine 9, or | | |
| | reported an amount on Form 990, Par | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | | • | | | | - | | 1 |
| | on Form 990, Part X? | | | | | L | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the follo | owing table: | | _ | | <u> </u> | | |
| | | | | | | | Amount | | |
| | Beginning balance | | | | | C | | | |
| | Additions during the year | | | | | d | | | |
| e | Distributions during the year | | | | | e | | | |
| T | Ending balance | | | | ····· | lf | | | 1 |
| | Did the organization include an amount on Fo | | | | • • | ····· ∟ | Yes | | No |
| Par | If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i | | | | | <u></u> | <u></u> | |] |
| | | (a) Current year | (b) Prior year | (c) Two years bac | | ree years back | (e) Four | vears | back |
| 1a | Beginning of year balance | 15,855,584. | 13,218,802. | 2,716,054 | | 1,861,056. | | 492, | |
| b | Contributions | 500,000. | 2,371,353. | | | 986,445. | | , | |
| c | Net investment earnings, gains, and losses | 1,368,154. | 2,023,128. | 439,528 | | -129,676. | 1, | 368, | 385. |
| d | Grants or scholarships | 1,401,432. | 1,650,460. | , | | , | , | | |
| e | Other expenditures for facilities | | · · | | | | | | |
| | and programs | | | | | | | | |
| f | Administrative expenses | 77,451. | 107,239. | 290,95 | ۶. | 1,771. | | | |
| g | End of year balance | 16,244,855. | 15,855,584. | 13,218,802 | 2. | 2,716,054. | 1, | 861, | 056. |
| 2 | Provide the estimated percentage of the curr | ent year end balance | (line 1g, column (a) |) held as: | | | | | |
| а | Board designated or quasi-endowment | - | _% | | | | | | |
| b | Permanent endowment | % | | | | | | | |
| с | Term endowment | % | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c show | uld equal 100%. | | | | | | | |
| 3a | Are there endowment funds not in the posse | ssion of the organizat | ion that are held ar | nd administered fo | r the orga | nization | r | | |
| | by: | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | 3a(i) | | X |
| | (ii) Related organizations | | | | | | 3a(ii) | X | |
| b | If "Yes" on line 3a(ii), are the related organiza | | | | | | 3b | X | |
| | Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm | | ment funds. | | | | | | |
| Fai | Complete if the organization answered | | Part IV line 11a S | oo Form 000 Port | V line 10 | 'n | | | |
| | | , | | , | , | | (-1) D1 | | |
| | Description of property | (a) Cost or ot basis (investm | • • | or other (c (other) |) Accumu depreciat | | (d) Book | value | e |
| 1a | Land | | | | | | | | |
| b | Buildings | | | | | | | | |
| с | Leasehold improvements | | | 1,747. | | 747. | | | 0. |
| d | Equipment | | 17 | 2,504. | 163, | .076. | 9 |),42 | 28. |
| | Other | | | | | | | | |
| <u>Total</u> | . Add lines 1a through 1e. <i>(Column (d) must e</i> | qual Form 990, Part X | , column (B), line 1 | 0c.) | | 🕨 | 9 |),42 | 28. |

Schedule D (Form 990) 2021

16101115 795476 0639700

| | (Form 990) | | | RELIGIONS |
|----------|------------|-------|----------------|-----------|
| Part VII | Investn | ients | - Other Securi | cies. |

| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11b. See Form 990, Part X, line 12. | |
|----------------------------------------------------------------------|----------------------------|-------------------------------------------|------------------------|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end | d-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII Investments - Program Related. | | | |
| Complete if the organization answered "Yes" | on Form 990 Part IV line | 11c See Form 990 Part X line 13 | |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end | d-of-vear market value |
| | | (c) Method of Valdation. Cost of end | d-or-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | |
| Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11d. See Form 990, Part X, line 15. | |
| | Description | | (b) Book value |
| (1) DEPOSITS | | | 17,094. |
| (2) INTEREST IN NET ASSETS OF | URI FOUNDATI | ON | 17,573,660. |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | e 15.) | | 17,590,754. |
| Part X Other Liabilities. | | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11e or 11f. See Form 990, Part X, line 25 | |
| 1. (a) Description of liability | · · · | · · | (b) Book value |
| (1) Federal income taxes | | | |
| (1) CARES ACT PPP LOAN | | | 275,735. |
| (3) DUE TO URI FOUNDATION | | | 1,000,000 |
| (4) | | | ,000,000 |
| | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | <u>ə 25.)</u> | Þ | 1,275,735. |

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

Schedule D (Form 990) 2021

132053 10-28-21

| Sche | dule D (Form 990) 2021 UNITED RELIGIONS | | | 68-0 | 0369482 Page 4 |
|------|----------------------------------------------------------------------------------|----------|----------------|--------|----------------|
| Pa | t XI Reconciliation of Revenue per Audited Financial Statemen | ts With | | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 3,278,827. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | -1,220. | | |
| b | Donated services and use of facilities | 2b | | | |
| с | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 896,109. | | |
| е | Add lines 2a through 2d | | | 2e | 894,889. |
| 3 | Subtract line 2e from line 1 | | | 3 | 2,383,938. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| с | Add lines 4a and 4b | 4c | 0. | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 2,383,938. | | |
| Pa | t XII Reconciliation of Expenses per Audited Financial Statemer | nts With | Expenses per F | Returr | າ. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 3,100,349. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | | 3 | 3,100,349. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| с | Add lines 4a and 4b | | | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 3,100,349. |
| Pa | t XIII Supplemental Information. | | | | |

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

PART V, LINE 4:

THE ENDOWMENT FUND IS HELD BY THE RELATED ORGANIZATION, UNITED RELIGIONS

INITIATIVE FOUNDATION, INC. FUNDS ARE USED FOR VARIOUS STRATEGIC

INITIATIVES AND IN ACCORDANCE WITH DONOR RESTRICTIONS.

PART X, LINE 2:

UNITED RELIGIONS IS RECOGNIZED AS A PUBLIC CHARITY EXEMPT FROM FEDERAL

INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND

RECOGNIZED AS A PUBLIC CHARITY EXEMPT FROM STATE INCOME TAXES UNDER

SECTION 23701 OF THE CALIFORNIA REVENUE AND TAXATION CODE. ACCORDINGLY, NO

35

PROVISION HAS BEEN MADE FOR SUCH TAXES IN THE ACCOMPANYING FINANCIAL

STATEMENTS.

132054 10-28-21

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INCREASE IN BENEFICIAL INTEREST IN URI FOUNDATION

PART XI, LINE 9

THIS AMOUNT REPRESENTS THE CURRENT YEAR NET INCREASE IN THE BENEFICIAL

INTEREST IN UNITED RELIGIONS FOUNDATION.

Schedule D (Form 990) 2021

132055 10-28-21

| UNITED RELIGIONS | | | | 68-036948 | |
|--------------------------------------------|--------------------|------------------------------|------------------------------------------------------------------------------------|----------------------------------------------|------------------------------|
| Part I General Infor | mation on A | ctivities Out | side the United States. Comple | ete if the organization answered "Y | ′es" on |
| Form 990, Part IV | ′, line 14b. | | | | |
| 1 For grantmakers. Does | the organization | maintain record | ls to substantiate the amount of its gra | | |
| the grantees' eligibility fo | or the grants or a | ssistance, and t | he selection criteria used to award the | grants or assistance? X | Yes No |
| | | | | | |
| - | ribe in Part V the | organization's p | procedures for monitoring the use of its | s grants and other assistance outsi | de the |
| United States. | (| | | | |
| 3 Activities per Region. (Tr (a) Region | (b) Number of | (c) Number of | n be duplicated if additional space is n (d) Activities conducted in the region | (e) If activity listed in (d) | (f) Total |
| (a) negion | offices | emplovees. | (by type) (such as, fundraising, pro- | is a program service, | expenditures |
| | in the region | agents, and independent | gram services, investments, grants to | 1 0 , | for and |
| | _ | contractors in the region | recipients located in the region) | of service(s) in the region | investments in the region |
| | | in the region | | | |
| | | | | INTERFAITH COOPERATION, | |
| | | | | COMMUNICATION, AND | |
| ASIA SOUTH | 6 | | RECIPIENTS. | REGIONAL COORDINATION. | 178,285. |
| | | | | | |
| | | | | INTERFAITH COOPERATION, | |
| | | | PROGRAM SERVICES, GRANTS TO | COMMUNICATION, AND | |
| EAST ASIA & PACIFIC | 3 | 3 | RECIPIENTS. | REGIONAL COORDINATION. | 59,134. |
| | | | | | |
| CENTRAL | | | | INTERFAITH COOPERATION, | |
| AMERICA/SOUTH | | | PROGRAM SERVICES, GRANTS TO | COMMUNICATION, AND | |
| AMERICA/CARRIBEAN | 2 | 1 | RECIPIENTS. | REGIONAL COORDINATION. | 52,477. |
| | | | | | |
| | | | | INTERFAITH COOPERATION, | |
| MIDDLE EAST, NORTH | | | | COMMUNICATION, AND | |
| AFRICA | 1 | 1 | RECIPIENTS. | REGIONAL COORDINATION. | 82,050. |
| | | | | | |
| | | | | INTERFAITH COOPERATION, | |
| AFRICA | 6 | | PROGRAM SERVICES, GRANTS TO RECIPIENTS. | COMMUNICATION, AND REGIONAL COORDINATION. | 179 151 |
| AFRICA | 0 | 0 | RECIFIENTS. | REGIONAL COORDINATION: | 178,151. |
| | | | | INTERFAITH COOPERATION, | |
| | | | | COMMUNICATION, AND | |
| EUROPE | 1 | | RECIPIENTS. | REGIONAL COORDINATION. | 118,999. |
| | | | • | · · · · · · · · · · · · · · · · · · · | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | L |
| 3 a Subtotal | 19 | 17 | | | 669,096. |
| b Total from continuation | | | | | |
| sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a | | | | | |
| and 3b) | 19 | 17 | | | 669,096. |

Statement of Activities Outside the United States
 Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
 Attach to Form 990.

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

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

Schedule F (Form 990) 2021

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

132071 12-20-21

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

16101115 795476 0639700

UNITED RELIGIONS

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

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV appraisal, other) |
|-------------------------------|-------------------------------------------------|----------------------------|----------------------------------|-----------------------------|---------------------------------|-----------------------------------------------|---------------------------------------------|------------------------------------------------------------|
| | | | | | | | | |
| | | | INTERFAITH | | | | | |
| | | AFRICA | COOPERATION | 121,594. | WIRE TRANSFERS | 56,557. | | |
| | | | | | | | | |
| | | | INTERFAITH | | | | | |
| | | EAST ASIA/PACIFIC | COOPERATION | 11,700. | WIRE TRANSFERS | 47,434. | | |
| | | | | | | | | |
| | | | INTERFAITH | | | | | |
| | | EUROPE | COOPERATION | 53,218. | WIRE TRANSFERS | 65,781. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | INTERFAITH COOPERATION | 39 083 | WIRE TRANSFERS | 42,967. | | |
| | | | | | | 12,507. | | |
| | | | | | | | | |
| | | | INTERFAITH | | | | | |
| | | SOUTH ASIA | COOPERATION | 87,791. | WIRE TRANSFERS | 90,494. | | |
| | | CENTRAL | | | | | | |
| | | AMERICA/SOUTH | INTERFAITH | | | | | |
| | | AMERICA/CARRIBEAN | COOPERATION | 29,336. | WIRE TRANSFERS | 23,141. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2 Enter total number of | recipient organization | ns listed above that are i | recognized as charities by the t | foreign country | recognized as a tax | | | <u> I </u> |
| | | | or counsel has provided a sect | | - | ► _ | | |
| 3 Enter total number of | other organizations of | or entities | | | | | | |

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021 UNITED RELIGIONS

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

Part III can be duplicated if additional space is needed.

| Part III can be duplicated II ac | autional space is needed | ٦. | | | | | |
|----------------------------------|--------------------------|--------------------------|---------------------------------|----------------------------------------|-----------------------------------------|---------------------------------------|-----------------------------------------------------------------------|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of noncash assistance | (g) Description of noncash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
| | | | | | | | |
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Schedule F (Form 990) 2021

Page 3

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes | X No |
|---|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i> | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i> | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i> | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i> | Yes | X No |

Schedule F (Form 990) 2021

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

PART I, LINE 2:

REPORTS OF EXPENSES AND SUPPORTING DOCUMENTS ARE REQUIRED AS A CONDITION

OF GRANT. ORGANIZATION REVIEWS REPORTS AND DOCUMENTS.

132075 12-20-21

| SCHEDULE G | Suppleme | ntal Information Regarding | Fund | Iraisi | ng or Gaming A | ctiv | ities | OMB No. 1545-0047 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------|-----------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------|---------------------------------------------------------|
| (Form 990) | | e organization answered "Yes" on organization entered more than \$15 | | | | r 19, | or if the | 2021 |
| Department of the Treasury | | Attach to Form 990 | | | | | | Open to Public |
| Internal Revenue Service | | to www.irs.gov/Form990 for instru | uction | s and | the latest informati | on. | | Inspection |
| Name of the organization | UNITED | RELIGIONS | | | | | 68-0369 | |
| | complete this par | Complete if the organization answe | ered "Y | es" or | n Form 990, Part IV, I | ine 1 | 7. Form 990-E2 | ' filers are not |
| a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list | tions email solicitations tations dicitations on have a written c red in Form 990, P) highest paid indiv | f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu | tion of tion of fundra (incluc rofessi | non-g gover iising ling of onal fu | overnment grants nment grants events ficers, directors, trus undraising services? | | Yes | |
| (i) Name and addres or entity (fund | | (ii) Activity | (iii) fundr have c or cor contrib | ustody itrol of | (iv) Gross receipts from activity | tò (e | Amount paid or retained by) fundraiser ted in col. (i) | (vi) Amount paid to (or retained by) organization |
| | | | Yes | No | | | | |
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| | | n is registered or licensed to solicit c | ontrib | ▶ utions | or has been notified | it is | exempt from re | gistration |
| or licensing. | | | | | | | | |
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| LHA For Paperwork R | eduction Act Noti | ice, see the Instructions for Form 9 | 990 or | 990-E | Ζ. | | Schedul | e G (Form 990) 2021 |

