	aan
Form	330

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

T

AI	For th	e 2023 calendar year, or tax year beginning and	l ending		
B	Check if applicab	C Name of organization		D Employer identifi	cation number
	Addre chang	United Religions			
	Name	82			
	Initial return	E Telephone numbe	er		
	Final return	P.O. Box 29242		415-561-	
	4,643,982.				
	Amen return	Sali Flancisco, CA 94129-0242		H(a) Is this a group r	eturn
	Applie tion	F Name and address of principal officer: Gerard D. WIIICe		for subordinates	s? Yes X No
	pendi	same as c above		H(b) Are all subordinates i	ncluded? Yes No
<u> </u>	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	-	list. See instructions
	Websi			H(c) Group exemption	
		f organization: X Corporation Trust Association Other	L Year	of formation: 1995	M State of legal domicile: CA
Pa	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: 1499			
Activities & Governance					
ernä	2	Check this box if the organization discontinued its operations or dispo			
Š	3				33
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Part VI, line 1b)			20
ies	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			32
tivit	6	Total number of volunteers (estimate if necessary)			0.
Act	/a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
	a	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	Prior Year	Current Year
		Contributions and grants (Dart )/III line 1b)		3,480,901.	4,640,834.
IUe	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		12,646.	2,835.
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-214.	313.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,493,333.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		620,274.	678,473.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
6	40	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,748,890.	2,172,885.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	. b	Total fundraising expenses (Part IX, column (D), line 25) 241, 2	40.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		713,358.	1,177,653.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,082,522.	4,029,011.
	19	Revenue less expenses. Subtract line 18 from line 12		410,811.	614,971.
Net Assets or	G		Be	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		14,605,974.	15,851,123.
tAs	21	Total liabilities (Part X, line 26)		529,757.	542,085.
Re	22	Net assets or fund balances. Subtract line 21 from line 20		14,076,217.	15,309,038.
Pa	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	

Sign	Signature of officer			Date						
Here	Gerard B. White, Executive Director									
	Type or print name and title									
	Print/Type preparer's name	Date	Check	PTIN						
Paid	Stacy Cullen	Stacy Cullen	11/15	/24 self-employed	P0097430	8				
Preparer	Firm's name Aprio Advisory Gr	oup, LLC		Firm's EIN 58-	2487348					
Use Only	Firm's address 150 Post Street,	Suite 200								
	San Francisco, CA 94108 Phone no.415-777-4488									
May the IF	May the IRS discuss this return with the preparer shown above? See instructions									
LHA For	Paperwork Reduction Act Notice, see the separ	ate instructions. 332001 12-21-23			Form <b>990</b> (	2023)				

	1990 (2023) United Religions 68-0369482 Page 2 T III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	Founded in 2000, URI is a global NGO with the purpose to promote
	enduring, daily interfaith cooperation, to end religiously motivated
	violence and to create cultures of peace, justice, and healing for the
	Earth.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	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?
3	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.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4.0	
4a	(Code:) (Expenses \$2,534,600. including grants of \$676,367. ) (Revenue \$ Global Network Development:
	Our global network of interfaith grassroots activists is working
	tirelessly to create the world we want to see: a world where people of
	all faiths, religions, spiritual expressions, and Indigenous traditions
	are able to live their lives in peace and dignity and where the Earth
	is treated with equal love and respect.
	As URI celebrates its 25th anniversary, we are re-committing to its
	three purpose areas and have outlined a new strategic framework to
	achieve growth, focus, and impact over the coming five years.
	URI is a network of over 1,150 Cooperation Circles (CCs) in 113
	countries. CCs have at least seven members, and represent at least
	three different faiths or spiritual traditions.
4b	(Code:) (Expenses \$220,713. including grants of \$) (Revenue \$)
	The Global Council is URI's governing Board of Trustees. Trustees are
	elected by URI grassroot member CCs from each of the eight regions. The
	Global Council's primary responsibilities include being the governing
	and fiduciary body of URI, and coordinating the strategic framework of
	the organization.
	The latest framework includes three strategic priorities: Optimizing
	Network Growth and Connectivity, Facilitating and Supporting
	Cross-Cultural Learning and Collaboration, and Launching a Coordinated
	Global Effort to End Violence, particularly religiously motivated
	violence.
4c	(Code:) (Expenses \$251,030. including grants of \$) (Revenue \$)
	Communication and Education Outreach
	Visit 2024.uriimpact.org to see the latest programming at URI.
	As part of our efforts to strengthen the capacity of the URI network to
	prevent violence, we have conducted trainings on the Health Approach in
	Nigeria, India, and Honduras. As a result of these training sessions,
	we have seen an enthusiastic response from Network members who
	participated in the training who have then gone on to conduct
	additional training sessions, spreading the health approach to others
	in their communities.
	To deepen our URI Purpose-focused and Principle-informed collective
	impact, we began to create new cross-regional and global learning
	pathways adaptable to all regions, creating opportunities for enriched
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 300,257 · including grants of \$ 2,107 · ) (Revenue \$ )
40	Total program service expenses     3,306,600.
-+C	
	Form <b>990</b> (202 2 12-21-23 See Schedule O for Continuation(s)

