

Form 114a Department of the Treasury Financial Crimes Enforcement Network (FinCEN)  May 2015	<h2 style="margin: 0;">Record of Authorization to Electronically File FBARs</h2> <p style="margin: 5px 0 0 0;">(See instructions below for completion)</p> <p style="margin: 5px 0 0 0;"><u>Do not send to FinCEN. Retain this form for your records.</u></p> <p style="margin: 5px 0 0 0;">The form 114a may be digitally signed</p>	<b>UNITEDR2020001</b>
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**Part I** Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)

1. Owner last name or entity's legal name <b>UNITED RELIGIONS</b>	2. Owner first name	3. Owner M.I.
4. Spouse last name (if jointly filing FBAR - see instructions below)	5. Spouse first name	6. Spouse M.I.

I/we declare that I/we have provided information concerning 1 (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, **2020** to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.

7. Owner signature (Authorized representative if entity)	8. Date _____ MM DD YYYY	9. Owner or entity TIN <b>680369482</b>	10. TIN type a <input checked="" type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign
11. Spouse signature	12. Date _____ MM DD YYYY	13. Spouse TIN	14. TIN type a <input type="checkbox"/> EIN b <input type="checkbox"/> SSN/ITIN c <input type="checkbox"/> Foreign

**Part II** Individual or Entity Authorized to File FBAR on behalf of Persons who have an obligation to file.

15. Preparer last name <b>FAHEY</b>	16. Preparer first name <b>EDWARD</b>	17. Preparer M.I. <b>M</b>	18. Preparer PTIN <b>P00194561</b>
19. Address <b>150 POST STREET, STE 200</b>	20. City <b>SAN FRANCISCO</b>	21. State <b>CA</b>	22. ZIP/postal code <b>94108</b>
23. Country code <b>US</b>	24. Preparer's (item 15) employer's (Entity) name <b>RINA ACCOUNTANCY LLP</b>	25. Employer EIN <b>** - ***0623</b>	26. Preparer's signature <b>RINA ACCOUNTANCY LLP</b>

**Instructions for completing the FBAR Signature Authorization Record**

This record may be completed by the individual or entity granting such authorization (Part I) OR the individual/entity authorized to perform such services. The completed record must be signed by the individual(s)/entity granting the authorization (Part I) and the individual/entity that will file the FBAR. The Preparer/filing entity must be registered with FinCEN BSA E-File system. (See <http://bsaeiling.fincen.treas.gov/main.html> for registration).

Read and complete the account owner statement in Part I.

To authorize a third party to file the Foreign Bank and Financial Accounts Report (FBAR), the account owner should complete Part I, items 1 through 3 (as required), sign and date the document in Part I, items 7/8 and complete items 9 and 10. Item 7 may be digitally signed.

Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions)

If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, (item 11 may be digitally signed) and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as *see above*, or *same as item number x*).

Complete Part II, items 15 through 18 with the preparer's information. The address, items 19 through 23, is that of the preparer or the preparer's employer if the preparer is an employee. Record the employer's information (if any) in items 24 and 25. If the preparer does not have a PTIN, leave item 18 blank. The third party preparer must sign in item 26 (digital signature acceptable) of Part II indicating that the FBAR will be filed as directed by the authorizing authority.

The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010.430(d).

**DO NOT SEND THIS RECORD TO FinCEN UNLESS REQUESTED TO DO SO.**

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20

# 2020

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

**UNITED RELIGIONS**

**\*\* - \*\*\* 9482**

Name and title of officer or person subject to tax

**BAILEY BARNARD  
ACTING EXEC DIRECTOR**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<u>3,006,058.</u>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b>	
<b>6a</b> Form 990-T check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b>	
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b>	

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize RINA ACCOUNTANCY LLP to enter my PIN 18029  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

94062676247

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ RINA ACCOUNTANCY LLP Date ▶ 11/15/21

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

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

FinCEN Form 114

UNITEDR20200001

Filing Name UNITED RELIGIONS

Submission Type NEW

PIN NOT REQUIRED

Check here  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, 2021. An automatic extension to October 15, 2021 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)

# 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  
**2020**  
Amended

**Part I** Filer information UNITEDR2020001

2 Type of filer

a  Individual b  Partnership c  Corporation d  Consolidated e  Fiduciary or other - Enter type \_\_\_\_\_

3 U.S. Taxpayer Identification Number ***** If filer has no U.S. Identification number complete item 4	3a TIN type <input type="checkbox"/> SSN/ITIN <input checked="" type="checkbox"/> EIN	4 Foreign identification (Complete only if item 3 is not applicable) a Type: <input type="checkbox"/> Passport <input type="checkbox"/> Foreign TIN <input type="checkbox"/> Other _____ b Number _____ c Country of Issue _____	5 Individual's date of birth MM/DD/YYYY
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6 Last name or organization name <b>UNITED RELIGIONS</b>	7 First name	8 Middle initial	8a Suffix
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9 Mailing address (number, street, and apt. or suite no.)

**P.O. BOX 29242**

10 City <b>SAN FRANCISCO</b>	11 State <b>CA</b>	12 ZIP/Postal Code <b>941290242</b>	13 Country <b>USA</b>
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14 a) Does the filer have a financial interest in 25 or more financial accounts?  
 Yes  Enter number of accounts \_\_\_\_\_ Do not complete Part II or Part III, but maintain records of the information.  
 No

b) Does the filer have signature authority over but no financial interest in 25 or more financial accounts?  
 Yes  Enter number of accounts \_\_\_\_\_ Comp. Part IV, items 34 through 43 for each person on whose behalf the filer has sign. authority.  
 No

**Part II** Information on financial account(s) owned separately

15 Maximum value of account during calendar year	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
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17 Name of financial institution in which account is held

18 Account number or other designation	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held		
20 City	21 State, if known	22 Foreign postal code, if known	23 Country

**Signature** 44a Check here  if this report is completed by a third party preparer and complete the third party preparer section.

44 Filer signature <small>The report will be electronically signed when filed</small>	45 Filer title, if not reporting a personal account	46 Date (MM/DD/YYYY) <small>This date will auto-fill when the FBAR is electronically signed</small>
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<b>Third Party Preparer Use Only</b>	47 Preparer's last name <b>FAHEY</b>	48 First name <b>EDWARD</b>	49 MI <b>M</b>	50 Check <input type="checkbox"/> if self-employed	51 TIN <b>P00194561</b>	51a TIN type <input checked="" type="checkbox"/> PTIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign	
	52 Contact phone no. <b>(415) 777-4488</b>	52a Ext.	53 Firm's name <b>RINA ACCOUNTANCY LLP</b>	54 Firm's TIN <b>** - ***0623</b>	54a TIN type <input checked="" type="checkbox"/> EIN <input type="checkbox"/> Foreign		
	55 Mailing address (number, street, apt. or suite no.) <b>150 POST STREET, STE 200</b>	56 City <b>SAN FRANCISCO</b>	57 State <b>CA</b>	58 ZIP/Postal Code <b>94108</b>	59 Country <b>US</b>		

<b>Part IV Information on financial account(s) where filer has signature or other authority but no financial interest in the account(s)</b>	FinCEN Form 114
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**Complete a separate block for each account**

Add an additional Part IV page as many times as necessary in order to provide information on all accounts