132081 10-21-21

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

| | | of fundraising event contributions and gr | oss income on Form 990- | EZ, lines 1 and 6b. List e | vents with gross receipt | s greater than \$5,000. |
|-----------------|-------|-----------------------------------------------------------------------------------------|-------------------------|----------------------------|--------------------------|---------------------------|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | CIRCLES OF | | NONE | |
| | | | LIGHT | | | (add col. (a) through |
| | | | (event type) | (event type) | (total number) | col. (c)) |
| Ū | | | (| (-··· -) / · · / | (| |
| Revenue | 1 | Gross receipts | 70,970. | | | 70,970. |
| _ | 2 | Less: Contributions | 70,970. | | | 70,970. |
| | 3 | Gross income (line 1 minus line 2) | | | | |
| | | | | | | |
| | 4 | Cash prizes | | | | |
| | | | | | | |
| | 5 | Noncash prizes | | | | |
| ŝ | 5 | | | | | |
| Direct Expenses | 6 | Rent/facility costs | | | | |
| Ť | - | | | | | |
| irec | 7 | Food and beverages | | | | |
| Ō | 0 | Entortainmont | | | | |
| | 8 | Entertainment | 18,332. | | | 18,332. |
| | 9 | Other direct expenses | | | | 18,332. |
| | 10 | , , , | () | | | -18,332. |
| Pa | nrt l | Net income summary. Subtract line 10 from I III Gaming. Complete if the organization | | 000 Dart IV line 10 or r | | -10,552. |
| | | \$15,000 on Form 990-EZ, line 6a. | answered res on rollin | 990, Fait IV, inte 19, 011 | eported more than | |
| | | \$10,000 011 0111 000 EZ, inte 0a. | | (b) Pull tabs/instant | | (d) Total gaming (add |
| ne | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c) |
| Revenue | | | | singe, progreeente singe | | |
| Вe | | | | | | |
| | 1 | Gross revenue | | | | |
| | _ | Cash prizes | | | | |
| ies | 2 | Cash prizes | | | | |
| Expenses | 3 | Noncash prizes | | | | |
| EXD | 3 | Noncash prizes | | | | |
| ščt | | Rent/facility costs | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | - | Other direct expenses | | | | |
| | 5 | Other direct expenses | | | | |
| | | Valuateer leber | Yes% | Yes% | └── Yes % | |
| | Ø | Volunteer labor | No | No | No No | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | ▶ | |
| | | | | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | > | l |
| | | | | | | |
| | | ter the state(s) in which the organization condu | | | | |
| | | the organization licensed to conduct gaming a | | | | Yes No |
| b | lf " | No," explain: | | | | |
| | | | | | | |
| | | | | | | |
| | | ere any of the organization's gaming licenses re | | | ear? | Yes No |
| b | lf " | Yes," explain: | | | | |
| | | | | | | |
| | | | | | | |
| 1320 | 32 10 | D-21-21 | | | Sche | dule G (Form 990) 2021 |

| Sch | edule G (Form 990) 2021 | UNITED | RELIGIONS | 68-0369482 Page 3 |
|-------|------------------------------------|-------------------|--------------------------------------------------------------------------|-----------------------------------|
| 11 | Does the organization conduct ga | ming activities | with nonmembers? | Yes No |
| | | | e of a trust, or a member of a partnership or other entity formed | |
| | | | | Yes No |
| 13 | Indicate the percentage of gaming | | | |
| | | | | 13a % |
| | | | | |
| | | | repares the organization's gaming/special events books and record | |
| | | | | |
| | Address 🕨 | | | |
| 15a | Does the organization have a con | tract with a thir | d party from whom the organization receives gaming revenue? \dots | Yes No |
| b | If "Yes " enter the amount of gam | ina revenue rec | eived by the organization 🕨 \$ and the amo | nut |
| ~ | of gaming revenue retained by the | | | |
| c | If "Yes," enter name and address | | | |
| Ū | | or the time par | ·y. | |
| | Name | | | |
| | | | | |
| | | | | |
| | Address | | | |
| 40 | | | | |
| 16 | Gaming manager information: | | | |
| | | | | |
| | Name 🕨 | | | |
| | | | | |
| | Gaming manager compensation | ▶ \$ | | |
| | | | | |
| | Description of services provided | ▶ | | |
| | | | | |
| | | | | |
| | | | | |
| | Director/officer | Employe | e Independent contractor | |
| | | | | |
| 17 | Mandatory distributions: | | | |
| а | Is the organization required under | state law to m | ake charitable distributions from the gaming proceeds to | |
| | retain the state gaming license? | | | Yes No |
| b | Enter the amount of distributions | | state law to be distributed to other exempt organizations or spent i | |
| | organization's own exempt activit | • | | |
| Pa | | | ide the explanations required by Part I, line 2b, columns (iii) and (v); | ; and Part III, lines 9, 9b, 10b, |
| | | | o provide any additional information. See instructions. | |
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| 13208 | 3 10-21-21 | | | Schedule G (Form 990) 2021 |
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| Part IV | Supplemental Information (continued) | |
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| | | Schedule G (Form 990) |

132084 11-18-21

16101115 795476 0639700

| SCHEDULE I (Form 990) | | Go | Grants and Oth vernments, an lete if the organization | d Individual | s in the Ŭni | ted States | | OMB No. 1545-0047 |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------|---------------------------------|----------------------------------------|----------------------------------------------------------------|---------------------------------------|-----------------------------------------------|
| Department of the Treasury | | Comp | lete il tile oi galiizatioi | Attach to For | | 11 IV, III e 2 I 01 22. | | Open to Public |
| Internal Revenue Service | | | Go to www.ir | s.gov/Form990 fo | r the latest inforn | nation. | | Inspection |
| Name of the organizati | ion UNITED RE | LIGIONS | | | | | | Employer identification number $68 - 0369482$ |
| Part I General Ir | nformation on Grants a | nd Assistance | | | | | | |
| | zation maintain records t | | | | | | | |
| Criteria used to a | award the grants or assis IV the organization's pro | | oring the use of grant - | funda in tha Unitad | | | | |
| | d Other Assistance to | | | | | anization answered "Y | es" on Form 990 Parl | IV line 21 for any |
| | hat received more than \$ | | | | | | | |
| . , | ddress of organization vernment | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| PROGRAM GRANT - U P.O. BOX 29242 SAN FRANCISCO, CA | | | 170(B)(1(A)(VI) | 21,000. | 0. | | | PROGRAM GRANT |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | per of section 501(c)(3) and the section solution of other organizations of other organizations of the section solution solution solutions are solutions of the section solution solution solution solution solutions are solutions and solutions are solutions a | | | e line 1 table | | | | ······ • |
| | | | | | | | | |

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132102 10-26-21

UNITED RELIGIONS

Part III can be duplicated if additional space is needed. **(e)** Method of valuation (book, FMV, appraisal, other) (c) Amount of (a) Type of grant or assistance (b) Number of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance

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

PART I, LINE 2:

REPORTS OF EXPENSES AND SUPPORTING DOCUMENTS ARE REQUIRED AS A CONDITION OF

ORGANIZATION REVIEWS REPORTS AND DOCUMENTS. GRANT.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

68-0369482

Page 2

| SC | HEDULE J | Compensati | ion Information | 1 | OMB No. 1 | 545-004 | 47 |
|------|---------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------|------------|-------------|-----------|------|
| (Fo | rm 990) | • | rustees, Key Employees, and Highest | _ | 20 | 01 | |
| | | Compensa | ated Employees | | 20 | | 1 |
| Dana | terrant of the Treesury | | ered "Yes" on Form 990, Part IV, line 23. to Form 990. | _ | Open to | Publi | ic |
| | tment of the Treasury al Revenue Service | | Inspection | | | | |
| Nam | e of the organizatio | 1 | | Employer i | | | nber |
| | | UNITED RELIGIONS | | 68-0 | 36948 | 2 | |
| Pa | rt I Question | s Regarding Compensation | | | | | |
| | | | | | | Yes | No |
| 1a | Check the appropri | ate box(es) if the organization provided any of the | e 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 c | harter travel |] Housing allowance or residence for perso | nal use | | | |
| | Travel for com | panions | Payments for business use of personal res | sidence | | | |
| | Tax indemnific | ation and gross-up payments |] Health or social club dues or initiation fees | 6 | | | |
| | Discretionary | pending account | Personal services (such as maid, chauffeu | r, chef) | | | |
| | | | | | | | |
| b | If any of the boxes | on line 1a are checked, did the organization follow | w a written policy regarding payment or | | | | |
| | reimbursement or p | rovision of all of the expenses described above? | If "No," complete Part III to explain | | 1b | Х | |
| 2 | Did the organization | require substantiation prior to reimbursing or all | lowing expenses incurred by all directors, | | | | |
| | trustees, and office | rs, including the CEO/Executive Director, regarding | ng the items checked on line 1a? | | 2 | Х | |
| | | | | | | | |
| 3 | Indicate which, if a | y, of the following the organization used to estab | olish the compensation of the organization's | | | | |
| | CEO/Executive Dire | ctor. Check all that apply. Do not check any box | es for methods used by a related organization | on to | | | |
| | establish compensation | tion of the CEO/Executive Director, but explain in | n Part III. | | | | |
| | X Compensatior | committee | Written employment contract | | | | |
| | | - | Compensation survey or study | | | | |
| | X Form 990 of o | her organizations | floor Approval by the board or compensation c | ommittee | | | |
| | | | | | | | |
| 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 re | ated organization: | | | | | |
| а | | e payment or change-of-control payment? | | | 4 a | | X |
| b | Participate in or rec | eive payment from a supplemental nonqualified r | retirement plan? | | 4b | | X |
| с | - | eive payment from an equity-based compensatio | - | | 4c | | x |
| | If "Yes" to any of lir | es 4a-c, list the persons and provide the applicat | ble amounts for each item in Part III. | | | | |
| | | | | | | | |
| | |)(3), 501(c)(4), and 501(c)(29) organizations mu | - | | | | |
| 5 | | n Form 990, Part VII, Section A, line 1a, did the c | organization pay or accrue any compensatio | n | | | |
| | contingent on the r | | | | | | 37 |
| а | The organization? | | | | <u>5a</u> | | X |
| b | | ation? | | | <u>5</u> b | | X |
| | | r 5b, describe in Part III. | | | | | |
| 6 | | n Form 990, Part VII, Section A, line 1a, did the c | organization pay or accrue any compensatio | n | | | |
| | contingent on the r | | | | - | | v |
| | | | | | | | X |
| b | | ation? | | | <u>6b</u> | | X |
| _ | | r 6b, describe in Part III. | | | | | |
| 7 | | n Form 990, Part VII, Section A, line 1a, did the c | | | _ | | v |
| - | | es 5 and 6? If "Yes," describe in Part III | | | 7 | | X |
| 8 | | reported on Form 990, Part VII, paid or accrued p | | | - | | v |
| - | | ption described in Regulations section 53.4958-4 | | | 8 | | X |
| 9 | | d the organization also follow the rebuttable pres | | | | | |
| | | 53.4958-6(c)? | | | | 000 | |
| LHA | For Paperwork R | eduction Act Notice, see the Instructions for Fe | orm 990. | Sched | ule J (Forn | n 990) | 2021 |

132111 11-02-21

68-0369482

Page **2**

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-MISC compensation | C and/or 1099-NEC | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B) |
|-----------------------------------|------|----------------------------|-------------------------------------------|-------------------------------------------|-----------------------------------|-------------------------|------------------------------------|-------------------------------------------|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) REV. VICTOR H. KAZANJIAN, JR. | (i) | 42,101. | 0. | 0. | 0. | 48,971. | 91,072. | 0. |
| FORMER EXECUTIVE DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Schedule J (Form 990) 2021

Page 3

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.

PART I, LINE 1A:

EXECUTIVE DIRECTOR REVEREND VICTOR H. KAZANJIAN, JR. RECEIVED A NON-TAXABLE

MINISTERIAL HOUSING ALLOWANCE.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

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



68-0369482

UNITED RELIGIONS

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

MEMBER GROUPS IN OVER 110 COUNTRIES. THESE GROUPS, CALLED COOPERATION

CIRCLES (CCS), ARE COMPRISED OF PEOPLE REPRESENTING AT LEAST THREE

DIFFERENT RELIGIONS, TRADITIONS OR BELIEFS WILLING TO ENGAGE IN

INTERFAITH DIALOGUE AND COLLABORATE ON HUMANITARIAN EFFORTS IN THEIR

COMMUNITY. UTILIZING THIS DUAL STRATEGY APPROACH, URI COOPERATION

CIRCLES PARTICIPATE IN TOPICS INCLUDING INTERFAITH DIALOGUE, CARE FOR

INDIVIDUALS IN NEED, EDUCATING CHILDREN, PREVENTING VIOLENCE AGAINST

WOMEN, IMPROVING THE ENVIRONMENT, RESOLVING CONFLICTS, AND NEGOTIATING

PEACE AMONG MANY OTHER LOCAL AND GLOBAL KEY ISSUES.

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

AND HEALING. URI ENGAGES PEOPLE AT THE GRASSROOTS LEVEL TO BUILD

BRIDGES OF UNDERSTANDING ACROSS RELIGIOUS AND CULTURAL DIFFERENCES,

WORKING TOGETHER FOR THE GOOD OF THEIR COMMUNITIES AND THE WORLD. URI

IMPLEMENTS ITS MISSION BY CREATING A VITAL TRANSFORMATIVE NETWORK THAT

CONNECTS, ENABLES, TRAINS AND AMPLIFIES THE WORK OF LOCALLY-BASED

GROUPS. URI'S NETWORK ENABLES GRASSROOTS LEADERS TO SELF-ORGANIZE IN

ACCORDANCE WITH URI'S PURPOSE AND PRINCIPLES, IMPLEMENT LOCAL

INITIATIVES, EXCHANGE INSPIRING IDEAS AND KNOWLEDGE, AND DEEPEN MUTUAL

UNDERSTANDING AND RESPECT THROUGH STRONG INTERPERSONAL RELATIONSHIPS.

URI'S NETWORK STRENGTHENS THE CAPACITY OF MEMBER GROUPS AND

ORGANIZATIONS TO ENGAGE IN COMMUNITY ACTIONS.

