

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.		,,	- <b>,</b> ,		,,,,,	,				
									<b>T7</b>	
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. <sup>.</sup>	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 <b>or</b> 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 <b>10a</b> 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 <b>1a, 2</b> hen leave line <b>1b, 2b, 3b, 4b, </b>	a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, 5b, 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	ere <b>b Total revenue,</b> 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>(b)</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	<ul> <li>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</li> </ul>	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 <b>Pub. 4163,</b> 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		• •			-			_	<b></b>	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 <b>P0019</b>	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 <b>990</b>
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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		<b>G</b> 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	<b>4</b> №	Number of independent voting members of the governing body (Part VI, line 1b)							
es	<b>5</b> T	otal number of individuals employed in calendar year 2021 (Part V, line 2a)		17					
viti	<b>6</b> 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	<b>10</b> 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	<b>16</b> 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	<b>20</b> 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 <b>990</b> (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	
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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		
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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	<b>1</b> 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			··· ⊢	<del>-</del> 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?			<b> </b> •	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?			<b>[1</b> '	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? <b>ion C. Disclosure</b>	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? <b>ion C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed <b>CA</b>	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? <b>Section C. Disclosure</b> 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 <b>C. Disclosure</b> 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 <b>C. Disclosure</b> 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 	<b>1</b> )(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 <b>C. Disclosure</b> 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 	<b>1</b> )(3)s or	nly)		bl
16a b <b>Sect</b> 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 <b>C. Disclosure</b> 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 	<b>1</b> )(3)s or	nly)		b
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 <b>C. Disclosure</b> 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,	<b>1</b> )(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 <b>C. Disclosure</b> 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,	<b>1</b> )(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 <b>C. Disclosure</b> 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,	<b>1</b> )(3)s or	nly)		
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 evalu in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization <b>C. Disclosure</b> 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> ) Describe on Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's br PAMELA H. BANKS - (415) 561-2300	ate its p anization and 990 and 990 conflict c	Derticipation n's D-T (section 501(c) Chedule O) of interest policy,	<b>1</b> )(3)s or and fir	nly)		

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Page **6** 

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68-0369482

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)
	Carrannana

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 <b>990</b> (2021)

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Form 990 (2021)

Form	990	(2021)
	000	

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	
<ul> <li>d Total (add lines 1b and 1c)</li> <li>2 Total number of individuals (including but n</li> </ul>								· · ·		• -	<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
<b>3</b> Did the organization list any <b>former</b> 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
								-				
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 <b>990</b> (	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#	, <del>K</del> 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									<b>Ŭ</b>
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.
		1								
		1								
		1								
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					
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 <b>1f</b>	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. <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)		<b>&gt;</b>	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>				<b>&gt;</b>	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. 10			-		0				
c       Net income or (loss) from fundraising events <ul> <li>-18,332.</li> <li>-18,332.</li> <li>-18,332.</li> </ul> 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 <ul> <li>10a</li> <li>C</li> <li>Net income or (loss) from sales of inventory</li> <li>Less: cost of goods sold</li> <li>10b</li> <li>C</li> <li>Net income or (loss) from sales of inventory</li> <li>Business Code</li> <li>900099</li> <li>100.</li> </ul> <ul> <li>Business Code</li> <li>100.</li> <li>11 a</li> <li>MISCELLANEOUS INCOME</li> <li>900099</li> <li>100.</li> <li>10.</li></ul>		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       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 <b>990</b> (2021)
13201	0 12-09-21	11			Form <b>330</b> (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			
					<b>(A)</b> Beginning of year		<b>(B)</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 <b>12</b>
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?		<b>2</b> 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
<b>o</b> [		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
<b>o</b> [		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		<b>Type II.</b> 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		<b>Type III functionally inte</b>						ly integrate	d with,
		its supported organization	.,.	-	-		-		
d		<b>Type III non-functionally</b>						-	
		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))					
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>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	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>(b)</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					<b>I</b>	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 %
<b>1</b> 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 <b>stop here.</b> 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

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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>(b)</b> 2018	(c) 2019	(d) 2020	(e) 202 <sup>-</sup>	1 <b>(f)</b> 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 <sup>-</sup>	1 (f) Total
	Amounts from line 6						
<b>10a</b> ( 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						
<b>12</b> 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.)						
	<b>First 5 years.</b> 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	%
<b>16</b> 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 <b>20</b> 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	-					
	<b>33 1/3% support tests - 2020.</b> If the						
	ne 18 is not more than 33 1/3%, che						
	Private foundation. If the organization						
-	01-04-22			,,, <b></b> , <b>cc</b> on <b>c</b>			dule A (Form 990) 2021
			16	5		20110	

<sup>2021.05000</sup> 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 <b>Part VI</b> 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
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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

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_	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

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Sche	dule A (Form 990) 2021 UNITED RELIGIO			6	8-0369482	Page <b>7</b>
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> <b>Part VI</b> ). 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
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	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.
	(วะยากรแนะแบกร.)				
32028 01-04-2	2				Schedule A (Form 990) 202 <sup>-</sup>
			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.
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 <b>not</b> 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)

2021.05000 UNITED RELIGIONS

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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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29 2021.05000 UNITED RELIGIONS

16101115 795476 0639700

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
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Department of the Treasury