1 Filing for calendar year  <u>2020</u>	3-4 Check appropriate identification number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: *****	6 Last name or organization name  <b>UNITED RELIGIONS</b>
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15 Maximum value of account during calendar year  <b>24,165.</b>	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input checked="" type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
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17 Name of financial institution in which account is held <b>HOUSING BANK TRADE &amp; FINANCE</b>			
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18 Account number or other designation *****	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held <b>P.O. BOX 7693</b>		
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20 City <b>AMMAN</b>	21 State, if known	22 Foreign postal code, if known <b>11118</b>	23 Country <b>JORDAN</b>
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34 Last name or organization name of account owner <b>UNITED RELIGIONS INITIATIVE MEN</b>	35 Tax identification number of account owner	35a TIN type <input type="checkbox"/> EIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
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36 First name	37 Middle initial	37a Suffix	38 Mailing address (number, street, and apt. or suite no.) <b>WADI SAQRH STREET</b>	
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39 City <b>AMMAN</b>	40 State	41 ZIP/Postal Code	42 Country <b>JORDAN</b>
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43 Filer's title with this owner			
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15 Maximum value of account during calendar year	15a Amount unknown <input type="checkbox"/>	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other - Enter type below
--	---	--

17 Name of financial institution in which account is held			
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18 Account number or other designation	19 Mailing address (number, street, apt. or suite no.) of financial institution in which account is held		
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20 City	21 State, if known	22 Foreign postal code, if known	23 Country
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34 Last name or organization name of account owner	35 Tax identification number of account owner	35a TIN type <input type="checkbox"/> EIN <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> Foreign
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36 First name	37 Middle initial	37a Suffix	38 Mailing address (number, street, and apt. or suite no.)	
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39 City	40 State	41 ZIP/Postal Code	42 Country
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43 Filer's title with this owner			
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**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](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2020 calendar year, or tax year beginning** and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED RELIGIONS</b>		<b>D</b> Employer identification number <b>** - ***9482</b>
	Doing business as <b>UNITED RELIGIONS INITIATIVE</b>		<b>E</b> Telephone number <b>415-561-2300</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>P.O. BOX 29242</b>		<b>G</b> Gross receipts \$ <b>3,058,652.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>SAN FRANCISCO, CA 94129-0242</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>F</b> Name and address of principal officer: <b>BAILEY BARNARD</b> <b>SAME AS C ABOVE</b>		<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website: ▶ <b>WWW.URI.ORG</b>		<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	
		<b>L</b> Year of formation: <b>1995</b>	<b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SINCE INCEPTION, URI'S NETWORK HAS GROWN TO OVER 1,000-MEMBER GROUPS IN 112 COUNTRIES. EACH GROUP,</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>34</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>32</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>16</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 3,336,543.	<b>Current Year</b> 2,987,535.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,414.	10,269.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	139,811.	8,254.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,502,768.	3,006,058.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	699,044.	640,840.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,717,718.	1,669,630.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>396,880.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,142,351.	805,845.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,559,113.	3,116,315.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-56,345.	-110,257.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 17,568,947.	<b>End of Year</b> 18,484,247.
	<b>21</b> Total liabilities (Part X, line 26)	566,565.	485,554.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	17,002,382.	17,998,693.

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>BAILEY BARNARD, ACTING EXEC. DIRECTOR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>EDWARD M. FAHEY</b>	Preparer's signature <b>EDWARD M. FAHEY</b>	Date <b>11/15/21</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00194561</b>
	Firm's name ▶ <b>RINA ACCOUNTANCY LLP</b>	Firm's EIN ▶ <b>** - ***0623</b>	Phone no. ( <b>415</b> ) <b>777-4488</b>		
Firm's address ▶ <b>150 POST STREET, STE 200</b>		<b>SAN FRANCISCO, CA 94108</b>			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
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 BY ENGAGING PEOPLE AT THE GRASSROOTS LEVEL TO BUILD BRIDGES OF

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

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

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

4a (Code: ) (Expenses \$ 1,555,529. including grants of \$ 640,840.) (Revenue \$ )
GLOBAL NETWORK DEVELOPMENT: IN 20 YEARS, URI HAS GROWN FROM 83 FOUNDING MEMBER ORGANIZATIONS, CALLED COOPERATION CIRCLES (CCS), TO SOME 1,050 MEMBER GROUPS IN OVER 110 COUNTRIES. COLLECTIVELY, CCS HAVE MORE THAN 600,000 MEMBERS AND TOUCH THE LIVES OF MILLIONS OF PEOPLE AROUND THE WORLD. 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

4b (Code: ) (Expenses \$ 128,459. including grants of \$ ) (Revenue \$ )
GLOBAL COUNCIL: 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

4c (Code: ) (Expenses \$ 366,706. 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. RECENTLY, URI WAS ALSO AWARDED A MONTHLY GOOGLE AD GRANT TO GALVANIZE ITS ONLINE CAMPAIGNS. GIVEN FAST-PACED TECHNOLOGICAL CHANGE, URI'S COMMUNICATIONS TEAM STUDIES NEW SYSTEMS, MAKES RECOMMENDATIONS TO URI, AND RECENTLY LAUNCHED A NEW WEBSITE AND INTEGRATED CONSTITUENT

4d Other program services (Describe on Schedule O.)
(Expenses \$ 271,558. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,322,252.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.



Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee counts (2a), tax returns (2b), unrelated business income (3a), foreign accounts (4a), prohibited transactions (5a-5c), solicitations (6a-6b), deductible contributions (7a-7h), donor advised funds (8-9), and other IRS filings (10-16).

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 34		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 32		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **PAMELA H. BANKS - (415) 561-2300**  
**POST OFFICE BOX 29242, SAN FRANCISCO, CA 94129**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REV. VICTOR H. KAZANJIAN, JR. EXECUTIVE DIRECTOR	39.00 1.00	X		X				133,438.	0.	137,588.
(2) REV. WILLIAM E. SWING PRESIDENT	39.00 1.00	X		X				139,674.	0.	11,737.
(3) KIRAN BALI CHAIRPERSON	10.00	X		X				0.	0.	0.
(4) BECKY BURAD TREASURER	3.00	X		X				0.	0.	0.
(5) RAVINDRA KANDAGE ASSISTANT TREASURER	3.00	X		X				0.	0.	0.
(6) SALETTE AQUINO TRUSTEE	3.00	X						0.	0.	0.
(7) POTRE DIRAMPTAN-DIAMPUAN TRUSTEE	3.00	X						0.	0.	0.
(8) NAOUFAL EL HAMMOUMI TRUSTEE	3.00	X						0.	0.	0.
(9) DANIEL EROR TRUSTEE	3.00	X						0.	0.	0.
(10) FRED FIELDING TRUSTEE	3.00	X						0.	0.	0.
(11) PETAR GRAMATIKOV TRUSTEE	3.00	X						0.	0.	0.
(12) MARIANNE HORLING TRUSTEE	3.00	X						0.	0.	0.
(13) KALYAN KUMAR KISKU TRUSTEE	3.00	X						0.	0.	0.
(14) CHIEF PHILIP LANE TRUSTEE	3.00	X						0.	0.	0.
(15) PETER MOUSAFERIADIS TRUSTEE	3.00	X						0.	0.	0.
(16) WAMBUI NGIGE TRUSTEE	3.00	X						0.	0.	0.
(17) JOHN NG'OMA TRUSTEE	3.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MACLEORD BAKER OCHOLA II TRUSTEE	3.00	X						0.	0.	0.
(19) C.N.N. RAJU TRUSTEE	3.00	X						0.	0.	0.
(20) SWAMINI ADITYANANDA SARASWATI TRUSTEE	3.00	X						0.	0.	0.
(21) SOK SIDON TRUSTEE	3.00	X						0.	0.	0.
(22) VALERIA VERGANI TRUSTEE	3.00	X						0.	0.	0.
(23) STEPHEN L VILLAESTER TRUSTEE	3.00	X						0.	0.	0.
(24) ELISHA BUBA YERO TRUSTEE	3.00	X						0.	0.	0.
(25) GENEVA BLACKMER TRUSTEE	3.00	X						0.	0.	0.
(26) ANWAR DAHAK TRUSTEE	3.00	X						0.	0.	0.
<b>1b Subtotal</b>								273,112.	0.	149,325.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								273,112.	0.	149,325.