LEADERSHIP TEAMS AND MORE. THE PRIMARY WORK OF THE REGIONAL BASES IS TO

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 11-11-21

| Name of the organization | Employer identification number |
|----------------------------------------------------------|--------------------------------|
| UNITED RELIGIONS | 68-0369482 |
| PROVIDE DIRECT COMMUNICATION WITH AND NETWORK SUPPORT FO | OR CCS. NETWORK |
| BENEFITS INCLUDE: HELPING CCS BUILD CAPACITY, RAISING | JISIBILITY FOR |
| CC WORK, ASSISTING CCS IN CREATING PARTNERSHIPS, CONNEC | FING WITH LOCAL |
| OFFICIALS, ORGANIZING LOCAL AND REGIONAL GATHERINGS AND | TRAININGS, AND |
| INSPIRING THE DEVELOPMENT OF NEW CCS. CCS ARE INSPIRED | AND SUSTAINED IN |
| THEIR WORK BY ACTIVE PARTICIPATION IN URI'S VITAL NETWOR | RK WITH OTHER |
| CCS WITH WHOM THEY GENERATE CONNECTION, COMMUNICATION, (| CO-MENTORING AND |
| SHARED LEARNING. URI'S GLOBAL SUPPORT OFFICE, WHICH IS I | BASED IN SAN |
| FRANCISCO, PROVIDES ACCOUNTABILITY, TRAINING AND CONSUL | TATION FOR |
| REGIONAL COORDINATORS, AND REGIONAL TEAM MEMBERS. | |
| | |
| URI'S GLOBAL SUPPORT OFFICE OVERSEES THE OPERATIONS OF | THE URI NETWORK, |
| ENERGIZING THE NETWORK BY SUPPORTING REGIONAL LEADERSHI | P TEAMS, |

CREATING A FLOW OF QUALITY INFORMATION, MAINTAINING A CC MEMBER

DATABASE, MANAGING FINANCE, PUBLICIZING CC IMPACT WORLDWIDE, ENGAGING

IN FUNDRAISING, AND PROVIDING FOCUSED RESOURCE SUPPORT AND TRAINING IN

AREAS SUCH AS CONFLICT TRANSFORMATION, THE ENVIRONMENT, WOMEN'S

EMPOWERMENT, AND YOUTH LEADERSHIP. THE EXECUTIVE DIRECTOR, CHAIR OF THE

URI GLOBAL COUNCIL AND URI'S PRESIDENT, WORKING ON BEHALF OF AN ELECTED

30 MEMBER GLOBAL COUNCIL, LEAD THE URI NETWORK AND ARE SUPPORTED BY 15

GLOBAL SUPPORT STAFF.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: DEVELOPMENT AND GLOBAL ENGAGEMENT AND SERVES TO INCREASE URI'S PRESENCE ALL OVER THE WORLD. THE GLOBAL COUNCIL TYPICALLY MEETS ONCE A YEAR IN PERSON, AND THREE TIMES A YEAR BY VIDEO CONFERENCE CALL. IN BETWEEN THESE MEETINGS, THE GLOBAL COUNCIL OPERATES THROUGH WORKING COMMITTEES THAT ACTIVELY PARTICIPATE VIA EMAIL AND ZOOM MEETINGS. MEMBERS OF THE 132212 11-11-21 Schedule O (Form 990) 2021

16101115 795476 0639700

| Schedule O (Form 990) 2021 | Page 2 |
|------------------------------------------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| UNITED RELIGIONS | 68-0369482 |
| | |
| GLOBAL COUNCIL ALSO REPRESENT REGIONS, AND SIT ON REGIONAL | LEADERSHIP |
| | |
| TEAMS THAT PLAN AND IMPLEMENT REGIONAL STRATEGIES TO BUILD | NETWORK |
| | |
| BENEFITS TO MEMBER CCS AND DEVELOP COLLECTIVE GLOBAL CAMPA | IGNS, SUCH AS |
| | |
| MOBILIZING CCS AROUND THE WORLD TO PARTICIPATE IN THE INTE | RNATIONAL DAY |
| | |
| OF PEACE ON SEPTEMBER 21. | |

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: EDUCATION AND OUTREACH: TO STRENGTHEN THE EFFECTIVENESS OF CCS TO ACCOMPLISH THEIR GOALS, EXCHANGES OF VARIOUS KINDS OF EXPERTISE TAKE PLACE AMONG CC MEMBERS. URI PROVIDES TRAINING TO HELP CCS EFFECTIVELY TAKE PART IN A GLOBAL NETWORK OF SUPPORT AND PROVIDES CCS WITH IN-DEPTH INTERVIEWS THAT DEEPEN UNDERSTANDING OF THEIR IMPACT AND POTENTIAL. URI DESIGNS LOCAL, NATIONAL AND REGIONAL GATHERINGS FOR CCS TO MEET FACE-TO-FACE TO SHARE RESOURCES, RECEIVE TRAINING, AND GIVE AND RECEIVE MUTUAL SUPPORT. URI COLLABORATES WITH MEMBER GROUPS WORLDWIDE TO ASSESS THE IMPACT OF BELONGING TO THE URI NETWORK AS BOTH CONTRIBUTORS TO THE NETWORK AND RECEIVERS OF BENEFITS.

FOCUSED RESOURCE SUPPORT: URI PROVIDES TARGETED RESOURCES TO SUPPORT THE GLOBAL CC NETWORK IN THE AREAS OF: CONFLICT RESOLUTION, INDIGENOUS RIGHTS, WOMEN'S EMPOWERMENT, ENVIRONMENTAL ISSUES AND YOUTH LEADERSHIP. CCS, AS WELL AS INDIVIDUALS AND ORGANIZATIONS WITH SPECIFIC EXPERTISE AND RESOURCES IN THESE AREAS, PROVIDE AN EFFECTIVE CHANNEL OF COMMUNICATION, CREATIVE RESOURCING AND EDUCATION TO STRENGTHEN CC CAPACITY. URI PLANS TO EXPAND FOCUSED TRAINING AND SUPPORT IN THE AREAS OF CONFLICT RESOLUTION, ENVIRONMENT, ETC.

| URI'S WEBSITE | INCLUDES AN | INTERFAITH | TEACHERS' | CURRICULUM | FOR | |
|-----------------|-------------|------------|-----------|------------|-----|---------------------------|
| 132212 11-11-21 | | | F 2 | | So | chedule O (Form 990) 2021 |

| Schedule O (Form 990) 2021 | Page 2 |
|------------------------------------------------------------|-------------------------------------------|
| Name of the organization UNITED RELIGIONS | Employer identification number 68-0369482 |
| ELEMENTARY AND MIDDLE SCHOOL STUDENTS, AS WELL AS AN EXTEN | SIVE RESOURCE |
| SECTION. IN ADDITION TO EDUCATIONAL SUPPORT, CC MEMBERS, S | TAFF AND THE |
| GLOBAL COUNCIL ENGAGE IN STRATEGIC NETWORKING, BOTH TO SHA | RE URI'S WORK |
| AND TO PROMOTE NEW PARTNERSHIPS TO SUPPORT THE DEVELOPMENT | OF THAT |
| WORK. EXTENSIVE WORK IS UNDERWAY IN SEVERAL REGIONS TO INC | REASE |
| PARTNERSHIPS BETWEEN CCS, OTHER NGOS, GOVERNMENT AND CIVIC | GROUPS TO |
| STRENGTHEN NETWORK SUPPORT AND RESOURCE SHARING. URI ACTIV | ELY WORKS |
| WITH SEVERAL UNITED NATIONS AGENCIES AND OTHER LIKE-MINED | NON-PROFITS |
| TO BUILD EFFECTIVE PARTNERSHIPS BETWEEN UN DEVELOPMENT GOA | LS AND THE |
| WORK OF CCS THROUGHOUT THE WORLD. URI NOW HAS FORMAL MOUS | (MEMORANDUMS |
| OF UNDERSTANDING) WITH THE OFFICE OF GENOCIDE PREVENTION A | T THE UNITED |
| NATIONS, UNFPA (THE UNITED NATIONS POPULATION FUND), WEA (| WOMEN'S EARTH |
| ALLIANCE), LAUNCHING LEADERS, THE WORLD TOLERANCE SUMMIT, | AND UNITY |
| EARTH. URI HOSTED AN ACCELERATE PEACE CONFERENCE HELD ON J | UNE 26 AND |
| 27, 2019 AT THE HOOVER INSTITUTION ON THE STANFORD UNIVERS | ITY CAMPUS IN |
| CALIFORNIA, USA. IT BROUGHT TOGETHER PEACEBUILDERS FROM AR | OUND THE |
| WORLD TO DISCUSS CHALLENGES TO PEACE, BOTH IN THEIR LOCAL | COMMUNITIES |
| AND ON AN INTERNATIONAL LEVEL, AND ALSO TO DISCUSS ACTION- | ORIENTED |
| SOLUTIONS TO BENEFIT ALL OF HUMANITY. A COMPLETE SET OF TH | E CONFERENCE |
| VIDEOS ARE ON THE URI WEBSITE. | |
| EXPENSES \$ 308,507. INCLUDING GRANTS OF \$ 0. REVENUE \$ | 0. |
| | |
| FORM 990, PART VI, SECTION A, LINE 6: | |
| GROUPS CALLED "COOPERATION CIRCLES" ARE MEMBERS AND MUST B | E APPROVED BY A |
| COMMITTEE OF THE BOARD. COOPERATION CIRCLES ARE THE ONLY C | LASS OF MEMBERS |

THAT HAVE THE RIGHTS TO ELECT MEMBERS OF THE GOVERNING BOARD. THE MEMBERS

DO NOT MAKE KEY DECISIONS, AND UNLIKE FOR-PROFIT ORGANIZATIONS, OUR MEMBERS

DO NOT RECEIVE A SHARE OF PROFITS, EXCESS DUES, OR SHARE OF NET ASSETS.

 132212
 11-11-21

 Schedule O (Form 990) 2021

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Name of the organization

UNITED RELIGIONS

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS IN EIGHT REGIONS VOTE TO ELECT 3 BOARD TRUSTEES EACH (24 TOTAL).

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

THE ORGANIZATION RETAINS A PROFESSIONAL CPA FIRM TO PREPARE THE FORM 990,

AFTER REVIEW AND APPROVAL BY THE FINANCE COMMITTEE. COPIES ARE MADE

AVAILABLE TO ALL BOARD MEMBERS PRIOR TO FILING THE RETURN.

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 B, LINE 15:

IN ORDER TO ENSURE EXECUTIVE COMPENSATION IS COMMENSURATE WITH SIMILAR ORGANIZATIONS, A BOARD SUBCOMMITTEE RETAINS AN INDEPENDENT CONSULTING FIRM TO ADVISE REGARDING EXECUTIVE COMPENSATION IN ORGANIZATIONS OF COMPARABLE SIZE AND LOCATION. ADDITIONALLY, AVAILABLE SURVEY MATERIALS AND FORMS 990 ARE REVIEWED. THE FULL BOARD MUST APPROVE THE COMPENSATION LEVEL OF THE EXECUTIVE DIRECTOR.

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

ANY DOCUMENTS, INCLUDING GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST

POLICY, AND PAST FINANCIAL STATEMENTS, ARE AVAILABLE UPON REQUEST TO ANY

REVIEWER OR ON URI'S WEBSITE .

132212 11-11-21

16101115 795476 0639700

| INCREASE IN BENEFICIAL INTERE | ST IN URI FOUNDATION | 896,109. |
|-------------------------------|---------------------------|----------------------------|
| | | |
| FORM 990, PART XII, LINE 2C | | |
| | CESS FROM THE PRIOR YEAR. | |
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| 132212 11-11-21 | | Schedule O (Form 990) 2021 |
| | 56 | |

Page **2**

Employer identification number

68-0369482

Schedule O (Form 990) 2021

UNITED RELIGIONS

Name of the organization

132161 11-17-21 LHA

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II 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 section | (f) Direct controlling entity | cont | g) 512(b)(13) rolled ity? |
|-----------------------------------------------------------------|--------------------------------|-----------------------------------------------------|-------------------------------|----------------------------------------------------|-------------------------------------|---------|-------------------------------------------|
| | | | | 501(c)(3)) | | Yes | No |
| THE UNITED RELIGIONS INITIATIVE FOUNDATION, | | | | | | | |
| INC 20-8008593, P.O. BOX 29242, SAN | SUPPORT UNITED RELIGIONS | | | | | | |
| FRANCISCO, CA 94129 | INITIATIVE | CALIFORNIA | 501(C)(3) | LINE 12A, I | SELF | X | |
| | - | | | | | | |
| | _ | | | | | | |
| | - | | | | | | |
| For Paperwork Reduction Act Notice, see the Instruction | ns for Form 990. | • | • | • | Schedule R | Form 99 | 0) 2021 |

Name of the organization UNITED RELIGIONS

(b)

Primary activity

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

| Related Organizations and Unrelated Partnerships |
|--------------------------------------------------|
| related Organizations and Onrelated Fartherships |

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

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

(c)

Legal domicile (state or

foreign country)

(d)

Total income

(e)

End-of-year assets

Department of the Treasury Internal Revenue Service

(a)

Name, address, and EIN (if applicable)

of disregarded entity

(Form 990)

OMB No. 1545-0047 2021

ic

| | Open to Public Inspection |
|--------------|------------------------------|
| Employer ide | entification number |

(f)

Direct controlling

entity

68-0369482

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Schedule R (Form 990) 2021

Schedule R (Form 990) 2021 UNITED RELIGIONS

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.

| | | - | | | | | | | | 1 | | |
|------------------------------------------------|------------------|-------------------------------------------|------------------------------|------------------------------------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------|-----------------|-----------------------------------------------|---------------------------|----------------------------|
| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (I | 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, income excluded from tax under | | ontrolling Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income sections 512-514 Share of total income assets assets (Predominant income assets) (P | | allocations? | | Code V-UBI amount in box 20 of Schedule | Genera manag partne | or Percentage ownership |
| | | country) | | sections 512-514) | | 400010 | Yes | No | K-1 (Form 1065) | Yes | lo | |
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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) Name, address, and EIN of related organization | (b) Primary activity | (C) Legal domicile (state or foreign | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | contr | i) b)(13) rolled tity? |
|-----------------------------------------------------------------|--------------------------------|-----------------------------------------------|--------------------------------------------|--------------------------------------------------------|----------------------------------------|-------------------------------------------------|---------------------------------------|-------|----------------------------------------|
| | | country) | | | | 400010 | | Yes | No |
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Schedule R (Form 990) 2021 UNITED RELIGIONS

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 |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | | X |
| | Gift, grant, or capital contribution to related organization(s) | 1b | | X |
| | Gift, grant, or capital contribution from related organization(s) | 1c | X | |
| | Loans or loan guarantees to or for related organization(s) | 1d | | X |
| | Loans or loan guarantees by related organization(s) | 1e | | Х |
| | | | | |
| f | Dividends from related organization(s) | 1f | | X |
| g | Sale of assets to related organization(s) | 1g | | X |
| h | Purchase of assets from related organization(s) | 1h | | X |
| | Exchange of assets with related organization(s) | 1i | | X |
| j | Lease of facilities, equipment, or other assets to related organization(s) | 1j | | X |
| | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | 1k | | X |
| | Performance of services or membership or fundraising solicitations for related organization(s) | 11 | | X |
| m | Performance of services or membership or fundraising solicitations by related organization(s) | 1m | | Х |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | | Х |
| | Sharing of paid employees with related organization(s) | 10 | | X |
| | | | | |
| р | Reimbursement paid to related organization(s) for expenses | 1p | | Х |
| | Reimbursement paid by related organization(s) for expenses | 1q | | Х |
| | | | | |
| r | Other transfer of cash or property to related organization(s) | 1r | | X |
| s | Other transfer of cash or property from related organization(s) | 1s | X | |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---------------------------------------------------------|-----------------------------------------|-------------------------------|----------------------------------------------|
| THE UNITED RELIGIONS INITIATIVE (1) FOUNDATION, INC. | С | 1,385,000. | FMV |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Schedule R (Form 990) 2021 UNITED RELIGIONS

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) | | 6 | .) | (f) | (g) | (ł | 1) | (i) | (j) | (k) |
|------------------------|------------------|-------------------|--------------------------------------------------------------------------------------------|------------------------------|------------------|----------|-------------|-------------------------|----------------|------------------|-----------------|-------------------------|
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income | Are partne 501(org | e all rs sec. | Share of | Share of | | opor- | Code V-UBI | Genera | I or Percentage |
| of entity | , , | (state or foreign | (related, unrelated, | 501(org | c)(3) s.? | total | end-of-year | Dispr tior alloca | nate tions? | amount in box 20 | manag partne | _{r?} ownership |
| | | country) | Predominant income (related, unrelated, excluded from tax under sections 512-514) | Yes | No | income | assets | Yes | No | | Yes | 10 |
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Schedule R (Form 990) 2021