Name of the organization

Internal Revenue Service

(Form	990)
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# **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	
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	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	<b>c</b> , , , , , , , , , , , , , , , , , , ,			
	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 <b>2</b>
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. <b>t V</b> 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 <b>(c</b> (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>b</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	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> 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>(b)</b> Region	(c) Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> 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
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	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. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				
								-
		n is registered or licensed to solicit c	ontrib	▶ utions	or has been notified	it is	exempt from re	gistration
or licensing.								
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. <b>(c)</b> )
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)		<b>&gt;</b>	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			
				<b>13a</b> %
			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.	
		••		
13208	3 10-21-21			Schedule G (Form 990) 2021
			A A	

Part IV	Supplemental Information (continued)	
		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>(b)</b> EIN	(c) IRC section (if applicable)	<b>(d)</b> 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
	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				······ •

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

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	<b>01</b>	
		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?			<b>4</b> 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>B)</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)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 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 <b>2</b>
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 <b>2</b>
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.	
132212 11-11-21		Schedule O (Form 990) 2021
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Employer identification number

68-0369482

Schedule O (Form 990) 2021

UNITED RELIGIONS

Name of the organization

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#### 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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 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	
	-											
	-											
										+ +		
	1											
										+	+	
	4											
	1											
	l					1		1	l			

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	contr	<b>i)</b> b)(13) rolled tity?
		country)				400010		Yes	No

#### 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.

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> 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	<del>.</del> )	(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	<sub>r?</sub> ownership
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	income	assets	Yes	No		Yes	10
											$\square$	

Schedule R (Form 990) 2021

### UNITED RELIGIONS

Part VII Supplemental Information

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

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61 2021.05000 UNITED RELIGIONS

Schedule R (Form 990) 2021

Form <b>8938</b> (Rev. November 2021)		State	OMB No. 1545-2195								
Depa	artment of the Treasury nal Revenue Service	For calendar year	ending		Attachment Sequence No. <b>938</b>						
	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.)										
	<b>a</b> 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)		<b>&gt;</b>						
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	<b>sets</b> (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>b</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>b</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	<b>17</b> Nu	umber of I	Forms 5471				
18	Number of Forms 862	21	<b>19</b> 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 <b>AMMAN</b>		-	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>b</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. <b>Note:</b> 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 <b>(2)</b>	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					<b>`</b>				Form 8	<b>938</b> (Rev	. 11-2021
					6	5						

Electronic Filing PDF Attachment

For (Rev	m <b>8938</b> 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. <b>938</b>	
	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>b</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>	<b>v</b>	
12 D	Were any foreign ass	ets acquired or sold d	ibutable to Specified Forei	an Financial Asse	t <b>s</b> (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>b</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>b</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		<ul><li>16 Number of Forms 3520-</li><li>19 Number of Forms 8865</li></ul>	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 <b>1 the Part II Summary</b> (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						<b>30</b> 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)		<b>.</b>			
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					
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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
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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		
<ul> <li>Descrived</li> <li>Descrived</li> <li>Supervolved (Withdrawn)</li> <li>Merges/Reorgenized</li> <li>K is the organization exempt under R&amp;TC Section 237019?</li> <li>Yes, "Inter the gross receipts from nomember sources \$</li> <li>If Yes," enter the gross receipts from nomember sources \$</li> <li>Is this arguing ling? See instructions</li> <li>Yes (X) No</li> <li>M Did the organization line liability company?</li> <li>Yes (X) No</li> <li>Is this arguing ling? See instructions</li> <li>Yes (X) No</li> <li>Is this organization in a group exemption</li> <li>Yes (X) No</li> <li>Is this organization in a group exemption</li> <li>Yes (X) No</li> <li>Is this organization in a group exemption</li> <li>Yes (X) No</li> <li>Is this organization in a group exemption</li> <li>Yes (X) No</li> <li>Is for a group filing? See instructions</li> <li>Yes (X) No</li> <li>Is for a group filing? See instructions, gifts, grant, and similar anomalis received</li> <li>I Gross sales or receipts from other sources. From Side 2, Part II, line 8</li> <li>I Gross sales or receipts for momenters and affiliates</li> <li>Gross outleworks, gifts, grant, and similar anomalis received</li> <li>Total costs. Add line 5 and line 6</li> <li>I Total costs. Add line 5 and line 6</li> <li>I Total expenses and disfusements. From Side 2, Part II, line 18</li> <li>I Total expenses and disfusements. From Side 2, Part II, line 18</li> <li>I Total expenses and disfusements. Subtract line 1 through line 3</li> <li>I Total expenses and disfusements. Subtract line 1 from line 4</li> <li>I Total expenses and disfusements. Subtract line 1 from line 12</li> <li>I Total expenses and disfusements. Subtract line 1 from line 11</li> <li>I Seater expenses and disfusements. Subtract line 11 from line 12</li> <li>I Total expenses and disfusements. Subtract line 11 from line 12</li> <li>I Total expenses and disfusements. From Side 2, Part II, line 18</li> <li>I Total expenses and disfusements. From Side 2, Part II, line 11</li> <li>I Total expenses and disf</li></ul>			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 <b>STMT 6</b> 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
<b>U</b> 10(2	u. Auŭ l	ine 1 through line 5		STATEMENT	om line 6		/ 10 , 411
			י חיוט				
_	0.1	<b>0</b> 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	- <b>,</b>
	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

16101115 795476 0639700

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.

16101115 795476 0639700

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 <b>2021</b>		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				<b>-</b> - <i>i</i>	. г				<b>.</b> .
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		