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

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

**Section B. Independent Contractors**

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	130,550.				
	<b>d</b> Related organizations .....	<b>1d</b>	1,444,128.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	1,412,857.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$ 36,085.				
	<b>h Total.</b> Add lines 1a-1f .....		2,987,535.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		9,641.			9,641.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	52,393.			
			(ii) Personal				
			<b>6b</b> Less: rental expenses ...	0.			
	<b>c</b> Rental income or (loss) .....	<b>6c</b>	52,393.				
	<b>d</b> Net rental income or (loss) .....		52,393.			52,393.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	9,078.			
			(ii) Other				
			<b>7b</b> Less: cost or other basis and sales expenses .....	8,450.			
			<b>7c</b> Gain or (loss) .....	628.			
	<b>d</b> Net gain or (loss) .....		628.			628.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 130,550. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		0.			
<b>8b</b> Less: direct expenses .....			44,144.				
<b>c</b> Net income or (loss) from fundraising events .....				-44,144.			-44,144.
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
		<b>9b</b> Less: direct expenses .....					
		<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
		<b>10b</b> Less: cost of goods sold .....					
		<b>c</b> Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b>	<b>11 a</b> MISCELLANEOUS INCOME	<b>Business Code</b>	900099	5.	5.		
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			5.			
<b>12 Total revenue.</b> See instructions .....			3,006,058.	5.	0.	18,518.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	307,611.	307,611.		
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	333,229.	333,229.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	422,437.	366,187.	27,103.	29,147.
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	1,075,217.	676,197.	157,239.	241,781.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	92,265.	38,281.	13,110.	40,874.
10 Payroll taxes	79,711.	54,301.	7,826.	17,584.
11 Fees for services (nonemployees):				
a Management				
b Legal	4,000.		4,000.	
c Accounting	33,000.	26,244.	2,912.	3,844.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	203,758.	162,282.	29,745.	11,731.
12 Advertising and promotion				
13 Office expenses	48,076.	27,617.	11,575.	8,884.
14 Information technology				
15 Royalties				
16 Occupancy	204,902.	167,746.	16,700.	20,456.
17 Travel	42,660.	40,960.	1,650.	50.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,000.	10,000.		3,000.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	96,669.		96,669.	
23 Insurance	12,782.	8,771.	1,379.	2,632.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	104,583.	78,714.	12,257.	13,612.
b PRINTING & COPYING	25,443.	22,175.	252.	3,016.
c BANK FEES	14,486.	0.	14,319.	167.
d WORKSHOPS, TRAINING	2,486.	1,935.	447.	104.
e All other expenses		2.		-2.
25 Total functional expenses. Add lines 1 through 24e	3,116,315.	2,322,252.	397,183.	396,880.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)



**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	939,571.	<b>1</b>	782,948.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	560,196.	<b>3</b>	280,839.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	47,824.	<b>9</b>	73,147.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 177,994.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 170,807.		
	<b>11</b> Investments - publicly traded securities .....	23,524.	<b>11</b>	542,680.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	167,066.	<b>14</b>	102,803.
	<b>15</b> Other assets. See Part IV, line 11 .....	15,830,127.	<b>15</b>	16,694,643.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	17,568,947.	<b>16</b>	18,484,247.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	164,654.	<b>17</b>	196,942.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	1,911.	<b>19</b>	12,877.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	400,000.	<b>25</b>	275,735.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	566,565.	<b>26</b>	485,554.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	11,497,226.	<b>27</b>	12,135,995.
	<b>28</b> Net assets with donor restrictions .....	5,505,156.	<b>28</b>	5,862,698.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	17,002,382.	<b>32</b>	17,998,693.
<b>33</b> Total liabilities and net assets/fund balances .....	17,568,947.	<b>33</b>	18,484,247.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,006,058.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,116,315.
3	Revenue less expenses. Subtract line 2 from line 1	3	-110,257.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17,002,382.
5	Net unrealized gains (losses) on investments	5	41,046.
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	1,065,522.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	17,998,693.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	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:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2020)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2,339,641.	1,736,634.	3,233,481.	3,336,543.	2,987,535.	13,633,834.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	2,339,641.	1,736,634.	3,233,481.	3,336,543.	2,987,535.	13,633,834.
<b>5</b> 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) .....						2,844,596.
<b>6 Public support.</b> Subtract line 5 from line 4.						10,789,238.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	2,339,641.	1,736,634.	3,233,481.	3,336,543.	2,987,535.	13,633,834.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	983.	924.	1,286.	28,210.	9,641.	41,044.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	152,238.	154,295.	166,205.	240,677.	52,397.	765,812.
<b>11 Total support.</b> Add lines 7 through 10						14,440,690.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	74.71 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	74.60 %

**16a 33 1/3% support test - 2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test - 2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10% -facts-and-circumstances test - 2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**b 10% -facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box 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**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> 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 <b>Part VI</b> 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>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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 <b>Part VI</b> .			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		



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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b> Excess distributions carryover to 2021. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

**UNITED RELIGIONS**

Employer identification number

**\*\* - \*\*\*9482**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization  <b>UNITED RELIGIONS</b>	Employer identification number  <b>** - ***9482</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>7,041.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>266,676.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	 <hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>11,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	 <hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED RELIGIONS</b>	Employer identification number  <b>** - ***9482</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ 11,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ 8,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
 <hr/> <hr/> <hr/>	 <hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED RELIGIONS</b>	Employer identification number  <b>** - ***9482</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ <u>27,007.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ <u>22,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED RELIGIONS</b>	Employer identification number  <b>** - ***9482</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ <u>9,300.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ <u>8,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED RELIGIONS</b>	Employer identification number  <b>** - ***9482</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	_____ _____ _____	\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	_____ _____ _____	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____ _____ _____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____ _____ _____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>UNITED RELIGIONS</b>	Employer identification number  <b>** - ***9482</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	COMMON STOCK _____ _____ _____	\$ 7,041.	11/25/20
15	COMMON STOCK _____ _____ _____	\$ 27,007.	02/28/20
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  <b>UNITED RELIGIONS</b>	Employer identification number  <b>** - *** 9482</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Name of the organization** UNITED RELIGIONS **Employer identification number** \*\*-\*\*\*9482

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

	(a) Donor advised funds	(b) Funds 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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) 2020

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,218,802.	2,716,054.	1,861,056.	492,671.	422,667.
b Contributions	2,371,353.	10,354,179.	986,445.		
c Net investment earnings, gains, and losses	2,023,128.	439,528.	-129,676.	1,368,385.	70,004.
d Grants or scholarships	1,650,460.				
e Other expenditures for facilities and programs					
f Administrative expenses	107,239.	290,959.	1,771.		
g End of year balance	15,855,584.	13,218,802.	2,716,054.	1,861,056.	492,671.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  75.0000 %
  - b Permanent endowment  20.0000 %
  - c Term endowment  5.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations |     | X  |
| (ii) Related organizations  | X   |    |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		11,747.	11,747.	0.
d Equipment		166,247.	159,060.	7,187.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,187.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) DEPOSITS	17,094.
(2) INTEREST IN NET ASSETS OF URI FOUNDATION	16,677,549.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	16,694,643.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CARES ACT PPP LOAN	275,735.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	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...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	4,182,948.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	41,046.	
	b Donated services and use of facilities	2b	18,329.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	2,561,643.	
	e Add lines 2a through 2d	2e		2,621,018.
3	Subtract line 2e from line 1		3	1,561,930.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b	1,444,128.	
	c Add lines 4a and 4b	4c		1,444,128.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,006,058.