UNITED RELIGIONS

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

132165 11-17-21

61 2021.05000 UNITED RELIGIONS

Schedule R (Form 990) 2021

| Form 8938 (Rev. November 2021) | | State | OMB No. 1545-2195 | | | | | | | | |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|-------------------------------------|-----------------|---------------------------------------|-------------|--------------------------------------|--|--|--|--|
| Depa | artment of the Treasury nal Revenue Service | For calendar year | ending | | Attachment Sequence No. 938 | | | | | | |
| | lf you | have attached additi | onal statements, check here | Number | of additional s | tatement | 5 | | | | |
| 1 | Name(s) shown on return2 TaxpaUNITED RELIGIONS68-036 | | | | | | yer identification number (TIN) 9482 | | | | |
| 3 | Type of filer | | | | | | | | | | |
| | a Specified in | | | | | | | | | | |
| 4 | If you checked box 3 | idual who | closely holds the | | | | | | | | |
| | partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. | | | | | | | | | | |
| | (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.) | | | | | | | | | | |
| | a Name | ame b TIN | | | | | | | | | |
| P | Part I Foreign De | eposit and Custo | dial Accounts Summary | | | | | | | | |
| 5 | Number of deposit a | ccounts (reported in F | Part V) | | | | 1 | | | | |
| 6 | Maximum value of al | I deposit accounts | | | | \$ | 13,664. | | | | |
| 7 | Number of custodial | accounts (reported in | Part V) | | > | | | | | | |
| 8 | Maximum value of al | Maximum value of all custodial accounts | | | | | | | | | |
| 9 P | Were any foreign dep art II Other Fore | es X No | | | | | | | | | |
| | | • | • | | | | | | | | |
| <u>10</u> | | <u>ssets (reported in Part</u> Il assets (reported in P | | | | \$ | | | | | |
| <u>11</u> | | sets acquired or sold o | | | | | es X No | | | | |
| 12 Pi | | | ibutable to Specified Foreig | on Financial As | sets (see in | structio | | | | | |
| | | 1 | (c) Amount reported on | | Where r | | | | | | |
| | (a) Asset category | (b) Tax item | form or schedule | (d) Form a | | • | Schedule and line | | | | |
| 10 | Foreign deposit and | a Interest | \$ | (-, | | (-7 | | | | | |
| 10 | custodial accounts | b Dividends | \$ | | | | | | | | |
| | | c Royalties | \$ | | | | | | | | |
| | | d Other income | \$ | | | | | | | | |
| | | e Gains (losses) | \$ | | | | | | | | |
| | | f Deductions | \$ | | | | | | | | |
| | | g Credits | \$ | | | | | | | | |
| 14 | Other foreign assets | a Interest | \$ | | | | | | | | |
| 14 | Other foreign assets | b Dividends | \$ | | | | | | | | |
| | | c Royalties | \$ | | | | | | | | |
| | | d Other income | \$ | | | | | | | | |
| | | e Gains (losses) | \$ | | | | | | | | |
| | | f Deductions | \$ | | | | | | | | |
| | | g Credits | \$ | | | | | | | | |
| P | art IV Excepted | | n Financial Assets (see inst | ructions) | | | | | | | |
| | | | on one or more of the following for | | er of such form | s filed. Yo | u do not need to | | | | |
| | ude these assets on F | | vear. | | | | | | | | |
| 15 | Number of Forms 352 | 20 | 16 Number of Forms 3520- | Α | 17 Nu | umber of I | Forms 5471 | | | | |
| 18 | Number of Forms 862 | 21 | 19 Number of Forms 8865 | | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 8938 (Rev. 11-2021)

| | 3 (Rev. 11-2021) | F |
|--------|-----------------------------------------------------------------------------------------------|--------|
| Part V | Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Su | ummary |

(see instructions)

| lf you | have more than one | acco | unt to report ir | Part V, attach a sep | arate state | ment for | each addit | tional account. | See instruct | tions. | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------|--------------|-----------------|------------------------------------------------------|----------------------------------------------------|-----------------|-------------|-----------------|-----------|
| 20 | Type of account a X Deposit 21 Account number or other designation b Custodial 0005531100201001 | | | | | | | | | | | |
| 22 | Check all that apply | a | | opened during tax ye | | | | ed during tax y | | | | |
| | | С | | ointly owned with sp | ouse d | | tax item re | eported in Part | | ect to this | | |
| 23 | Maximum value of ac | | | | | <u></u> | | | \$ | | | ,664. |
| 24 | | Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? | | | | | | | No | | | |
| 25 | (a) Foreign currency | | | (b) Foreign curre | - | nge rate | used to | (c) Source of | 0 | | | |
| | is maintained | | | convert to U.S. d | ollars | | | Treasury Dep | | | | |
| | RDAN, DINAR | | | | | | | • | //\\. | | | |
| 26a Name of financial institution in which account is maintained b Global Intermediary Identif HOUSING BANK TRADE & FINANCE b | | | | | | y Identificatio | on Numbe | er (GIIN) (0 | Optional) | | | |
| 27 | Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. P.O. BOX 7693 | | | | | | | | | | | |
| | City or town, state or AMMAN | | - | JORDA | N | | | 11118 | | | | |
| | rt VI Detailed In | | | | - | | | | | - \ | instruct | tions) |
| lf you | have more than one | asse | t to report in P | art VI, attach a separ | ate stateme | ent for e | ach additio | nal asset. See | instructions. | | | |
| 29 | Description of asset | | | | | 30 | Identifying | number or oth | ner designati | on | | |
| 31 | Complete all that app | oly. S | See instructions | s for reporting of mult | tiple acquis | sition or | disposition | dates. | | | | |
| а | Date asset acquired | durin | ng tax year, if a | pplicable | | | | | | | | |
| b | Date asset disposed | of du | uring tax year, | if applicable | ····· | <u></u> | | | | | | |
| C | Check if asset | t join | tly owned with | spouse | d | Che | eck if no ta | k item reported | l in Part III w | ith respec | ct to this a | asset |
| 32 | Maximum value of as | sset o | during tax year | (check box that app | lies) | | | | | | | |
| а | \$0 - \$50,000 | | b \$5 | 0,001 - \$100,000 | c | \$10 | 0,001 - \$15 | 50,000 | d 🔄 🤤 | \$150,001 | - \$200,00 | 00 |
| e | If more than \$200,00 | 0, lis | t value | | <u></u> | <u></u> | | | <u></u> | \$ | - | |
| 33 | Did you use a foreign | | | | value of the | e asset i | nto U.S. do | llars? | | <u></u> | Yes | |
| 34 | If you answered "Yes | s" to | line 33, comple | | | | | 1 | | | | |
| | (a) Foreign currency | hich asset is | (b) Foreign curre | (b) Foreign currency exchange rate used to | | | to (c) Source of exchange rate used if not from U.S. | | | | | |
| | denominated | | | convert to U.S. dollars | | | | Treasury Department's Bureau of the Fiscal Service | | | | |
| | | | | | | | | | | | | |
| 35 | If asset reported on li | ine 2 | 9 is stock of a | foreign entity or an ir | nterest in a | foreign | entity, ente | r the following | information | for the as | set. | |
| a Name of foreign entity b GIIN (Optional) | | | | | | | | | | | | |
| с | Type of foreign entity | / | (1) | Partnership | (2) | c | orporation | (3) | Trust | | (4) | Estate |
| | Mailing address of fo | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| e | City or town, state or | r prov | vince, country, | and ZIP or foreign po | ostal code | | | | | | | |
| 36 | If asset reported on li | ine 2 | 9 is not stock | of a foreign entity or a | an interest | in a fore | ign entity, e | enter the follow | ving informat | ion for the | e asset. | |
| | If asset reported on line 29 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. Note: If this asset has more than one issuer or counterparty, attach a separate statement with the same information for each additional issuer or counterparty. See instructions. | | | | | | | | | | | |
| а | Name of issuer or co | unte | rparty | | | | | | | | | |
| | Check if information | is for | | Issuer | Counte | rparty | | | | | | |
| b | Type of issuer or cou (1) Individual | - | oarty (2) | Partnership | (3) | | orporation | (4) | Trust | | (5) | Estate |
| c | Check if issuer or cou | | | U.S. person | | | | (1) | | | | Lotato |
| | | Check if issuer or counterparty is a U.S. person Image: Solution of Solution | | | | | | | | | | |
| | <u></u> | | • | | | | | | | | | |
| е | City or town, state or | r prov | vince, country, | and ∠IP or foreign po | ostal code | | | | | | | |
| 123022 | 2 12-14-21 | | | | | ` | | | | Form 8 | 938 (Rev | . 11-2021 |
| | | | | | 6 | 5 | | | | | | |

Electronic Filing PDF Attachment

| For (Rev | m 8938 v. November 2021) | Stater Go to v | OMB No. 1545-2195 | | | | | |
|-------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------|---------------------------|---------------------|-------------|---------------------------------------|--|
| | Department of the Treasury Internal Revenue Service For calendar year 2021 or tax year beginning and ending | | | | | | Attachment Sequence No. 938 | |
| | lf you | | onal statements, check here | Number of a | | atements | 6 | |
| 1 | Name(s) shown on re UNIT | lentificati 2 | on number (TIN) | | | | | |
| 3 | Type of filer | | | | | | | |
| | a Specified in | idividual b | Partnership c | Corporation | | d 🗌 | Trust | |
| 4 | If you checked box 3 | a, skip this line 4. If yo | ou checked box 3b or 3c, enter the | name and TIN of the sp | ecified individ | dual who | closely holds the | |
| | partnership or corpo | ration. If you checked | box 3d, enter the name and TIN of | the specified person wh | io is a curren | t benefic | iary of the trust. | |
| | (See instructions for | definitions and what to | o do if you have more than one spe | cified individual or spec | ified person t | o list.) | | |
| | a Name | | | b | TIN | - | | |
| P | Part I Foreign De | eposit and Custo | dial Accounts Summary | | | | | |
| 5 | Number of deposit a | ccounts (reported in P | Part V) | | | | 1 | |
| 6 | Maximum value of al | I deposit accounts | | | | \$ | 13,664. | |
| 7 | Number of custodial | accounts (reported in | Part V) | | | | | |
| 8 | Maximum value of al | l custodial accounts | | | | \$ | | |
| 9 | Were any foreign dep art II Other Fore | | ounts closed during the tax year? | | | Y | es X No | |
| | | | | | | | | |
| <u>10</u> | 0 | ssets (reported in Part | | | ····· 🕨 | • | | |
| 11 | | l assets (reported in P | / | | | \$ <u> </u> | v | |
| 12 D | Were any foreign ass | ets acquired or sold d | ibutable to Specified Forei | an Financial Asse | t s (see ins | | | |
| | art in Summary | | • | | Where re | | (15) | |
| | (a) Asset category | (b) Tax item | (c) Amount reported on form or schedule | (d) Form and li | | | Schedule and line | |
| | E a carta da carta da carta | - Internet | | (d) Formand in | | (6) | | |
| 13 | Foreign deposit and custodial accounts | a Interest | \$ | | | | | |
| | | b Dividends | \$ | | | | | |
| | | c Royalties | \$ | | | | | |
| | | d Other income | \$ | | | | | |
| | | e Gains (losses) | \$ | | | | | |
| | | f Deductions | \$ \$ | | | | | |
| 44 | Other foreign assets | g Credits | \$ | | | | | |
| 14 | Other loreign assets | a Interest | \$ | | | | | |
| | | b Dividends | \$ | | | | | |
| | | c Royalties | \$ | | | | | |
| | | d Other income e Gains (losses) | \$ | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| P | art IV Excepted | g Credits | │\$ n Financial Assets (see inst | l ructions) | | | | |
| | | | | | fough former - | filed M- | u do pot pocet te | |
| - | • • | • | on one or more of the following for | ms, enter the number o | i such torms | med. Yo | u do not need to | |
| | lude these assets on Fe | | | ٨ | 47 N. | mbor of F | - | |
| | Number of Forms 352 | | 16 Number of Forms 3520-19 Number of Forms 8865 | A | II NUI | nuer of F | Forms 5471 | |
| ıŏ | 18 Number of Forms 8621 19 Number of Forms 8865 | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 8938 (Rev. 11-2021)

123021 12-14-21

| | 3 (Rev. 11-2021) | F |
|--------|-----------------------------------------------------------------------------------------------|--------|
| Part V | Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Su | ummary |

(see instructions)

| lf you | I have more than one | acco | ount to | o report in F | Part V, attach a separate | statem | nent for ea | ich addit | tional account. See instructions. | |
|----------|---------------------------------------|--------|----------|----------------------|----------------------------------------------|------------|---------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| 20 | Type of account | a b | | Deposit Custodial | | | | | Account number or other design | ation |
| 22 | Check all that apply | а | <u> </u> | Account op | ened during tax year | ь [| | unt close | ed during tax year | |
| | | С | | Account joi | ntly owned with spouse | d | No ta | x item re | eported in Part III with respect to t | |
| 23 | Maximum value of a | | | | | | | | | 13,664. |
| 24 | | | | | ate to convert the value | e of the | account ir | nto U.S. | dollars? X Yes | No No |
| 25 | If you answered "Yes | | | | | | | | | |
| тот | (a) Foreign currency is maintained | ' in w | nich a | account | (b) Foreign currency convert to U.S. dollars | | ge rate us | ed to | (c) Source of exchange rate us Treasury Department's Bureau | of the Fiscal Service |
| _ | RDAN, DINAR | | | | | | | | HTTPS://WWW.XE. | |
| | Name of financial ins | NK | TRA | ADE & | FINANCE | | | | al Intermediary Identification Nun | nber (GIIN) (Optional) |
| 27 | Mailing address of fir P.O. BOX 76 | | | titution in w | hich account is maintai | ned. Nu | umber, stro | eet, and | room or suite no. | |
| 28 | • | r pro | vince, | country, ar | nd ZIP or foreign postal | code | | | 11110 | |
| Da | AMMAN | ofor | mati | on for E | JORDAN | | ot" Inclu | ided in | 11118 1 the Part II Summary (se | an instructions) |
| | | | | | | | | | nal asset. See instructions. | ee instructions) |
| | | asse | et to re | port in Par | i vi, allach a separale s | latemer | | | | |
| 29 | Description of asset | | | | | | 30 Ide | entifying | number or other designation | |
| 31 | | | | | or reporting of multiple | • | | | | |
| | | | | | | | | | ····· | |
| b | | | | | applicable | | | | | |
| <u> </u> | | - | - | | | d | _ Check | if no tax | item reported in Part III with resp item reported in Part III w | pect to this asset |
| 32 | | sset | | | heck box that applies) | | . | | | |
| а | | | b | , | 001 - \$100,000 | с | , | 01 - \$15 | ,, | 01 - \$200,000 |
| | | | | | | | | | \$ | |
| 33 | | | | | | e of the | asset into | U.S. do | llars? | YesNo |
| 34 | If you answered "Yes | | | | | | | | | |
| | (a) Foreign currency | ' in w | nich a | asset is | (b) Foreign currency | | ge rate us | ed to | (c) Source of exchange rate us | |
| | denominated | | | | convert to U.S. dollars | 6 | | | Treasury Department's Bureau | of the Fiscal Service |
| | | | | | | | | | | |
| 35 | If asset reported on I | ine 2 | | tock of a fo | reign entity or an interes | et in a fr | oreian enti | ity enter | r the following information for the | |
| | Name of foreign entit | | .5 15 5 | | reight entity of an interes | sinan | | | (Optional) | |
| u | Nume of foreign entit | c y | | | | | | | | |
| с | Type of foreign entity | / | | (1) | Partnership | (2) | | oration | (3) Trust | (4) Estate |
| | | | n entit | | street, and room or sui | | | | , , , <u></u> | |
| | 0 | Ũ | | | | | | | | |
| | | | | | | | | | | |
| е | City or town, state or | r pro | vince, | country, ar | nd ZIP or foreign postal | code | | | | |
| | - | - | | | | | | | | |
| 36 | If asset reported on I | ine 2 | 29 is n | ot stock of | a foreign entity or an in | terest in | n a foreign | entity, e | enter the following information for | the asset. |
| | Note: If this asset ha | as mo | ore tha | an one issu | er or counterparty, attac | ch a sep | oarate stat | ement w | vith the same information for each | n additional issuer |
| | or counterparty. See | instr | ructio | าร. | - | | | | | |
| а | Name of issuer or co | unte | rparty | | | | | | | |
| | Check if information | is foi | r | | Issuer C | ounterp | oarty | | | |
| b | Type of issuer or cou | | party | | | - | | | | |
| | (1) Individual | | | (2) | Partnership | <u>(3)</u> | Corp | oration | (4) Trust | (5) Estate |
| | Check if issuer or co | | | | U.S. person | | oreign pe | rson | | |
| d | Mailing address of is | suer | or co | unterparty. | Number, street, and roo | om or si | uite no. | | | |
| | | | | | | | | | | |
| е | City or town, state or | r pro | vince, | country, ar | nd ZIP or foreign postal | code | | | | |
| | | | | | | | | | | 2022 (D |
| 123022 | 2 12-14-21 | | | | | C | | | Form | 18938 (Rev. 11-2021 |
| | | | | | | 2 | | | | |