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Form 990 (2023) United Religions
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			77
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	х	
<b>L</b>	Part VI	<u>11a</u>	л	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		х
~	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		Х
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 Form 990 (2023)
 United Religions

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_ <u> </u>
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.5.1		x
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		- 23
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 6			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	(a.c
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Form	990 (2023) United Religions t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	68-0369	9482	P	_{age} 5		
Fai	Statements Regarding Other Ins Filings and Tax Compliance (continued)			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			Tes	INO		
Lu	filed for the calendar year ending with or within the year covered by this return	2a 20					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	х			
			3a		Х		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a	X			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5</u> a		<u>X</u>		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		<u>X</u>		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			v		
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		<u>X</u>		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts					
_	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).	···· 0	-		v		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X		
			7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required	7-		x		
	to file Form 8282?	74	7c		<u> </u>		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7.		х		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e 7f		X		
	<ul> <li>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</li> <li>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</li> </ul>						
-	If the organization received a contribution of qualified intellectual property, did the organization me ro		7g 7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained						
U	sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.		8				
			9a				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	11a					
	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?		13a				
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans	13b	-				
	Enter the amount of reserves on hand	13c			37		
			14a		X		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				v		
	excess parachute payment(s) during the year?		15		X		
40	If "Yes," see the instructions and file Form 4720, Schedule N.	incomol	10		х		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Λ		
47	If "Yes," complete Form 4720, Schedule O.	ivition					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activity upday participation of an avoing tax under participation (051, 4052, or 40522).		47				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		17				
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002005					(2020)		

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orm	n 990 (2023) United Religions		68-0369		P	age
Par	rt VI Governance, Management, and Disclosure. For each "Yes" response to I			"No" r	espor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Sch					
	Check if Schedule O contains a response or note to any line in this Part VI					X
sec	ction A. Governing Body and Management					
4			33		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		55			
	If there are material differences in voting rights among members of the governing body, or if the governin	y				
ь.	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	4	31			
	5					
2	Did any officer, director, trustee, or key employee have a family relationship or a business rela			0		x
•	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or u			2		
3				2		x
	of officers, directors, trustees, or key employees to a management company or other person?			3 4		X
4	Did the organization make any significant changes to its governing documents since the prior			4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization			5 6	Х	
6 7-	Did the organization have members or stockholders?			6		
7a				7.	х	
	more members of the governing body?			7a		
Ø	Are any governance decisions of the organization reserved to (or subject to approval by) mem					
0	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		-	0.	х	
a				8a	X	
b	, , , , , , , , , , , , , , , , , , , ,			8b	л	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot			9		x
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		·····	9		
00	ction B. Policies (This Section B requests information about policies not required by the Inte	rnal Revenue Co	de.)		Vee	
0-	Did the exception have lead chapters, branches, or efficience		1	10a	Yes X	No
	Did the organization have local chapters, branches, or affiliates?			IUa	- 11	
D	If "Yes," did the organization have written policies and procedures governing the activities of s	_		106	х	
10	and branches to ensure their operations are consistent with the organization's exempt purpose Has the organization provided a complete copy of this Form 990 to all members of its governing		ing the form?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governi Describe on Schedule O the process, if any, used by the organization to review this Form 990			11a	A	
				12a	Х	
				12a	X	
				120	- 21	
С		,		12c	Х	
3	on Schedule O how this was done			13	X	
	Did the organization have a written whistleblower policy?			14	X	
4 5	Did the process for determining compensation of the following persons include a review and a			14	- 21	
5		••••••	endent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and dec The organization's CEO, Executive Director, or top management official			150	Х	
				15a	X	
b	, , , , , , , , , , , , , , , , , , , ,			15b	Λ	
6-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	wong one ont with				
ba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a	•		10-		X
Ŀ.	taxable entity during the year?			16a		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to	-	cipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard th	-		404		
00	exempt status with respect to such arrangements?	<u></u>		16b		
17	List the states with which a copy of this Form 990 is required to be filed <u>CA</u>	000 and 000 T (		م بولد ما		
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	990, and 990-1 (s	section 501(c)(3)s	oniy)	avalla	bie
	for public inspection. Indicate how you made these available. Check all that apply.           X         Own website         Another's website         X         Upon request         Other	<i>,</i> , , , , , , , , , , , , , , , , , ,				
		(explain on Sched		£		
19	Describe on Schedule O whether (and if so, how) the organization made its governing docume	ents, conflict of in	terest policy, and	inano	Jai	
0	statements available to the public during the tax year.		aarda			
20	State the name, address, and telephone number of the person who possesses the organization	in's dooks and re	coras			
	Pamela H. Banks - 415-561-2300 P.O. Box 29242, San Francisco, CA 94129-0242					
	· · · ·			-	000	1000
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1 1	$\frac{6}{116}$		ONG		1 4	<u>~</u> ~
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Form 990 (2023) United Religions	68-0369482	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highe	st 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		
<ul> <li>1a Complete this table for all persons required to be listed. Report compensation for the calendar year e</li> <li>List all of the organization's current officers, directors, trustees (whether individuals or organization)</li> </ul>	8	