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

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

1	Total expenses and losses per audited financial statements		1	3,186,637.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	18,329.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	51,993.	
	e Add lines 2a through 2d	2e		70,322.
3	Subtract line 2e from line 1		3	3,116,315.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,116,315.

**Part XIII Supplemental Information.**

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

**PART 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 PROVISION HAS BEEN MADE FOR SUCH TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INCOME ALLOCABLE TO URI FOUNDATION

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GRANTS FROM URI FOUNDATION

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES ALLOCABLE TO URI FOUNDATION

PART XI, LINE 9

THIS AMOUNT REPRESENTS THE CURRENT YEAR NET INCREASE IN THE BENEFICIAL INTEREST IN UNITED RELIGIONS FOUNDATION.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

UNITED RELIGIONS

Employer identification number

\*\*-\*\*\*9482

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
ASIA SOUTH	6		PROGRAM SERVICES, GRANTS TO RECIPIENTS.	INTERFAITH COOPERATION, COMMUNICATION, AND REGIONAL COORDINATION.	147,850.
EAST ASIA & PACIFIC	3		PROGRAM SERVICES, GRANTS TO RECIPIENTS.	INTERFAITH COOPERATION, COMMUNICATION, AND REGIONAL COORDINATION.	36,367.
CENTRAL AMERICA/SOUTH AMERICA/CARRIBEAN	2		PROGRAM SERVICES, GRANTS TO RECIPIENTS.	INTERFAITH COOPERATION, COMMUNICATION, AND REGIONAL COORDINATION.	50,797.
MIDDLE EAST, NORTH AFRICA	1		PROGRAM SERVICES, GRANTS TO RECIPIENTS.	INTERFAITH COOPERATION, COMMUNICATION, AND REGIONAL COORDINATION.	53,837.
AFRICA	6		PROGRAM SERVICES, GRANTS TO RECIPIENTS.	INTERFAITH COOPERATION, COMMUNICATION, AND REGIONAL COORDINATION.	214,731.
EUROPE	1		PROGRAM SERVICES, GRANTS TO RECIPIENTS.	INTERFAITH COOPERATION, COMMUNICATION, AND REGIONAL COORDINATION.	193,573.
<b>3 a</b> Subtotal .....	19	0			697,155.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	19	0			697,155.

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

Schedule F (Form 990) 2020



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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		AFRICA	INTERFAITH COOPERATION	117,741.	WIRE TRANSFERS	96,590.		
		EAST ASIA/PACIFIC	INTERFAITH COOPERATION	10,200.	WIRE TRANSFERS	26,167.		
		EUROPE	INTERFAITH COOPERATION	53,385.	WIRE TRANSFERS	140,187.		
		MIDDLE EAST	INTERFAITH COOPERATION	34,083.	WIRE TRANSFERS	19,754.		
		SOUTH ASIA	INTERFAITH COOPERATION	90,164.	WIRE TRANSFERS	57,686.		
		CENTRAL AMERICA/SOUTH AMERICA/CARRIBEAN	INTERFAITH COOPERATION	27,656.	WIRE TRANSFERS	23,141.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities ..... ▶ \_\_\_\_\_



**Part IV Foreign Forms**

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

Schedule F (Form 990) 2020

**Part V** Supplemental Information

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

**PART I, LINE 2:**

REPORTS OF EXPENSES AND SUPPORTING DOCUMENTS ARE REQUIRED AS A CONDITION OF GRANT. ORGANIZATION REVIEWS REPORTS AND DOCUMENTS.

Multiple horizontal lines for supplemental information input.



**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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		CIRCLES OF LIGHT (event type)	(event type)	NONE (total number)	
Revenue	<b>1</b> Gross receipts .....	130,550.			130,550.
	<b>2</b> Less: Contributions .....	130,550.			130,550.
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	44,144.			44,144.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				44,144.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				-44,144.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue .....				
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_







**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **UNITED RELIGIONS** Employer identification number  
**\*\* - \*\*\* 9482**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
URI MULTI-REGION P.O. BOX 29242 SAN FRANCISCO, CA 94129		170(B)(1(A)(VI)	31,523.	0.			INTERFAITH COOPERATION

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

**3** Enter total number of other organizations listed in the line 1 table **▶** \_\_\_\_\_

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

Schedule I (Form 990) 2020

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**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 GRANT. ORGANIZATION REVIEWS REPORTS AND DOCUMENTS.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2020**

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**UNITED RELIGIONS**

Employer identification number

**\*\* - \*\*\* 9482**

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) REV. VICTOR H. KAZANJIAN, JR. EXECUTIVE DIRECTOR	(i)	133,438.	0.	0.	38,338.	99,250.	271,026.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) REV. WILLIAM E. SWING PRESIDENT	(i)	139,674.	0.	0.	0.	11,737.	151,411.	0.
	(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)							

**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. RECEIVES A NON-TAXABLE  
MINISTERIAL HOUSING ALLOWANCE.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **UNITED RELIGIONS** Employer identification number **\*\*-\*\*\*9482**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art .....				
2	Art - Historical treasures .....				
3	Art - Fractional interests .....				
4	Books and publications .....				
5	Clothing and household goods .....				
6	Cars and other vehicles .....				
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....	X	4	36,085.	FMV
10	Securities - Closely held stock .....				
11	Securities - Partnership, LLC, or trust interests .....				
12	Securities - Miscellaneous .....				
13	Qualified conservation contribution - Historic structures .....				
14	Qualified conservation contribution - Other .....				
15	Real estate - Residential .....				
16	Real estate - Commercial .....				
17	Real estate - Other .....				
18	Collectibles .....				
19	Food inventory .....				
20	Drugs and medical supplies .....				
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ▶ ( _____ )				
26	Other ▶ ( _____ )				
27	Other ▶ ( _____ )				
28	Other ▶ ( _____ )				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

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

Multiple horizontal lines for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

UNITED RELIGIONS

Employer identification number

\*\* - \*\*\*9482

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

CALLED COOPERATION CIRCLES (CCS), IS 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, THESE  
COOPERATION CIRCLES CARE FOR REFUGEES, EDUCATE CHILDREN, PREVENT  
VIOLENCE AGAINST WOMEN, CLEAN RIVERS, PROVIDE MEDICAL CARE, RESOLVE  
CONFLICTS, AND NEGOTIATE PEACE AMONG MANY OTHER LOCAL AND GLOBAL KEY  
ISSUE.