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

December 31, 2021

Prepared For:

United Religions P.O. Box 29242 San Francisco, CA 94129-0242

Prepared By:

Aprio, LLP 150 Post Street, Suite 200 San Francisco, CA 94108

To be Signed and Dated By:

Not applicable

Amount of Tax:

| Total Tax | \$ 0 |
|------------------------------|---------|
| Less: payments and credits | \$ 0 |
| Plus: other amount | \$ 0 |
| Plus: interest and penalties | \$ 0 |
| No payment is required | \$ |

Overpayment:

| Credited to your estimated tax | \$ 0 |
|--------------------------------|---------|
| Other amount | \$ 0 |
| Refunded to you | \$ 0 |

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please contact our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

December 31, 2021

Prepared For:

United Religions P.O. Box 29242 San Francisco, CA 94129-0242

Prepared By:

Aprio, LLP 150 Post Street, Suite 200 San Francisco, CA 94108

Amount of Tax:

Balance due of \$200

Make Check Payable To:

Department of Justice

Mail Tax Return To:

Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

Return Must Be Mailed On Or Before:

November 15, 2022

Special Instructions:

The report should be signed and dated by an authorized individual(s).

A copy of the federal return is also provided. In conjunction with Form RRF-1 this comprises the Annual Report to be filed with the California Attorney General's Registry of Charitable Trusts.