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

UNDERSTANDING ACROSS RELIGIOUS AND CULTURAL DIFFERENCES AND WORK  
TOGETHER FOR THE GOOD OF THEIR COMMUNITIES AND THE WORLD. WE IMPLEMENT  
OUR 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 ACCORD WITH  
URI'S PURPOSE AND PRINCIPLES, IMPLEMENT LOCAL INITIATIVES, EXCHANGE  
INSPIRATION, IDEAS AND KNOWLEDGE, AND DEEPEN MUTUAL UNDERSTANDING AND  
RESPECT THROUGH STRONG INTERPE

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

BY 18 REGIONAL COORDINATORS WHO SERVE CCS THROUGH PROGRAMMATIC  
APPROACHES, SUPERVISE REGIONAL TEAM MEMBERS, COORDINATE REGIONAL  
LEADERSHIP TEAMS AND MORE. THE PRIMARY WORK OF THE REGIONAL BASES IS TO  
PROVIDE DIRECT COMMUNICATION WITH AND NETWORK SUPPORT FOR CCS. NETWORK  
BENEFITS INCLUDE: HELPING CCS BUILD CAPACITY, RAISING VISIBILITY FOR

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20



Name of the organization

UNITED RELIGIONS

Employer identification number

\*\*-\*\*\*9482

CC WORK, ASSISTING CCS IN CREATING PARTNERSHIPS, CONNECTING 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 NETWORK WITH OTHER CCS WITH WHOM THEY GENERATE CONNECTION, COMMUNICATION, CO-MENTORING AND SHARED LEARNING. URI'S GLOBAL SUPPORT OFFICE, WHICH IS BASED IN SAN FRANCISCO, PROVIDES ACCOUNTABILITY, TRAINING AND CONSULTATION 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 LEADERSHIP 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:

PLANNING, NETWORK 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 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

Name of the organization <b>UNITED RELIGIONS</b>	Employer identification number <b>** - ***9482</b>
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COLLECTIVE GLOBAL CAMPAIGNS, SUCH AS MOBILIZING CCS AROUND THE WORLD TO PARTICIPATE IN THE INTERNATIONAL DAY OF PEACE ON SEPTEMBER 21.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
RELATIONSHIP MANAGEMENT PLATFORM (SALESFORCE).

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.

URI'S WEBSITE INCLUDES AN INTERFAITH TEACHERS' CURRICULUM FOR ELEMENTARY AND MIDDLE SCHOOL STUDENTS, AS WELL AS AN EXTENSIVE RESOURCE SECTION. IN ADDITION TO EDUCATIONAL SUPPORT, CC MEMBERS, STAFF AND THE GLOBAL COUNCIL ENGAGE IN STRATEGIC NETWORKING, BOTH TO SHARE URI'S WORK AND TO PROMOTE NEW PARTNERSHIPS TO SUPPORT THE DEVELOPMENT OF THAT WORK. EXTENSIVE WORK IS UNDERWAY IN SEVERAL REGIONS TO INCREASE PARTNERSHIPS BETWEEN CCS, OTHER NGOS, GOVERNMENT AND CIVIC GROUPS TO STRENGTHEN NETWORK SUPPORT AND RESOURCE SHARING. URI ACTIVELY WORKS WITH SEVERAL UNITED NATIONS AGENCIES AND OTHER LIKE-MINED NON-PROFITS TO BUILD EFFECTIVE PARTNERSHIPS BETWEEN UN DEVELOPMENT GOALS AND THE

Name of the organization <b>UNITED RELIGIONS</b>	Employer identification number <b>** - ***9482</b>
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WORK OF CCS THROUGHOUT THE WORLD. URI NOW HAS FORMAL MOUS (MEMORANDUMS OF UNDERSTANDING) WITH THE OFFICE OF GENOCIDE PREVENTION AT 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 JUNE 26 AND 27, 2019 AT THE HOOVER INSTITUTION ON THE STANFORD UNIVERSITY CAMPUS IN CALIFORNIA, USA. IT BROUGHT TOGETHER PEACEBUILDERS FROM AROUND 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 THE CONFERENCE VIDEOS ARE ON THE URI WEBSITE.

EXPENSES \$ 230,656. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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 HAS A YOUTH LEADERSHIP PROGRAM (YLP) THAT ATTRACTS, EDUCATES, AND DEVELOPS CAPACITIES OF YOUTH AND YOUNG ADULTS AS A NEXT GENERATION OF COMPASSIONATE AND EFFECTIVE INTERFAITH LEADERS. YLP FACILITATES LEADERSHIP TRAINING FOR YOUTH AND YOUNG ADULTS, INCLUDING SKILL BUILDING IN COMMUNITY MAPPING, PROJECT DESIGN, MANAGEMENT AND EVALUATION WITH A FOCUS ON SERVICE LEARNING. YLP ALSO ORGANIZES A YEAR-LONG YOUTH AMBASSADORS PROGRAM THAT PROVIDES IN-DEPTH,

Name of the organization

UNITED RELIGIONS

Employer identification number

\*\*-\*\*\*9482

EXPERIENTIAL LEADERSHIP OPPORTUNITIES CULMINATING IN A COLLABORATIVE SERVICE PROJECT. YLP SEEKS TO DEVELOP DIVERSE AND STRONG REGIONAL NETWORKS OF YOUNG LEADERS, OFFERING PLATFORMS FOR DIALOGUE, BEST PRACTICE SHARING AND INFORMATION EXCHANGE, AS WELL AS A WAY TO BUILD LOCALLY RELEVANT INTERFAITH PROGRAMMING THAT MEETS THE SPECIFIC NEEDS OF YOUTH IN EACH REGION.

IN 2018, URI AND LAUNCHING LEADERS RAN YOUTH EMPOWERMENT AND ENTREPRENEURSHIP PROGRAMS IN EAST AFRICA. AND URI AND WEA (WOMEN'S EARTH ALLIANCE) TEAMED UP TO PILOT THE RIPPLE ACADEMY, A TRAINING PROGRAM FOR GRASSROOTS WOMEN LEADERS IN ENVIRONMENTAL SUSTAINABILITY. THE FIRST PILOT PROGRAM INVOLVED 40 PARTICIPANTS AND WAS HELD IN NORTH INDIA.

EXPENSES \$ 40,902. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

GROUPS CALLED "COOPERATION CIRCLES" ARE MEMBERS AND MUST BE APPROVED BY A COMMITTEE OF THE BOARD. COOPERATION CIRCLES ARE THE ONLY CLASS 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.

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.

Name of the organization UNITED RELIGIONS	Employer identification number **-***9482
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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 .

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

EQUITY IN EARNINGS OF FOUNDATION	1,075,522.
TRANSFER OF ASSETS OF URI FOUNDATION	-10,000.
TOTAL TO FORM 990, PART XI, LINE 9	1,065,522.

FORM 990, PART XII, LINE 2C

THERE IS NO CHANGE IN THE PROCESS FROM THE PRIOR YEAR.

**Related Organizations and Unrelated Partnerships**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **UNITED RELIGIONS** Employer identification number **\*\*-\*\*\*9482**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II 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 organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE UNITED RELIGIONS INITIATIVE FOUNDATION, INC. - 20-8008593, P.O. BOX 29242, SAN FRANCISCO, CA 94129	SUPPORT UNITED RELIGIONS INITIATIVE	CALIFORNIA	501(C)(3)	LINE 12A, I	SELF	X	



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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE UNITED RELIGIONS INITIATIVE FOUNDATION, INC.	C	1,444,128.FMV	
(2) THE UNITED RELIGIONS INITIATIVE FOUNDATION, INC.	S	-10,000.FMV	
(3)			
(4)			
(5)			
(6)			





**Part VII** Supplemental Information

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

Multiple horizontal lines for providing supplemental information.

**Statement of Specified Foreign Financial Assets**

▶ Go to [www.irs.gov/Form8938](http://www.irs.gov/Form8938) for instructions and the latest information.

▶ Attach to your tax return.