TAXABLE YEARCalifornia Exempt Organization2021Annual Information Return

| C IRC Section 4947(a)(1) trust Yes No J If exempt under R&TC Section 23701d, has the organization engaged in political activities 3% enstructions. Yes No D Final information return? Worges/Reorganized If exempt under R&TC Section 23701g? Yes No E Check accounting method: (1) case (2) Accound (3) Ore If "Yes," enter the gross recipts from nonmember sources \$ Is the organization a limited liability company? Yes No H Yes," what is the parent's name? Yes No | 202 | Annual Information Return | | | 199 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------|--------------|
| 1947803 Feat active (cells or root) P.O. BOX 29242 GP - O. BOX 29242 GP - O. BOX 29242 Code of CA SAN FRANCISCO CA 94129-0242 Frequences/provide=WildsetSouth Code of CA 94129-0242 Frequences/provide=WildsetSouth Or the colspan="2">Or the colspan="2" Or the colspan="2" Or the colspan="2">Or the colspan="2" Or the | Calendar Yea | 2021 or fiscal year beginning (mm/dd/yyyy), and ending (mm/ | /dd/yyyy) | | |
| Additional information. See instructions. Feil 68 - 036 94 82 One indiversity of the constructions. PNO. DOX 29242 City SAN_FRANCTSCO CA 94129-0242 Foreign possible value or incomposed addition of the constructions. CA B Amended return Yes C HC foreign possible value or incomposed additions. Yes B Amended return Yes C HC foreign possible value or incomposed additions. Yes C HC foreign possible value or incomposed additions. Yes Final information return? Yes Yes C HC foreign possible value or incomposed additions. Yes Freeder atterm filter (1) Gene (2) Gene (2) Gene (2) Freeder atterm filter (1) Gene (2) Gene (2) Gene (2) (4) Other organization is group execution. Yes No H is this organization in a group execution. Yes No H is this organization in a group execution. Yes No A fold appendix of filter | Corporation/Org | anization name | California c | orporation nu | umber |
| Additional information. See instructions. Feil 68 - 036 94 82 One indiversity of the constructions. PNO. DOX 29242 City SAN_FRANCTSCO CA 94129-0242 Foreign possible value or incomposed addition of the constructions. CA B Amended return Yes C HC foreign possible value or incomposed additions. Yes B Amended return Yes C HC foreign possible value or incomposed additions. Yes C HC foreign possible value or incomposed additions. Yes Final information return? Yes Yes C HC foreign possible value or incomposed additions. Yes Freeder atterm filter (1) Gene (2) Gene (2) Gene (2) Freeder atterm filter (1) Gene (2) Gene (2) Gene (2) (4) Other organization is group execution. Yes No H is this organization in a group execution. Yes No H is this organization in a group execution. Yes No A fold appendix of filter | | | | | |
| 68 - 0369482 Ore address built or noom Ore address Ore address Ore address Ore address | | | | 7803 | |
| absert address to Lunc or norm PMM in n. P. O. DOX 29242 Produ Chy State Produ SAN FRANCISCO CA 94129-0242 Freigen county name Foreign county counts could code A First return Vis X No B Amended return Vis X No Final information return? Vis X No • Discoved Barreader (Windower) View X No • Final information return? Vis X No Vis X No • Final information return? Vis X No Vis X No • Discoved Barreader (Windower) View X No • Final information return? Vis X No Vis X No • Bits the approximation return? Vis X No Vis X No • If Yes, and the group required to the Fild Section 327010; * Vis X No Vis X No • If Yes, and the group required to the fild Statistics? Sec instructions. Vis X No • If Statistics in a group filing? Sec instructions. Vis X No • If Statistic in a group enomption Vis X No • If Statistic in a group enomption Vis X No • If Statistic in a group enomption Vis X No • If Statistic in a group enomption <td< td=""><td>Additional inform</td><td>iation. See instructions.</td><td></td><td>0200</td><td>400</td></td<> | Additional inform | iation. See instructions. | | 0200 | 400 |
| P.O. BOX 29242 State ZP code GRU CA Particle State | | | | | 482 |
| One- SAN FRANCISCO Detection Detect | | | FIND | 10. | |
| SAN FRANCISCO CA 94129-0242 Foreign convince with lettowing number of the second s | | | e ZIP co | ode | |
| Toreign positive runne Foreign positive state Foreign positive state A First return Visit X No B Amended return Visit X No C IDID Section 447(a)(1) funct Visit X No D Final information return? Visit X No C Exercate environment/ymment Visit X No Freedram totum information return? Surredeed (Mitchamn) MargedReeganced E Check accounting method (1) Came (2) Account (3) Oregan coality runne Visit X No Freedram totum information a momenter strange Visit X No Visit X No Visit X No Freedram totum information a momenter strange Visit X No Visit X No Visit X No Freedram totum information a momenter strange Visit X No Strange account y Visit X </td <td></td> <td></td> <td></td> <td></td> <td>242</td> | | | | | 242 |
| B Amended return | | | | | |
| B Amended return | | | | | |
| C IRC Section 4947(a)(1) trust Image: section 23701d, has the organization engaged in political advites 79 & enstructions. Image: mail information return? Image: mail in | A First retu | rnYes 🔀 No I Did the organization have any | y changes to | its guidelir | nes |
| C IRC Section 247(a)(1) fust If exempt under R&TC Section 227(a) fust the organization engaged in political activities? See instructions. If exempt under R&TC Section 227(a) fust the organization engaged in political activities? See instructions. If exempt under R&TC Section 227(b) fust the organization exempt under R&TC Section 227(b) fust the organization exempt under R&TC Section 227(b) fust the organization exempt under R&TC Section 227(b) fust fust the organization monomember sources S C Incc Accounting method: (1)() case (2)() cas | B Amended | | instructions | | |
| Descrived Descrived Supervolved (Withdrawn) Merges/Reorgenized K is the organization exempt under R&TC Section 237019? Yes, "Inter the gross receipts from nomember sources \$ If Yes," enter the gross receipts from nomember sources \$ Is this arguing ling? See instructions Yes (X) No M Did the organization line liability company? Yes (X) No Is this arguing ling? See instructions Yes (X) No Is this organization in a group exemption Yes (X) No Is this organization in a group exemption Yes (X) No Is this organization in a group exemption Yes (X) No Is this organization in a group exemption Yes (X) No Is for a group filing? See instructions Yes (X) No Is for a group filing? See instructions, gifts, grant, and similar anomalis received I Gross sales or receipts from other sources. From Side 2, Part II, line 8 I Gross sales or receipts for momenters and affiliates Gross outleworks, gifts, grant, and similar anomalis received Total costs. Add line 5 and line 6 I Total costs. Add line 5 and line 6 I Total expenses and disfusements. From Side 2, Part II, line 18 I Total expenses and disfusements. From Side 2, Part II, line 18 I Total expenses and disfusements. Subtract line 1 through line 3 I Total expenses and disfusements. Subtract line 1 from line 4 I Total expenses and disfusements. Subtract line 1 from line 12 I Total expenses and disfusements. Subtract line 1 from line 11 I Seater expenses and disfusements. Subtract line 11 from line 12 I Total expenses and disfusements. Subtract line 11 from line 12 I Total expenses and disfusements. From Side 2, Part II, line 18 I Total expenses and disfusements. From Side 2, Part II, line 11 I Total expenses and disf | | | on 23701d, ha | as the orga | |
| Evene (windstyyy) • If Yes, "enter the gross receipts from nomember sources \$ E Check accounting method: (1) can (2) Account (3) orner I Is the organization a limited liability company? • Yes, "Matching and the organization in a group seemption (4)[X] Other 990 series • Yes, "Xinto in a group seemption Yes, Xinto If Yes, "what is the parent's name? Yes, Xinto No No No Part I Complete Part I unless not regurate to file this form. See General Information B and C. I 68, 092 or 2, 000 Yes, Xinto Part I Complete Part I unless not regurate to file this form. See General Information B and C. I 68, 092 or 2, 000 Yes, Xinto Receipts and and and and and and and and and and | D Final info | | | | |
| E Check accounting method: (1) Cash (2) Accural (3) Other F dedral return field? (1) escret (2) escret (3) Esch (esc) M Did the organization ii E form 100 or Form 100 to report taxible income? I is the organization iii E form 100 or Form 100 to report taxible income? G Is this organization ii a group exemption Ves No H is this organization ii a group exemption Ves No If Yes, "what is the parent's name? I is federal form 1020 r024 pending? Ves No Part I Complete Part I unless not required to file this form. See General Information B and C. I forss sales or receipts from other sources. From Side 2, Part II, line 8 I forss sales or receipts from other sources. From Side 2, Part II, line 8 I forss sourchbuttons, gifts, grants, and similar amounts received STMT 1 3 2, 366 8, 1422 00 Receipts and Revenues Total gross receipts for filing requirement test. Add line 1 through line 3. I forss sourchbuttons, gifts, grants, and sales expenses of assets sold I forss sourchbuttons, gifts, grants, and sales expenses of assets sold I for sources. I for sources. <td>•</td> <td></td> <td></td> <td></td> <td></td> | • | | | | |
| F Federal return flie? (1)• sort (2)• sort (2)• sort (3)• sort (30• report taxable income? M Did the organization file Form 100 or Form 109 to report taxable income? (4) [X] Other 990 series I bits the granutation in a group exemption Yes No H is this organization in a group exemption Yes No If Yes, 'what is the parent's name? Yes No Part I Complete Part I unless not required to file this form. See General Information B and C. I Gross sales or receipts from other sources. From Side 2, Part I, line 8 1 G to tat group scentpit form other sources. From Side 2, Part I, line 8 1 Are receipts 1 and G cost or other basis, and sales expenses of assets sold Feederise 7 3 2, 406, 234 (oo) 6 to cost or other basis, and sales expenses of assets sold 10 total gross and disbursements. From Side 2, Part I, line 8 11 Total costs. Add line 5 and line 6 3 2, 402, 270 (oo) 6 total gross and disbursements. From Side 2, Part I, line 18 11 Total costs. Add line 5 and line 6 12 total gross and disbursements. From Side 2, Part I, line 18 11 Total costs. Add line 5 and line 6 12 total gross and disbursements. From Side 2, Part I, line 18 13 Total costs. Add line 5 and line 6 14 total gross receipts for filling release the result is less than S50,000, see General Information B 11 Total costs. Add line 5 and line 6 11 Total costs. Add line 5 and line 6 12 total costs central information K < | | | • | | |
| (4)[∑] Other 990 series • Yes No G is this a group filing? See instructions • Yes ∑ No N is the organization in a group exemption Yes ∑ No If Yes, 'what is the parent's name? • Yes ∑ No Part I Complete Part I unless not required to file this form. See General Information B and C. • 1 6 (8, 092) 00 Part I Complete Part I unless not required to file this form. See General Information B and C. • 1 6 (8, 092) 00 2 Gross contributions, gifts, grants, and similar amounts received STMT 1. • 2 00 3 Gross contributions, gifts, grants, and similar amounts received STMT 1. • 2 2.368, 1422 00 4 Total gross receipts for filing requirement test. Add line 1 through line 3. • 4 2,436,234 00 5 00 • 5 00 • 6 33,964 00 7 Total gross income. Subtract line 7 from line 4 • 8 2,402,2770 00 • 1 10 Expenses 9 Total expenses and disbursements. Subtract line 9 from line 8 10 -716,411 00 11 Total apyments balance. If line 11 is more than line 12, subtract line 11 from line 12 10 12 | | | | | • Yes 👗 No |
| G is this a group filing? See instructions ● Yes X No No </td <td></td> <td></td> <td></td> <td></td> <td></td> | | | | | |
| H Is this organization in a group exemption IV Ses X No IRS audited in a prior year? IV Ses X No Part I Complete Part I unless not receipts from other sources. From Side 2, Part II, line 8 Is federal Form 1023/1024 pending? Ves X No 0 Is federal Form 1023/1024 pending? Is federal Form 1023/1024 pending? Ves X No Part I Complete Part I unless not receipts from other sources. From Side 2, Part II, line 8 Image: Complete Part I unless not receipts form other sources. From Side 2, Part II, line 8 Image: Complete Part I unless not receipts form other sources. From Side 2, Part II, line 8 Image: Complete Part I unless not sections of the sources. From Side 2, Part II, line 8 Image: Complete Part I unless not receipts form other sources. From Side 2, Part II, line 8 Image: Complete Part I I Image: Complete IImage: Complete IIImage: Complete IIImage: Complete IImage: Complete IImage: Complete IImage: Complete IImage: Complete IIImage: Complete IIIImage: Complete IIIIImage: Complete III | | 1 roun filing? See instructions \mathbf{P} | tit hv the IRS | or has the | |
| If "Yes," what is the parent's name? 0 Is federal Form 1023/1024 pending? Date filed with IRS Image: Complete Part I unless not required to file this form. See General Information B and C. Part I Gross sales or receipts from other sources. From Side 2, Part II, line 8 Image: Complete Part I unless not required to file this form. See General Information B and C. I Gross dues and assessments from members and affiliates Image: Complete Part I unless not receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B Image: Complete Part I unless and sales expenses of assets sold 6 Cost of goods sold Image: Cost of the basis, and sales expenses of assets sold Image: Cost of the basis, and sales expenses of assets sold Image: Cost of the basis, and sales expenses of assets sold Image: Cost of code sold I | | | | | |
| Part I Complete Part l unless not required to file this form. See General Information B and C. I Gross sales or receipts from other sources. From Side 2, Part II, line 8 1 68,092 00 3 Gross contributions, gifts, grants, and similar amounts received STMT 1. 3 2,368,1142 00 3 Gross contributions, gifts, grants, and similar amounts received STMT 1. 3 2,368,1142 00 4 Total gross receipts for filling requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B 4 2,436,234 00 6 Cost of goods sold 6 33,964 00 7 Total gross income. Subtract line 7 from line 4 8 2,402,270 00 9 Total expenses and disbursements. Subtract line 9 from line 8 10 -716,411 00 11 Total appresses and disbursements. Subtract line 9 from line 8 11 00 12 Use tax. balance. If line 11 is more than line 12, subtract line 11 from line 12 14 00 13 Payments balance. If line 12 is more than line 12, subtract line 11 from line 12 11 00 14 Use tax balance. If line 12 and line 15. Then subtract line 11 from line 12 16 00 <t< td=""><td></td><td></td><td></td><td></td><td></td></t<> | | | | | |
| I Gross sales or receipts from other sources. From Side 2, Part II, line 8 I 68,092 oo 2 Gross dues and assessments from members and affiliates 00 3 Gross contributions, gifts, grants, and similar amounts received STMT 1 3 2,368,1420 oo 3 Gross contributions, gifts, grants, and similar amounts received STMT 1 3 2,368,1420 oo 4 Total gross receipts for filling requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B 4 2,436,234 loo 5 Goots of ther basis, and sales expenses of assets sold 6 5 00 6 Total costs. Add line 5 and line 6 7 7 33,964 loo 6 Total costs. Add line 5 and lisbursements. From Side 2, Part II, line 18 9 3,118,681 oo 10 Expenses 9 Total expenses and disbursements. Subtract line 9 from line 8 10 -716,411 oo 11 Total payments 11 00 11 00 12 00 13 Payments balance. If line 12 is more than line 12, subtract line 11 from line 12 11 11 13 Payments balance. If line 12 and line 15. | | | | | |
| I Gross sales or receipts from other sources. From Side 2, Part II, line 8 I 68,092 oo 2 Gross dues and assessments from members and affiliates 00 3 Gross contributions, gifts, grants, and similar amounts received STMT 1 3 2,368,1420 oo 3 Gross contributions, gifts, grants, and similar amounts received STMT 1 3 2,368,1420 oo 4 Total gross receipts for filling requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B 4 2,436,234 loo 5 Goots of ther basis, and sales expenses of assets sold 6 5 00 6 Total costs. Add line 5 and line 6 7 7 33,964 loo 6 Total costs. Add line 5 and lisbursements. From Side 2, Part II, line 18 9 3,118,681 oo 10 Expenses 9 Total expenses and disbursements. Subtract line 9 from line 8 10 -716,411 oo 11 Total payments 11 00 11 00 12 00 13 Payments balance. If line 12 is more than line 12, subtract line 11 from line 12 11 11 13 Payments balance. If line 12 and line 15. | | | | _ | |
| 2 Gross dues and assessments from members and affiliates • 2 00 3 Gross contributions, gifts, grants, and similar amounts received STMT 1 • 3 2,368,142 00 4 Total gross receipts for filling requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B • 4 2,436,234 00 5 Cost of goods sold • 5 00 00 00 00 6 Cost of other basis, and sales expenses of assets sold • 5 00 00 7 Total costs. Add line 6 and line 6 7 7 33,964 00 8 Total costs. Add line 5 and line 6 7 33,964 00 00 Expenses 9 Total expenses and disbursements. From Side 2, Part II, line 18 9 3,118,681 00 -716,411 00 11 Total payments 0 -716,411 00 11 00 13 Payments balance. If line 11 is more than line 12, subtract line 11 from line 12 14 00 15 00 00 12 00 16 Balance du | Part I (| | | | |
| Receipts and Revenues 3 Gross contributions, gifts, grants, and similar amounts received STMT 1 3 2,368,142 or 4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B 4 2,436,234 loo 5 Cost of goods sold 5 00 6 Cost or other basis, and sales expenses of assets sold 6 33,964 loo 7 Total costs. Add line 5 and line 6 7 33,964 loo 8 2,402,270 loo 8 2,402,270 loo 9 Total expenses and disbursements. From Side 2, Part II, line 18 9 3,118,681 oo 10 Expenses 10 -716,411 oo 11 Total payments 11 00 12 00 13 Payments balance. If line 12 is more than line 12, subtract line 12 from line 11 13 00 12 Use tax balance. If line 12 is more than line 11, subtract line 11 from the result 14 00 13 Payments balance. If line 12 is more than line 12, subtract line 11 from the result 14 00 14 Use tax balance. If line 12 is more than line 12, subtract line 11 from the result 14 | | | | | |
| Receipts and Revenues 4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B 4 2,436,234 00 6 Cost of goods sold 5 000 7 Total costs. Add line 5 and line 6 7 33,964 00 7 Total costs. Add line 5 and line 6 7 33,964 00 8 2,402,270 00 8 2,402,270 00 9 Total costs. Add line 7 from line 4 8 2,402,270 00 10 Excess of receipts over expenses and disbursements. From Side 2, Part II, line 18 9 3,118,681 00 11 Total apyments 10 -716,411 00 11 00 11 Total apyments 11 00 11 00 12 Use tax. See General Information K 12 00 13 00 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 13 00 15 00 14 Use tax. See General Information J 15 00 00 16 00 00 15 Oude paralles of pri// deceler thal tine exomered tine 11, neubarge | | 2 Gross dues and assessments from members and affiliates | омат 1 | | |
| Receipts and Revenues This line must be completed. If the result is less than \$50,000, see General Information B 4 2,436,234 oo 6 Cost of goods sold 5 00 6 Cost or other basis, and sales expenses of assets sold 6 33,964 oo 7 Total costs. Add line 5 and line 6 7 33,964 oo 8 0.2,402,270 oo 9 9 3,118,681 oo 9 Total expenses and disbursements. From Side 2, Part II, line 18 9 3,118,681 oo 10 Expenses 10 -716,411 oo 11 Total payments 11 00 12 00 12 00 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 13 00 14 Use tax. See General Information K 11 00 15 Penalties and interest. See General Information J 15 00 15 Penalties and interest. See General Information J 15 00 0 0 16 Balance due. Add line 12 and line 15. Then subtract line 11 from line 12 14 00 15 00 16 00 0 16 <td></td> <td></td> <td>.м.т. с</td> <td>• 3</td> <td>2,300,142 00</td> | | | .м.т. с | • 3 | 2,300,142 00 |
| and Revenues 5 Cost of goods sold 6 33,964 00 6 Cost or other basis, and sales expenses of assets sold 6 33,964 00 7 Total costs. Add line 5 and line 6 7 33,964 00 8 Total costs. Add line 5 and line 6 7 33,964 00 8 Total costs. Add line 5 and line 6 7 33,964 00 8 Total costs. Add line 5 and line 6 7 33,964 00 8 Total costs. Add line 5 and line 7 from line 4 8 2,402,270 00 9 Total expenses and disbursements. From Side 2, Part II, line 18 9 3,118,681 00 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 10 -716,411 00 12 Use tax. See General Information K 12 00 0 13 Payments balance. If line 11 is more than line 11, subtract line 12 from line 11 13 00 14 Use tax balance. If line 12 and line 15. Then subtract line 11 from the result 16 00 15 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 <td< td=""><td>Receipts</td><td></td><td></td><td></td><td>2 436 234 00</td></td<> | Receipts | | | | 2 436 234 00 |
| 6 Cost or other basis, and sales expenses of assets sold • 6 33,964 00 7 Total costs. Add line 5 and line 6 7 33,964 00 8 Total gross income. Subtract line 7 from line 4 8 2,402,270 00 expenses 9 Total expenses and disbursements. From Side 2, Part II, line 18 9 3,118,681 00 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 10 -716,411 00 11 Total payments 11 00 12 00 12 00 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 13 00 14 00 15 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 10 Inder penatres of perjuri, cleare that 1 have examined this extern. Including accompanying schedules and statements, and to the best of my knowledge. 11 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 17 Order penatres of perjuri (actare that 1 have examined this actare und inverse than an any knowledge. 16 16 11 <t< td=""><td>and</td><td></td><td></td><td></td><td>2,190,291,00</td></t<> | and | | | | 2,190,291,00 |
| 7 Total costs. Add line 5 and line 6 7 33,964 oo 8 Total goss income. Subtract line 7 from line 4 8 2,402,270 oo Expenses 9 Total expenses and disbursements. From Side 2, Part II, line 18 9 3,118,681 oo 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 10 -716,411 oo 11 Total payments 11 00 -716,411 oo 12 Use tax. See General Information K 11 00 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 13 00 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 14 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 18 00 18 Use day balance. If har 14 we examined this return, including accompanying schedules and statements, and to the best of my knowledge and beleft, lit is true, complete. Declaration of prepare (other than taxpayer) is based on all information of which repeare thas any knowledge 16 00 19 Preparer's signature of officer EDWARD FAHEY 11/15/ | Revenues | 6 Cost or other basis, and sales expenses of assets sold • 6 3 | | | |
| 8 Total gross income. Subtract line 7 from line 4 8 2,402,270 00 Expenses 9 Total expenses and disbursements. From Side 2, Part II, line 18 9 3,118,681 00 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 10 -716,411 00 11 Total payments 11 00 -716,411 00 12 00 11 00 -716,411 00 12 00 11 00 -716,411 00 12 00 11 00 12 00 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 13 00 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 14 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 6 16 00 10 Order Peratites of perjury. Idectare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge. 11 00 10 Date Check if self-employed Po0194561 Pirm's FEIN Signature | | Total costs Add Pag 5 and Pag 6 | | | 33,964 00 |
| Expenses 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 10 -716,411 00 I1 Total payments 11 00 -716,411 00 12 Use tax. See General Information K 11 00 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 13 00 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 14 00 15 Penalties and interest. See General Information J 15 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 Under penalties of perjury. I declare that Thave examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief. 16 00 Signature of officer > Accrimed complete. Declaration of prepare (other than taxpayer) is based on all information of which preparer has any knowledge. • Telephone (415) 561-2300 Preparer's signature of officer > EDWARD FAHEY 11/15/22 • PTIN Preparer's light APRIO, LLP • Firm's FEIN • Firm's FEIN (r yours, if seff-employed) and address APRIO, LLP • Telephone (415-7777-4488) • Telephone (4 | | | | | |
| 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 10 -716,411 00 11 Total payments 11 00 -716,411 00 12 Use tax. See General Information K 12 00 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 13 00 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from tine 12 14 00 15 Penalties and interest. See General Information J 15 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 17 Order penalties of perjury. I declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and bellet, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 11 Poll 415.0 561-230.0 8ignature of officer EDWARD FAHEY 11/15/22 Date Prelephone Firm's FEIN 9 Firm's name (or yours, if self-employed) EDWARD FAHEY 150 POST STREET, SUITE 2 | Evennen | 9 Total expenses and disbursements. From Side 2, Part II, line 18 | | • 9 | 3,118,681 00 |
| Filing Fee 12 Use tax. See General Information K • 12 00 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 • 13 00 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 • 14 00 15 Penalties and interest. See General Information J • 15 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result • 16 00 16 Under penalties of perjury. I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • • | LVheijses | | <u></u> | | |
| Filing Fee 13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11 13 00 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 14 00 15 Penalties and interest. See General Information J 14 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 00 17 Under penalties of perjury. I declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge and belief. 00 18 Preparer's signature of officer EDWARD FAHEY 11/15/22 Date • Telephone (415) 561-2300 Preparer's signature of differ EDWARD FAHEY 11/15/22 Point Point • Telephone (415) 561-2300 Preparer's is signature of differ EDWARD FAHEY 11/15/22 Point • Telephone (415) 57-1157523 Is eff- employed and address APRIO, LLP • Telephone (57-1157523) • Telephone (57-1157523) Is eff- employed and address AN FRANCISCO, CA 94108 • Telephone (415-777-4488) | | | | | |
| Filing Fee 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 14 00 15 Penalties and interest. See General Information J 15 00 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 16 00 Under penalties of perjury. I declare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 00 Signature of officer Title Date • Telephone Signature of officer EDWARD FAHEY 11/115/22 Pointe • PTIN Preparer's signature of officer EDWARD FAHEY 00 • PTIN • Firm's FEIN Preparer's use Only APRIO, LLP • Firm's STEET, SUITE 200 • Telephone • Telephone If self- if sold address SAN FRANCISCO, CA 94108 • Telephone • Telephone | | | | | |
| 15 Penalties and interest. See General Information J 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result 16 16 00 Under penalties of perjury. 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. 00 Signature of officer Title 01 Signature of officer 02 Preparer's signature of officer EDWARD FAHEY Title 01 Preparer's signature of officer EDWARD FAHEY 02 Paid Preparer's signature of our | Filing Fee | | | | |
| 16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result Image: Colspan="2">Image: Colspan="2" Sign Here Under penalties of perjury.1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Image: Colspan="2">Image: Colspan="2" Sign Here Signature of officer Image: Colspan="2">Image: Colspan="2" Image: Colspan="2">Image: Colspan="2" Signature of officer EDWARD FAHEY Image: Colspan="2">Image: Colspan="2" Image: Colspan="2">Image: Colspan="2" Preparer's signature of officer EDWARD FAHEY Image: Colspan="2" | rning ree | | | | |
| Sign Here Signature of officer Signature of officer Telephone (415) Telephone (415) Preparer's signature EDWARD FAHEY Date Oneck if self-employed P00194561 Preparer's signature Firm's name (or yours, if self- employed) APRIO, LLP Firm's FEIN 150 POST STREET, SUITE 200 and address Telephone SAN FRANCISCO, CA 94108 Telephone 415-777-4488 | | | | | |
| Sign Here Signature of officer Signature of officer Telephone (415) Telephone (415) Preparer's signature EDWARD FAHEY Date Oneck if self-employed P00194561 Preparer's signature Firm's name (or yours, if self- employed) APRIO, LLP Firm's FEIN 150 POST STREET, SUITE 200 and address Telephone SAN FRANCISCO, CA 94108 Telephone 415-777-4488 | | Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, ar it is true, correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer | dge and belief, | | |
| Signature ACTING EXEC. D (415) 561-2300 Preparer's Preparer's EDWARD FAHEY 11/15/22 Polo Preparer's EDWARD FAHEY 11/15/22 Polo Polo Firm's name (or yours, if self- APRIO, LLP 57-1157523 Use Only APRIO, CA 94108 Or SAN FRANCISCO, CA 94108 Or Telephone | | Title | | - <u>y</u> | |
| Preparer's signature EDWARD FAHEY 11/15/22 Check if self-employed P00194561 Preparer's if self- employed) and address APRIO, LLP 57-1157523 • Firm's FEIN 150 POST STREET, SUITE 200 SAN FRANCISCO, CA 94108 • Telephone 415-777-4488 | | of officer ACTING EXEC. D | | | |
| signature EDWARD FAREY 11/15/22 self-employed P00194561 Preparer's Firm's name ● Firm's FEIN (or yours, if self-employed) APRIO, LLP 57-1157523 use Only 150 POST STREET, SUITE 200 ● Telephone and address SAN FRANCISCO, CA 94108 415-777-4488 | | | Check if | | • • • • • • |
| Preparer's Firm's name (or yours, is self- employed) and address APRIO, LLP 57-1157523 Use Only 150 POST STREET, SUITE 200 • Telephone 415-777-4488 | | signature EDWARD FAHEY 11/15/22 | self-employed | | |
| Use Only Use Only I Self- and address AN FRANCISCO, CA 94108 Telephone 415-777-4488 | Paid | | | | |
| Obse Only ISO FOST STREET, SOTTE 200 and address SAN FRANCISCO, CA 94108 415-777-4488 | Preparer's | if self- | | | |
| | Use Only | | | | |
| May the FTB discuss this return with the preparer shown above? See instructions | | May the FTB discuss this return with the preparer shown above? See instructions | • | | |