**2020**

Attachment  
Sequence No. **938**

For calendar year **2020** or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

If you have attached continuation statements, check here  Number of continuation statements \_\_\_\_\_

**1** Name(s) shown on return  
**UNITED RELIGIONS**

**2** Taxpayer identification number (TIN)  
**\*\* - \*\*\* 9482**

**3** Type of filer  
**a**  Specified individual    **b**  Partnership    **c**  Corporation    **d**  Trust

**4** If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.)

**a** Name \_\_\_\_\_ **b** TIN \_\_\_\_\_

**Part I Foreign Deposit and Custodial Accounts Summary**

**1** Number of deposit accounts (reported in Part V) ..... **1**

**2** Maximum value of all deposit accounts ..... \$ **24,165.**

**3** Number of custodial accounts (reported in Part V) ..... **0**

**4** Maximum value of all custodial accounts ..... \$ **0.**

**5** Were any foreign deposit or custodial accounts closed during the tax year? .....  Yes  No

**Part II Other Foreign Assets Summary**

**1** Number of foreign assets (reported in Part VI) ..... **0**

**2** Maximum value of all assets (reported in Part VI) ..... \$ **0.**

**3** Were any foreign assets acquired or sold during the tax year? .....  Yes  No

**Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions)**

(a) Asset category	(b) Tax item	(c) Amount reported on form or schedule	Where reported	
			(d) Form and line	(e) Schedule and line
1 Foreign deposit and custodial accounts	a Interest	\$		
	b Dividends	\$		
	c Royalties	\$		
	d Other income	\$		
	e Gains (losses)	\$		
	f Deductions	\$		
	g Credits	\$		
2 Other foreign assets	a Interest	\$		
	b Dividends	\$		
	c Royalties	\$		
	d Other income	\$		
	e Gains (losses)	\$		
	f Deductions	\$		
	g Credits	\$		

**Part IV Excepted Specified Foreign Financial Assets (see instructions)**

If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.

1. Number of Forms 3520 \_\_\_\_\_ 2. Number of Forms 3520-A \_\_\_\_\_ 3. Number of Forms 5471 \_\_\_\_\_  
 4. Number of Forms 8621 \_\_\_\_\_ 5. Number of Forms 8865 \_\_\_\_\_

**Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)**

If you have more than one account to report in Part V, attach a continuation statement for each additional account. See instructions.

**1** Type of account  Deposit  Custodial

**2** Account number or other designation  
**\*\*\*\*\*1001**

**3** Check all that apply  
**a**  Account opened during tax year    **b**  Account closed during tax year  
**c**  Account jointly owned with spouse    **d**  No tax item reported in Part III with respect to this asset

**4** Maximum value of account during tax year ..... \$ **24,165.**

**5** Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? .....  Yes  No

**6** If you answered "Yes" to line 5, complete all that apply.

<b>(a)</b> Foreign currency in which account is maintained <b>JORDAN, DINAR</b>	<b>(b)</b> Foreign currency exchange rate used to convert to U.S. dollars	<b>(c)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service <b>HTTPS://WWW.XE.COM/CURRENC</b>
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**Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary**

(see instructions) (continued)

<b>7a</b> Name of financial institution in which account is maintained <b>HOUSING BANK TRADE &amp; FINANCE</b>	<b>b</b> Global Intermediary Identification Number (GIIN) (Optional)
<b>8</b> Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. <b>P.O. BOX 7693</b>	
<b>9</b> City or town, state or province, and country (including postal code) <b>AMMAN JORDAN 11118</b>	

**Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary** (see instructions)

If you have more than one asset to report in Part VI, attach a continuation statement for each additional asset. See instructions.

<b>1</b> Description of asset	<b>2</b> Identifying number or other designation
<b>3</b> Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates. <b>a</b> Date asset acquired during tax year, if applicable _____ <b>b</b> Date asset disposed of during tax year, if applicable _____ <b>c</b> <input type="checkbox"/> Check if asset jointly owned with spouse <b>d</b> <input type="checkbox"/> Check if no tax item reported in Part III with respect to this asset	
<b>4</b> Maximum value of asset during tax year (check box that applies) <b>a</b> <input type="checkbox"/> \$0 - \$50,000 <b>b</b> <input type="checkbox"/> \$50,001 - \$100,000 <b>c</b> <input type="checkbox"/> \$100,001 - \$150,000 <b>d</b> <input type="checkbox"/> \$150,001 - \$200,000 <b>e</b> If more than \$200,000, list value _____ \$	
<b>5</b> Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b> If you answered "Yes" to line 5, complete all that apply.	
<b>(a)</b> Foreign currency in which asset is denominated	<b>(b)</b> Foreign currency exchange rate used to convert to U.S. dollars
<b>(c)</b> Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service	
<b>7</b> If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. <b>a</b> Name of foreign entity _____ <b>b</b> GIIN (Optional) _____ <b>c</b> Type of foreign entity <b>(1)</b> <input type="checkbox"/> Partnership <b>(2)</b> <input type="checkbox"/> Corporation <b>(3)</b> <input type="checkbox"/> Trust <b>(4)</b> <input type="checkbox"/> Estate <b>d</b> Mailing address of foreign entity. Number, street, and room or suite no.  <b>e</b> City or town, state or province, and country (including postal code)	
<b>8</b> If asset reported on line 1 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 continuation statement with the same information for each additional issuer or counterparty. See instructions. <b>a</b> Name of issuer or counterparty _____ Check if information is for <input type="checkbox"/> Issuer <input type="checkbox"/> Counterparty  <b>b</b> Type of issuer or counterparty <b>(1)</b> <input type="checkbox"/> Individual <b>(2)</b> <input type="checkbox"/> Partnership <b>(3)</b> <input type="checkbox"/> Corporation <b>(4)</b> <input type="checkbox"/> Trust <b>(5)</b> <input type="checkbox"/> Estate  <b>c</b> Check if issuer or counterparty is a <input type="checkbox"/> U.S. person <input type="checkbox"/> Foreign person  <b>d</b> Mailing address of issuer or counterparty. Number, street, and room or suite no.  <b>e</b> City or town, state or province, and country (including postal code)	

Electronic Filing PDF Attachment



Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary

(see instructions) (continued)

7a Name of financial institution in which account is maintained HOUSING BANK TRADE & FINANCE b Global Intermediary Identification Number (GIIN) (Optional)

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. P.O. BOX 7693

9 City or town, state or province, and country (including postal code) AMMAN JORDAN 11118

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

If you have more than one asset to report in Part VI, attach a continuation statement for each additional asset. See instructions.

1 Description of asset 2 Identifying number or other designation

3 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.

a Date asset acquired during tax year, if applicable

b Date asset disposed of during tax year, if applicable

c Check if asset jointly owned with spouse d Check if no tax item reported in Part III with respect to this asset

4 Maximum value of asset during tax year (check box that applies)

a \$0 - \$50,000 b \$50,001 - \$100,000 c \$100,001 - \$150,000 d \$150,001 - \$200,000

e If more than \$200,000, list value \$

5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? Yes No

6 If you answered "Yes" to line 5, complete all that apply.

(a) Foreign currency in which asset is denominated (b) Foreign currency exchange rate used to convert to U.S. dollars (c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

a Name of foreign entity b GIIN (Optional)

c Type of foreign entity (1) Partnership (2) Corporation (3) Trust (4) Estate

d Mailing address of foreign entity. Number, street, and room or suite no.

e City or town, state or province, and country (including postal code)

8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

Note: If this asset has more than one issuer or counterparty, attach a continuation statement with the same information for each additional issuer or counterparty. See instructions.

a Name of issuer or counterparty Check if information is for Issuer Counterparty

b Type of issuer or counterparty (1) Individual (2) Partnership (3) Corporation (4) Trust (5) Estate

c Check if issuer or counterparty is a U.S. person Foreign person

d Mailing address of issuer or counterparty. Number, street, and room or suite no.

e City or town, state or province, and country (including postal code)

# California Exempt Organization Annual Information Return

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)

Corporation/Organization name California corporation number

**UNITED RELIGIONS**

1947803

Additional information. See instructions.