I

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.

128951 01-19-22

| | 1 | Gross sales or receipts from all b | ousiness activities. See instruc | tions | • | 1 | 00 |
|----------------|----------------------|-------------------------------------------------------------|-----------------------------------|--------------------------------|----------------------------|----------|--------------|
| | 2 | Interest | | | • | 2 | 1,151 00 |
| | 3 | | | | | 3 | 27,778 00 |
| Receipts | 4 | - | | | | 4 | 4,913 00 |
| from . | 5 | | | | | 5 | 00 |
| Other | 6 | | e of assets (See instructions) | STA | ATEMENT 2 • | 6 | 34,150 00 |
| Sources | 7 | Other income | TEMENT 3 \bullet | 7 | 100 00 | | |
| | 8 | | m other sources. Add line 1 th | rough line 7. Enter here and o | n Side 1. Part I. line 1 | 8 | 68,092 00 |
| | 9 | - | | - | | 9 | 690,096 00 |
| | 10 | | | | | 10 | 00 |
| | | Compensation of officers, directo | ors and trustees | SEE STA | TEMENT 4 • | 11 | 233,446 00 |
| | 12 | | | | • | 12 | 1,074,143 00 |
| Expense | | | | | | 13 | 00 |
| and | | Taxes | | | | 14 | 87,045 00 |
| Disburse | | Rents | | | | 15 | 118,415 00 |
| ments | 16 | | instructions) | | • | 16 | 70,005 00 |
| mento | | Other expenses and disbursement | nte | SEE STA | TEMENT 5 • | 17 | 845,531 00 |
| | 19 | Total expenses and disbursemer | nts Add line 0 through line 17 | Enter here and on Side 1 Da | rt I line 0 | 18 | 3,118,681 00 |
| Sched | | | Beginning of t | | | of taxab | |
| Assets | | | (a) | (b) | (C) | | (d) |
| 1 Casl | n | | (~) | 782,948 | | • | 4 404 540 |
| | | ts receivable | | 102,540 | | | 1,191,919 |
| | | | | | | | |
| | | eceivable | | | | | |
| | | state government obligations | | | | | |
| | | s in other bonds | | | | | |
| | | | | | | | |
| | | s in stock | | | | | |
| | tgage lo | | | 542,680 | | | 409,655 |
| 9 Ulle | | tments STMT 6 ble assets | 177,994 | 542,000 | 184,2 | - | 405,055 |
| IU a D h Li | ee acci | umulated depreciation | (170,807) | 7,187 | | | 9,428 |
| | | | (170,007) | 7,107 | 1/1/2 | <u> </u> | |
| 10 Oth | J | s STMT 7 | | 17,151,432 | | | |
| | | | | 18,484,247 | | - | 19,667,907 |
| | | s net worth | | 10,101,217 | | | 19,007,907 |
| | | | | 196,942 | | • | 210,001 |
| | | ayable ns, gifts, or grants payable | | 190,942 | | | 210,001 |
| | | notes payable | | | | • | |
| | | payable | | | | - | |
| 18 Otha | iyayos ar liahili | ties STMT 8 | | 288,612 | | | 1,280,735 |
| 19 Capi | ital etor | k or principal fund | | 2007012 | | • | 1/200//00 |
| | | ital surplus. Attach reconciliation | | | | | |
| | | rnings or income fund | | 17,998,693 | | | 18,177,171 |
| | | ties and net worth | | 18,484,247 | | - | 19,667,907 |
| Sched | | | oer books with income per ret | | | | 1970077907 |
| 001100 | | | dule if the amount on Schedule | | s than \$50,000. | | |
| 1 Not | incomo | per books | | 598 7 Income recorded | | | |
| | | | _ | | is return. Attach schedule | * | • 896,109 |
| | | apital losses over capital gains | | 8 Deductions in this | | · F | 0507205 |
| | | recorded on books this year. | | against book inco | - | | |
| | | • | • | | | | • |
| | | dule | | | and line 8 | | 896,109 |
| - | | ecorded on books this year not this return. Attach schedule | • | | | ····· - | 0,10, |
| | | | 1 - 0 - 0 | 10 Net income per re | | H | -716,411 |
| U 10(2 | u. Auŭ l | ine 1 through line 5 | | STATEMENT | om line 6 | | / 10 , 411 |
| | | | י חיוט | | | | |
| _ | 0.1 | 0 Farm 100, 0001 | 000 | | | | |
| | Side | 2 Form 199 2021 | 022 30 | 552214 | | | |

68-0369482

| CA 199 | CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3 | STATEMENT 1 |
|----------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------|
| CONTRIBUTOR'S NAME | CONTRIBUTOR'S ADDRESS | DATE OF GIFT AMOUNT |
| MS. DAISY BEREXA AND MR. STEVEN BEREXA | 4805 ROCK SPRING ROAD ARLINGTON, VA 22207 | 10,000. |
| MR. CURTIS BROWN | 918 BAILEYANA ROAD HILLSBOROUGH, CA 94010 | 5,000. |
| MR. AND MRS. SCOTT BRUBAKER | 3233 JACKSON STREET, #1 SAN FRANCISCO, CA 94118 | 5,000. |
| MR. AND MRS. J. ROBERT COLEMAN, JR. | 220 BOOKWOOD R WOODSIDE, CA 94062 | 22,242. |
| COMMUNITY FOUNDATION OF GREATER MEMPHIS | 1900 UNION AVENUE MEMPHIS, TN 38104 | 264,969. |
| THE REV. AND MRS. NORMAN L. CRAM, JR. | P.O. BOX 224 VINEBURG, CA 95487 | 5,000. |
| MS. MARY CRANSTON AND MR. ROGER VAN CRAEYNEST | 2957 PACIFIC AVENUE SAN FRANCISCO, CA 94115 | 6,000. |
| ENSEMBLE CAPITAL MANAGEMENT | 1350 OLD BAYSHORE HWY. STE. 460 BURLINGAME, CA 94010 | 8,100. |
| MR. AND MRS. BRADLEY FREITAG | 255 UPLANDS DRIVE HILLSBOROUGH, CA 94010 | 20,000. |
| MR. WILLIAM P. FULLER AND MS. JENNIFER BECKETT | 2076 VALLEJO STREET SAN FRANCISCO, CA 94123 | 9,035. |
| JUDITH GADALDI | 61 SHORE VIEW AVENUE SAN FRANCISCO, CA 94121 | 6,000. |
| THE STEPHEN AND MARGARET GILL FAMILY FOUNDATION | 32 FLOOD CIRCLE ATHERTON, CA 94027 | 20,000. |
| MR. AND MRS. JOHN GOLDMAN MR. MARK GRACE | 42 SERRANO DR. ATHERTON, CA 94027-3934 266 W BLITHEDELE AVE. MILL | 10,000. |
| 101115 795476 0639700 | VALLEY, CA 94941 3 2021.05000 UNITED RELI | 5,187. STATEMENT(S) GIONS 06397 |

| | | 00 0505402 |
|---------------------------|-----------------------------------------------------------------------------|------------|
| MR. AND MRS. PATRICK W. | 7401 GLENBROOK ROAD BETHESDA, | |
| | MD 20814-1327 | 5,000. |
| | 30 VAN NESS AVE., SUITE 3600 | |
| | SAN FRANCISCO, CA 94102-6026 | 5,000. |
| MR. AND MRS. GARD JAMESON | P.O. BOX 60250 BOULDER CITY, | |
| | NV 89006-0250 | 25,000. |
| MS. ELIZABETH E. JANOPAUL | | 23,000 |
| | PORTOLA VALLEY, CA 94028 | 6,000. |
| | 14075 ARNERICH ROAD LOS ALTOS, | 0,000: |
| | | 5,000. |
| | CA 95032 | 5,000. |
| LURIE | 181 SELBY LANE ATHERTON, CA 94027 | 50,000. |
| LURIE | $\frac{94027}{10220}$ | 50,000. |
| MR. AND MRS. JOHN A. | 19320 CARRIGER ROAD SONOMA, CA | 100 000 |
| MCQUOWN | 94027 19320 CARRIGER ROAD SONOMA, CA 95476 3680 JACKSON STREET SAN | 100,000. |
| ADDVANDER AND CARODIN | JUOU DACKDON DIKEEI DAN | |
| | FRANCISCO, CA 94118 | 25,000. |
| RUPERT H. JOHNSON, JR. | | |
| FOUNDATION | ONE FRANKLIN PARKWAY SAN | |
| | MATEO, CA 94403 | 200,000. |
| MS. SUZANNE E. SISKEL | 157 VICENTE ROAD BERKELEY, CA | |
| | 94705-1605 | 5,000. |
| MRS. ROSELYNE C. SWIG | 3710 WASHINGTON STREET SAN | |
| | FRANCISCO, CA 94118 | 10,000. |
| THE RT. REV. AND MRS. | 601 LAUREL AVE., APT. 802 SAN | |
| WILLIAM E. SWING | MATEO, CA 94401 | 8,000. |
| MR. AND MRS. PAUL JOHN | 5630 WISCONSIN AVENUE, APT. | |
| TAGLIABUE | 503 CHEVY CHASE, MD 20815 | 10,000. |
| MS. LAURETTE VERBINSKI | 8871 CLIFFRIDGE AVE. LA JOLLA, | |
| | CA 92037-2102 | 8,000. |
| JOHN WEISER | 3400 PAUL SWEET ROAD, UNIT | - , |
| | D219 SANTA CRUZ, CA 95065 | 26,041. |
| MR. AND MRS. MICHAEL | | _ • , • • |
| WILSEY | CA 94027 | 5,000. |
| | P.O. BOX 30552, 00100 NAIROBI | 5,000 |
| | KENYA | 15,000. |
| STIFTUNG AUXILIUM | | 15,000. |
| SITLIONG ADVIDION | 6300 | 300,000. |
| | | 300,000. |
| TOTAL INCLUDED ON LINE 3 | | 1,204,574. |
| TOTHE INCLUDED ON LINE J | | |

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| CA 199 GROSS A | AMOUNT | FROM SAL | E OF A | SSETS | | S | TATEMEN | JT 2 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------|----------------------------------------------------------------------------|-------------------------------|------------------------------------|-----------------|----------------|-----------------------------|
| DESCRIPTION | | DA ACQU | | DA SO | | | THOD UIRED | |
| | | | | | | PURC | CHASED | |
| | | OST OR ER BASIS | DEPR | EC. | EXPE OF S | | GRO SALES | |
| | | 33,964. | | 0. | | 0. | 34 | .,150 |
| TOTAL TO FORM 199, PAGE 2, LN 6 | 5 | 33,964. | | 0. | | 0. | 34 | .,150 |
| CA 199 | ОТІ | HER INCOM | E | | | S' | TATEMEN | 1T 3 |
| DESCRIPTION | | | | | | | AMOUN | ГТ |
| IISCELLANEOUS INCOME | | | | | | | | 100 |
| TOTAL TO FORM 199, PART II, LIN | NE 7 | | | | | | | 100 |
| CA 199 COMPENSATION OF OF | FFICERS | 5, DIRECT | ORS AN | D TRU | STEES | S' | TATEMEN | IT 4 |
| CA 199 COMPENSATION OF OF | FICERS | | TITLE . | AND | | | TATEMEN | |
| NAME AND ADDRESS | FFICERS | | TITLE . E HRS R AND I | AND WORKE | D/WK | (| COMPENS | ATIO |
| NAME AND ADDRESS | FFICERS | AVERAG | TITLE . E HRS | AND WORKE | D/WK | (| COMPENS | |
| NAME AND ADDRESS REV. WILLIAM E. SWING 2.0. BOX 29242 SAN FRANCISCO, CA 94129-0242 REV. VICTOR H. KAZANJIAN, JR. | | AVERAG FOUNDE | TITLE . E HRS R AND 1 1.00 EXECU | AND WORKE PRESI | D/WK DENT E | MER | COMPENS 142 | ATIO 2,374 |
| NAME AND ADDRESS REV. WILLIAM E. SWING 2.0. BOX 29242 SAN FRANCISCO, CA 94129-0242 | | AVERAG FOUNDE | TITLE E HRS R AND I 1.00 | AND WORKE PRESI | D/WK DENT E | MER | COMPENS 142 | ATIO 2,374 |
| NAME AND ADDRESS REV. WILLIAM E. SWING P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 REV. VICTOR H. KAZANJIAN, JR. P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 SAILEY S. BARNARD SR. | | AVERAG FOUNDE | TITLE E HRS R AND 1.00 EXECU 0.00 | AND WORKE PRESI FIVE | D/WK DENT E | MER OR | COMPENS 142 | ATIO |
| NAME AND ADDRESS REV. WILLIAM E. SWING P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 REV. VICTOR H. KAZANJIAN, JR. P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 | | AVERAG FOUNDE | TITLE E HRS R AND 1.00 EXECU 0.00 | AND WORKE PRESI FIVE | D/WK DENT E | MER OR | COMPENS 142 | ATIO |
| NAME AND ADDRESS REV. WILLIAM E. SWING O. BOX 29242 SAN FRANCISCO, CA 94129-0242 REV. VICTOR H. KAZANJIAN, JR. O. BOX 29242 SAN FRANCISCO, CA 94129-0242 BAILEY S. BARNARD SR. O. BOX 29242 SAN FRANCISCO, CA 94129-0242 SAN FRANCISCO, CA 94129-0242 | | AVERAG FOUNDE | TITLE E HRS R AND 1.00 EXECU 0.00 ACTIN 0.00 EXECU | AND WORKE PRESI TIVE | D/WK DENT E DIRECT CUTIVE | MER OR DI | COMPENS 142 | ATIO 2,374 |
| NAME AND ADDRESS REV. WILLIAM E. SWING O. BOX 29242 SAN FRANCISCO, CA 94129-0242 REV. VICTOR H. KAZANJIAN, JR. O. BOX 29242 SAN FRANCISCO, CA 94129-0242 BAILEY S. BARNARD SR. O. BOX 29242 SAN FRANCISCO, CA 94129-0242 | | AVERAG FOUNDE FORMER | TITLE E HRS R AND 1.00 EXECU 0.00 ACTINO | AND WORKE PRESI TIVE | D/WK DENT E DIRECT CUTIVE | MER OR DI | COMPENS 142 | ATIO , 374 , 072 0 |

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2021.05000 UNITED RELIGIONS 06397001

| UNITED RELIGIONS | | 68-0369482 |
|-----------------------------------------------------------------------------------------|---------------------------|------------|
| BECKY BURAD P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 | TREASURER 25.00 | 0. |
| BARBARA SHANNON P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 | SECRETARY 25.00 | 0. |
| PREETA BANSAL P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 | AT-LARGE TRUSTEE 25.00 | 0. |
| HEREDITARY CHIEF PHIL LANE JR. P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 | AT-LARGE TRUSTEE 5.00 | 0. |
| MILKA WAMBUI NGIGE P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 | AT-LARGE TRUSTEE 5.00 | 0. |
| SOK SIDON P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 | AT-LARGE TRUSTEE 5.00 | 0. |
| FR. JOHN NGOMA, MALAWI P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 | TRUSTEE 5.00 | 0. |
| THE RIGHT REV. MACLEORD BAKER OCHOLA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 | TRUSTEE 5.00 | 0. |
| THE HONORABLE ELISHA BUBA YERO, NIGER P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 | TRUSTEE 5.00 | 0. |
| RAVINDRA KANDAGE, SRI LANKA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 | TRUSTEE 10.00 | 0. |
| REV. KALYAN KUMAR KISKU, PAKISTAN P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 | TRUSTEE 25.00 | 0. |
| DR. C.N.N. RAJU, INDIA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 | TRUSTEE 5.00 | 0. |

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6 2021.05000 UNITED RELIGIONS STATEMENT(S) 4 06397001

| UNITED RELIGIONS DANIEL EROR, BOSNIA AND HERZEGOVINA | TRUSTEE | 68-0369482 |
|-----------------------------------------------------------------------------------------|------------------|------------|
| P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 | 5.00 | |
| REV. HIERODEACON PETAR GRAMATIKOV, BU P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 | TRUSTEE 5.00 | 0. |
| MARIANNE HORLING, GERMANY P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 | TRUSTEE 5.00 | 0. |
| SALETTE AQUINO, BRAZIL P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 | TRUSTEE 5.00 | 0. |
| ROSA DELIA QUIZHPE MACAS, ECUADOR P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 | TRUSTEE 5.00 | 0. |
| FRANCISCO MORALES VENTOSA, ARGENTINA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 | TRUSTEE 5.00 | 0. |
| ANWAR DAHAK, YEMEN P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 | TRUSTEE 5.00 | 0. |
| NAOUFAL EL HAMMOUMI, MOROCCO P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 | TRUSTEE 5.00 | 0. |
| DR. OMAR TAYEH, JORDAN P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 | TRUSTEE 5.00 | 0. |
| PERRI (P.K.) MCCARY, USA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 | TRUSTEE 5.00 | 0. |
| MORGANA SYTHOVE, NETHERLANDS P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 | TRUSTEE 25.00 | 0. |
| ISSAC THOMAS, INDIA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 | TRUSTEE 5.00 | 0. |
| | | |

7 2021.05000 UNITED RELIGIONS

| UNITED RELIGIONS | | 68-0369482 |
|-----------------------------------------------------------------------------------------|-----------------|------------|
| GENEVA BLACKMER, USA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 | TRUSTEE 5.00 | 0. |
| FRED FIELDING, USA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 | TRUSTEE 5.00 | 0. |
| VALERIA VERGANI, CANADA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 | TRUSTEE 5.00 | 0. |
| DR. POTRE DIRAMPTAN-DIAMPUAN, PHILIPP P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 | TRUSTEE 5.00 | 0. |
| PETER MOUSAFERIADIS, AUSTRALIA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 | TRUSTEE 5.00 | 0. |
| BISHOP STEPHEN L. VILLAESTER, PHILIPP P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 | TRUSTEE 5.00 | 0. |

TOTAL TO FORM 199, PART II, LINE 11

233,446.

| CA 199 | OTHER | EXPENSES | STATEMENT 5 |
|-----------------------|------------------|----------|-------------|
| DESCRIPTION | | | AMOUNT |
| MISCELLANEOUS | | | 79,292. |
| PAYROLL FEE | | | 23,835. |
| BANK FEES | | | 20,004. |
| INTERNET | | | 9,014. |
| DIRECT EXPENSES OF FU | NDRAISING EVENTS | | 18,332. |
| OTHER EMPLOYEE BENEFI | TS | | 184,509. |
| LEGAL FEES | | | 98,561. |
| ACCOUNTING FEES | | | 38,000. |
| OTHER PROFESSIONAL FE | ES | | 293,452. |
| OFFICE EXPENSES | | | 35,853. |
| TRAVEL | | | 10,292. |
| CONFERENCES AND CONVE | NTIONS | | 3,016. |
| INSURANCE | | | 19,434. |
| ALL OTHER EXPENSES | | | 11,937. |
| TOTAL TO FORM 199, PA | RT II, LINE 17 | | 845,531. |

68-0369482

| CA 199 OTHER INVESTMENT | rs | STATEMENT 6 |
|----------------------------------------------|--------------------|--------------------|
| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
| ASSETS HELD BY URI FOUNDATION MUTUAL FUND | 539,568. 3,112. | 399,992. 9,663. |
| TOTAL TO FORM 199, SCHEDULE L, LINE 9 | 542,680. | 409,655. |

| CA 199 OTHER ASSETS | | STATEMENT 7 | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------|--|
| DESCRIPTION | BEG. OF YEAR | END OF YEAR | |
| PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES INTANGIBLE ASSETS DEPOSITS INTEREST IN NET ASSETS OF URI FOUNDATION | 280,839. 73,147. 102,803. 17,094. 16,677,549. | 39,217. 87,496. 36,814. 17,094. 17,573,660. | |
| TOTAL TO FORM 199, SCHEDULE L, LINE 12 | 17,151,432. | 17,754,281. | |

| CA 199 | OTHER LIABILITIES | | STATEMENT 8 |
|-----------------------------------------------------------------|-------------------|---------------------------|----------------------------------|
| DESCRIPTION | | BEG. OF YEAR | END OF YEAR |
| CARES ACT PPP LOAN DUE TO URI FOUNDATION DEFERRED REVENUE | | 275,735. 0. 12,877. | 275,735. 1,000,000. 5,000. |
| TOTAL TO FORM 199, SCHEDULE L, | LINE 18 | 288,612. | 1,280,735. |

| CA 199 INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN | STATEMENT 9 | |
|--------------------------------------------------------------------------|-------------|--|
| DESCRIPTION | AMOUNT | |
| INCREASE IN BENEFICIAL INTEREST IN URI FOUNDATION | 896,109. | |
| TOTAL TO FORM 199, SCHEDULE M-1, LINE 7 | 896,109. | |

| TAXABLE YE 2021 | | fornia e-file Re mpt Organizat | | rization fo | or | | | | FORM 8453-EO |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------|
| Exempt Organizat | tion name | | | | | | 10 | dentifying | number |
| UNITED | RELIGIONS | 8 | | | | | (| 58-0 | 369482 |
| Part I Ele | ectronic Return In | formation (whole dollars | only) | | | | | | |
| • | oss receipts (Form | , , , | | | | | | 1_ | 2,436,234 |
| - | oss income (Form | | | | | | | 2_ | 2,402,270 |
| 3 Total ex | penses and disbu | rsements (Form 199, line 9 |)) | | | | | 3_ | 3,118,681 |
| | | t Electronically for Taxab | le Year 2021 | | | | | | |
| | ectronic funds with | | | | thdrawal c | late (mr | m/dd/yyy | /y) | |
| | | n (Have you verified the ex | empt organization's b | anking information | on?) | | | | |
| 5 Routing r | | | | - - <i>i</i> | . г | | | | . . |
| 6 Account | | | | 7 Type of ac | count: |] Ch | ecking | | Savings |
| | claration of Offic | | | aals Dawt II, bass 4, I | | | | ام ما الله | |
| l authorize the on line 4a. | exempt organization | 's account to be settled as de | signated in Part II. If I ch | eck Part II, box 4, I | l authorize a | an electr | onic fund | s withdi | awal for the amount listed |
| transmitter, or California elect a balance due r organization wi statements be | intermédiate service ronic return. To the l return, I understand ill remain liable for th transmitted to the FT | e that I am an officer of the ab provider and the amounts in best of my knowledge and bel that if the Franchise Tax Board he fee liability and all applicab B by the ERO, transmitter, or sclose to the ERO or intermed | Part I above agree with ti ief, the exempt organizat d (FTB) does not receive le interest and penalties. intermediate service pro | he amounts on the ion's return is true full and timely pay I authorize the exe vider. If the proce | correspond , correct, ar ment of the mpt organia ssing of the | ding line nd comp exempt zation re | s of the e lete. If the organizat turn and | xempt o e exemp ion's fe accomp | rganization's 2021 t organization is filing e liability, the exempt anying schedules and |
| Sign | | | | ACTING | EXEC. | DIF | RECTO | R | |
| Here | Signature of officer | | Date | Title | | | | | |
| Part V De | claration of Elect | ronic Return Originator (| ERO) and Paid Prepa | irer. | | | | | |
| Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer. I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2021 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge. | | | | | | | | | |
| ERO's | | D, LLP | | | also paid preparer | | if self- employed | | |
| | s name (or yours | APRIO, LLP | | | | | | | 571157523 |
| | address | 150 POST STRI SAN FRANCISCO | • | | | | | | 94108 |
| Under penalties and belief, they | s of perjury, I declare / are true, correct, an | e that I have examined the abo Id complete. I make this decla | ve organization's return | and accompanying nation of which I h |) schedules ave knowle | and stat doe. | tements, a | and to th | ne best of my knowledge |
| Paid | Paid | | | Date | | Check | | Pair | d preparer's PTIN |
| Preparer | preparer's signature | | | Paid | | if self- employe | ed 🗌 | | P00194561 |
| Must | Firm's name (or yours | APRIO, LLP | | | | - cinpicy | | | 1157523 |
| Sign | if self-employed) and address | | TREET, SUIT | E 200 | | | | | |
| - | | SAN FRANCIS | | - | | | | ZIP code | 94108 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | FTB 8453-EO 2021 |

129021 12-29-21

| STATE OF CALIFORNIA RRF-1 (Rev. 02/2021) 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 | S Tailure to si organizatic minimum tax | UAL REGISTRATION RENEW TO ATTORNEY GENERAL OF ections 12586 and 12587, California 1 Cal. Code Regs. sections 301-306 ubmit this report annually no later than four months a n's accounting period may result in the loss of tax e of \$800, plus interest, and/or fines or filing penaltie: 23703; Government Code section 12586.1. IRS external | CALIFO Governme , 309, 311, and fifteen days xemption and t s. Revenue & Ta | RNIA ent Code and 312 s after the end of the he assessment of a axation Code section | DEPARTMENT (For Registry Use Only) | | ISTICE GE 1 of 5 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------|-------|---------------------|
| UNITED RELIGIONS Name of Organization UNITED RELIGIONS List all DBAs and names the organization | S INITIZ | ATIVE | | ange of address nended report | | | |
| P.O. BOX 29242 Address (Number and Street) SAN FRANCISCO, C City or Town, State, and ZIP Code | | | | arity Registration Nur | | | |
| 415-561-2300 Telephone Number | E-mail Addres | S@URI.ORG SE RENEWAL FEE SCHEDULE (11 Cal. | | Employer ID No. <u>68</u> s. sections 301-307, | | | |
| <u>Total Revenue</u> Less than \$50,000 Between \$50,000 and \$100,00 Between \$100,001 and \$250,0 | <u>Fee</u> \$25 00 \$50 | Make Check Payable to Departr <u>Total Revenue</u> Between \$250,001 and \$1 million Between \$1,000,001 and \$5 millior Between \$5,000,001 and \$20 millior | ment of Jus <u>Fee</u> \$100 n \$200 | stice Total Revenue Between \$20,000, | 001 and \$100 million),001 and \$500 million | | |
| PART A - ACTIVITIES | Il accounting | period (beginning 01/01/20 | 2.1 en | ding 12/31/2 | 0.2.1) list: | | |
| - | - | 938 Noncash Contributions \$ | | | | 7,9 | <u>07</u> |
| | | GANIZATION DURING THE PERIOD | | | | | |
| | | you answer "yes" to any of the ques Is for each "yes" response. Please re | | | | Yes | No |
| | | any contracts, loans, leases or other fi of, either directly or with an entity in w | | | 5 | | x |
| 2. During this reporting period or funds? | d, was there a | any theft, embezzlement, diversion or r | nisuse of th | ne organization's char | itable property | | x |
| 3. During this reporting period | d, were any o | rganization funds used to pay any pen | alty, fine or | judgment? | | | x |
| 4. During this reporting period commercial coventurer us | | ervices of a commercial fundraiser, fun | draising co | unsel for charitable pu | urposes, or | | x |
| 5. During this reporting period | d, did the org | anization receive any governmental fu | nding? | | | | x |
| 6. During this reporting perio | d, did the org | anization hold a raffle for charitable pu | irposes? | | | | x |
| 7. Does the organization cor | duct a vehicle | e donation program? | | | | | x |
| ů. | • | ndent audit and prepare audited finances for this reporting period? | cial stateme | ents in accordance wit | th | x | |
| 9. At the end of this reporting | g period, did t | he organization hold restricted net ass | ets, while r | eporting negative unre | estricted net assets? | | x |
| | | ve examined this report, including ac complete, and I am authorized to si | gn. | - | - | vledg | e |
| | | ILEY BARNARD |] | ACTING EXEC | | | |
| Signature of Authorized Agent | Pri | inted Name | 1 | Fitle | Date | | |