FEIN  
\*\*-\*\*\*9482

Street address (suite or room)

P.O. BOX 29242

PMB no.

City

SAN FRANCISCO

State

CA

ZIP code

94129-0242

Foreign country name

Foreign province/state/county

Foreign postal code

<p><b>A</b> First return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>B</b> Amended return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>C</b> IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>D</b> Final information return?  <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized                  Enter date: (mm/dd/yyyy) ●</p> <p><b>E</b> Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p><b>F</b> Federal return filed? (1) ● <input type="checkbox"/> 990T (2) ● <input type="checkbox"/> 990PF (3) ● <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p><b>G</b> Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H</b> Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  If "Yes," what is the parent's name?</p>	<p><b>I</b> Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>J</b> If exempt under R&amp;TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>K</b> Is the organization exempt under R&amp;TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  If "Yes," enter the gross receipts from nonmember sources \$</p> <p><b>L</b> Is the organization a limited liability company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>M</b> Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>N</b> Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>O</b> Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  Date filed with IRS _____</p>
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**Part I Complete Part I unless not required to file this form. See General Information B and C.**

<b>Receipts and Revenues</b>	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	71,117	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>	3	2,987,535	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. <b>STMT 2</b> <b>This line must be completed.</b> If the result is less than \$50,000, see General Information B	4	3,058,652	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	8,450	00
	7	Total costs. Add line 5 and line 6	7	8,450	00
	8	Total gross income. Subtract line 7 from line 4	8	3,050,202	00
<b>Expenses</b>	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	3,160,459	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-110,257	00
<b>Filing Fee</b>	11	Total payments	11		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 line 12	14		00
	15	Penalties and Interest. See General Information J	15		00
	16	<b>Balance due.</b> Add line 12 and line 15. Then subtract line 11 from the result	16		00

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer: **ACTING EXEC. D** Title Date: \_\_\_\_\_  
 Telephone: **(415) 561-2300**

**Paid Preparer's Use Only**  
 Preparer's signature: **EDWARD M. FAHEY** Date: **11/15/21** Check if self-employed:   
 PTIN: **P00194561**

Firm's name (or yours, if self-employed) and address: **RINA ACCOUNTANCY LLP**  
**150 POST STREET, STE 200**  
**SAN FRANCISCO, CA 94108**  
 Firm's FEIN: **\*\* - \*\*\*0623**

Telephone: **(415) 777-4488**

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



**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.

028951 12-22-20

<b>Receipts from Other Sources</b>	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2	344	00	
	3	Dividends	•	3	9,297	00	
	4	Gross rents	•	4	52,393	00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See Instructions) <b>STATEMENT 3</b>	•	6	9,078	00	
	7	Other income <b>SEE STATEMENT 4</b>	•	7	5	00	
	8	<b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	71,117	00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	640,840	00	
	10	Disbursements to or for members	•	10		00	
	11	Compensation of officers, directors, and trustees <b>SEE STATEMENT 5</b>	•	11	422,437	00	
	12	Other salaries and wages	•	12	1,075,217	00	
	<b>Expenses and Disbursements</b>	13	Interest	•	13		00
		14	Taxes	•	14	79,711	00
		15	Rents	•	15	204,902	00
		16	Depreciation and depletion (See instructions)	•	16	96,669	00
		17	Other expenses and disbursements <b>SEE STATEMENT 6</b>	•	17	640,683	00
		18	<b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	3,160,459	00

<b>Schedule L Balance Sheet</b>		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
1	Cash		939,571		• 782,948
2	Net accounts receivable				•
3	Net notes receivable				•
4	Inventories				•
5	Federal and state government obligations				•
6	Investments in other bonds				•
7	Investments in stock <b>STMT 7</b>		4,378		• 3,112
8	Mortgage loans				•
9	Other investments <b>STMT 8</b>		19,146		• 539,568
10 a	Depreciable assets	170,271		177,994	
b	Less accumulated depreciation	( 169,632	639	( 170,807 )	7,187
11	Land				•
12	Other assets <b>STMT 9</b>		16,605,213		• 17,151,432
13	<b>Total assets</b>		17,568,947		18,484,247
<b>Liabilities and net worth</b>					
14	Accounts payable		164,654		• 196,942
15	Contributions, gifts, or grants payable				•
16	Bonds and notes payable				•
17	Mortgages payable				•
18	Other liabilities <b>STMT 10</b>		401,911		288,612
19	Capital stock or principal fund				•
20	Paid-in or capital surplus. Attach reconciliation				•
21	Retained earnings or income fund		17,002,382		• 17,998,693
22	<b>Total liabilities and net worth</b>		17,568,947		18,484,247

<b>Schedule M-1 Reconciliation of income per books with income per return</b>					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.					
1	Net income per books	• 996,311	7	Income recorded on books this year not included in this return <b>STMT 12</b>	• 1,116,568
2	Federal income tax	•	8	Deductions in this return not charged against book income this year	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	1,116,568
4	Income not recorded on books this year	•	10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return <b>STMT 11</b>	• 10,000		Subtract line 9 from line 6	-110,257
6	Total. Add line 1 through line 5	1,006,311			

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CA 199 CASH CONTRIBUTIONS STATEMENT 1  
 INCLUDED ON PART I, LINE 3

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CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
			266,676.
			100,000.
			10,000.
			11,100.
			10,000.
			30,000.
			9,000.
			11,050.
			11,000.
			8,100.
			10,000.
			1,000,000.
			5,000.
			1,000,000.
			22,300.

UNITED  
RELIGIONS

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5,000.

5,000.

5,000.

5,000.

9,300.

8,500.

10,000.

12,000.

25,000.

100,000.

250,000.

2,939,026.

TOTAL INCLUDED ON LINE 3

CA 199

NONCASH CONTRIBUTIONS  
INCLUDED ON PART I, LINE 3

STATEMENT 2

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

PROPERTY DESCRIPTION

DATE OF GIFT

FMV OF GIFT

TOTAL AMOUNT

COMMON STOCK

11/25/20

7,041.

7,041.

CONTRIBUTOR'S NAME

CONTRIBUTOR'S ADDRESS

PROPERTY DESCRIPTION

DATE OF GIFT

FMV OF GIFT

TOTAL AMOUNT

COMMON STOCK

02/28/20

27,007.

27,007.

TOTAL INCLUDED ON LINE 3

34,048.

34,048.

CA 199		GROSS AMOUNT FROM SALE OF ASSETS			STATEMENT	3
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED			
			PURCHASED	COST OR OTHER BASIS	EXPENSE OF SALE	GROSS SALES PRICE
				8,450.	0.	9,078.
TOTAL TO FORM 199, PAGE 2, LN 6				8,450.	0.	9,078.

CA 199		OTHER INCOME	STATEMENT	4
DESCRIPTION				AMOUNT
MISCELLANEOUS INCOME				5.
TOTAL TO FORM 199, PART II, LINE 7				5.

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CA 199                    COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                    STATEMENT                    5

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NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
REV. VICTOR H. KAZANJIAN, JR. P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	EXECUTIVE DIRECTOR 39.00	271,026.
REV. WILLIAM E. SWING P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	PRESIDENT 39.00	151,411.
KIRAN BALI P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	CHAIRPERSON 10.00	0.
BECKY BURAD P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TREASURER 3.00	0.
RAVINDRA KANDAGE P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	ASSISTANT TREASURER 3.00	0.
SALETTE AQUINO P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
POTRE DIRAMPTAN-DIAMPUAN P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
NAOUFAL EL HAMMOUMI P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
DANIEL EROR P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
FRED FIELDING P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
PETAR GRAMATIKOV P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.

UNITED RELIGIONS

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MARIANNE HORLING P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
KALYAN KUMAR KISKU P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
CHIEF PHILIP LANE P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
PETER MOUSAFERIADIS P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
WAMBUI NGIGE P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
JOHN NG'OMA P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
MACLEORD BAKER OCHOLA II P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
C.N.N. RAJU P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
SWAMINI ADITYANANDA SARASWATI P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
SOK SIDON P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
VALERIA VERGANI P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
STEPHEN L VILLAESTER P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
ELISHA BUBA YERO P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.

UNITED RELIGIONS

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GENEVA BLACKMER P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
ANWAR DAHAK P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
ROSA DELIA MACAS P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
P.K. MCCARY P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
FRANCISCO MORALES P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
MORGANA SYTHOVE P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
OMAR TAYEH P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.
ISSAC THOMAS P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242	TRUSTEE 3.00	0.

TOTAL TO FORM 199, PART II, LINE 11

422,437.

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CA 199 OTHER EXPENSES STATEMENT 6

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DESCRIPTION	AMOUNT
MISCELLANEOUS	104,583.
PRINTING & COPYING	25,443.
BANK FEES	14,486.
WORKSHOPS, TRAINING	2,486.
DIRECT EXPENSES OF FUNDRAISING EVENTS	44,144.
OTHER EMPLOYEE BENEFITS	92,265.
LEGAL FEES	4,000.
ACCOUNTING FEES	33,000.
OTHER PROFESSIONAL FEES	203,758.
OFFICE EXPENSES	48,076.
TRAVEL	42,660.
CONFERENCES AND CONVENTIONS	13,000.



INSURANCE

12,782.

TOTAL TO FORM 199, PART II, LINE 17

640,683.

CA 199 INVESTMENTS IN STOCK STATEMENT 7

DESCRIPTION	BEG. OF YEAR	END OF YEAR
MUTUAL FUNDS	4,378.	3,112.
TOTAL TO FORM 199, SCHEDULE L, LINE 7	4,378.	3,112.

CA 199 OTHER INVESTMENTS STATEMENT 8

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ASSETS HELD BY URI FOUNDATION	19,146.	539,568.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	19,146.	539,568.

CA 199 OTHER ASSETS STATEMENT 9

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	560,196.	280,839.
PREPAID EXPENSES AND DEFERRED CHARGES	47,824.	73,147.
INTANGIBLE ASSETS	167,066.	102,803.
DEPOSITS	17,094.	17,094.
OTHER RECEIVABLES	1,574.	0.
INTEREST IN NET ASSETS OF URI FOUNDATION	15,811,459.	16,677,549.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	16,605,213.	17,151,432.

CA 199 OTHER LIABILITIES STATEMENT 10

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUE TO FOUNDATION	400,000.	0.
CARES ACT PPP LOAN	0.	275,735.
DEFERRED REVENUE	1,911.	12,877.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	401,911.	288,612.

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CA 199	EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN	STATEMENT 11
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DESCRIPTION	AMOUNT
TRANSFER TO URI FOUNDATION	10,000.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5	10,000.

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CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT 12
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	41,046.
EARNINGS OF URI FOUNDATION	1,075,522.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7	1,116,568.

TAXABLE YEAR  
**2020**

**California e-file Return Authorization for Exempt Organizations**

FORM  
**8453-EO**

Exempt Organization name <b>UNITED RELIGIONS</b>	Identifying number <b>** - ***9482</b>
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**Part I Electronic Return Information** (whole dollars only)

1	Total gross receipts (Form 199, line 4)	1	3,058,652
2	Total gross income (Form 199, line 8)	2	3,050,202
3	Total expenses and disbursements (Form 199, line 9)	3	3,160,459

**Part II Settle Your Account Electronically for Taxable Year 2020**

4	<input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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**Part III Banking Information** (Have you verified the exempt organization's banking information?)

5	Routing number _____	7	Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6	Account number _____		

**Part IV Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2020 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements to be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

<b>Sign Here</b>	 Signature of officer	_____ Date	 ACTING EXEC. DIRECTOR Title
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**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, 2020 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.

<b>ERO</b>	ERO's- Signature <b>RINA ACCOUNTANCY LLP</b>	Date _____	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN <b>P00194561</b>
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address <b>RINA ACCOUNTANCY LLP</b> <b>150 POST STREET, STE 200</b> <b>SAN FRANCISCO, CA</b>				Firm's FEIN <b>** - ***0623</b> ZIP code <b>94108</b>

Under penalties of perjury, I declare that I have examined the above 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.

<b>Paid Preparer</b>	Paid preparer's signature _____	Date _____	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN _____
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address _____			Firm's FEIN _____ ZIP code _____

# TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING  
December 31, 2020

<b>Prepared for</b>	United Religions P.O. Box 29242 San Francisco, CA 94129-0242
<b>Prepared by</b>	RINA ACCOUNTANCY LLP 150 POST STREET, STE 200 SAN FRANCISCO, CA 94108
<b>Amount due or refund</b>	Balance due of \$150.00
<b>Make check payable to</b>	Department of Justice
<b>Mail tax return and check (if applicable) to</b>	Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470
<b>Return must be mailed on or before</b>	November 15, 2021
<b>Special Instructions</b>	<p>The report should be signed and dated by the authorized individual(s).</p> <p>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.</p>

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
 TO ATTORNEY GENERAL OF CALIFORNIA**  
 Sections 12586 and 12587, California Government Code  
 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

(For Registry Use Only)

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

<p><b>UNITED RELIGIONS</b>  <small>Name of Organization</small></p> <p><b>UNITED RELIGIONS INITIATIVE</b>  <small>List all DBAs and names the organization uses or has used</small></p> <p><b>P.O. BOX 29242</b>  <small>Address (Number and Street)</small></p> <p><b>SAN FRANCISCO, CA 94129-0242</b>  <small>City or Town, State, and ZIP Code</small></p> <p><b>415-561-2300</b>      <b>PBANKS@URI.ORG</b>  <small>Telephone Number</small>      <small>E-mail Address</small></p>	<p>Check if:  <input type="checkbox"/> Change of address  <input type="checkbox"/> Amended report</p> <hr/> <p>State Charity Registration Number <b>CT99867</b></p> <p>Corporation or Organization No. <b>1947803</b></p> <p>Federal Employer ID No. <b>68-0369482</b></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)**  
 Make Check Payable to Department of Justice

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 01/01/2020 ending 12/31/2020 ) list:

Gross Annual Revenue \$ <u>3,006,058</u>	Noncash Contributions \$ <u>54,414</u>	Total Assets \$ <u>18,484,247</u>
Program Expenses \$ <u>2,322,252</u>	Total Expenses \$ <u>3,116,315</u>	

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.**

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.**

<b>BAILEY BARNARD</b> <small>Signature of Authorized Agent</small>	<b>ACTING EXEC. DIRECTOR</b> <small>Title</small>
<small>Printed Name</small>	<small>Date</small>