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week				from	from related	other			
	(list any	recto						the	organizations	compensation
	hours for related	e or di	ee			sated		organization	(W-2/1099-MISC/	from the
	organizations	rustee	l trust		ee	n pens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual ti	ıtiona	~	nploy	st cor yee	-	1000 NEO		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			e.gam_anerre
(1) Gerard B. White	39.00									
Executive Director	1.00			х				246,950.	0.	39,426.
(2) William E. Swing	39.00									
Founder and President Emeritus ofURI	1.00	Х		Х				144,145.	0.	31,135.
(3) Pamela H. Banks	40.00									
Director of Finance & Administration						Х		134,587.	0.	32,561.
(4) Diana Conan	40.00									
Director of Development and Outreach						Х		120,765.	0.	29,495.
(5) Alice L. Swett	40.00									
Global Programs Director						х		114,990.	0.	29,022.
(6) Preeta Bansal	30.00									-
Chair		Х		Х				0.	0.	0.
(7) Daniel Eror	30.00									-
Vice-Chair		Х		Х				0.	0.	0.
(8) Pulin Sanghvi	30.00								•	•
Treasurer		X		Х				0.	0.	0.
(9) Issac S Thomas	30.00							•	0	0
Secretary	<b>_</b> 00	Х		Х				0.	0.	0.
(10) Abelardo A. Moya	5.00								•	•
Board Member	<b>_</b> 00	X						0.	0.	0.
(11) Anwar Dehaq	5.00							•	0	0
Board Member	<b>_</b> 00	X						0.	0.	0.
(12) Anne Jarchow	5.00							•	0	0
Board Member	<b>F</b> 00	Х						0.	0.	0.
(13) Ashwani Kumar	5.00	37						0	0	0
Board Member	<b>F</b> 00	Х						0.	0.	0.
(14) Barbara Shannon	5.00	37						0	0	0
Board Member	<b>F</b> 00	Х						0.	0.	0.
(15) Butmao Sourn	5.00	77							<u>^</u>	<u>^</u>
Board Member	5 00	Х						0.	0.	0.
(16) Chintamani Nath Yogi Roard Mombor	5.00	х						0.	0.	n
Board Member (17) Devi Raj S	5 00	~						0.	0.	0.
Board Member	5.00	x						0.	0.	0.
332007 12-21-23	1	Δ						0.	0.	Form <b>990</b> (2023)

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332007 12-21-23

Form 990 (2023)

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2023.05000 UNITED RELIGIONS

Form	aan	(2023
FUIII	990	2023

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Part V			oloy	ees,			ghes	t C		· /	1	
(A) (B) (C) Nome and title Average Position							(D)	(E)	(F)			
	Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimat	
		hours per week					is both pr/trus		compensation	compensation from related	amount othe	
		(list any	tor						from the	organizations	compens	
		hours for	direc				p		organization	(W-2/1099-MISC/	from th	
		related	tee or	ustee			ensate		(W-2/1099-MISC/	1099-NEC)	organiza	tion
		organizations	ll trus	nal tri		oyee	om pe		1099-NEC)		and rela	ted
		below line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizat	ions
(18) N	aoufal El Hammoumi	5.00	'n	Ë	Of	¥	Ēē	Б				
Board		5.00	х						0.	0.		0.
(19) E	ric Roux	5.00										
Board	Member		х						0.	0.		0.
	red Fielding	5.00										
Board			Х						0.	0.		0.
	areena Maria	5.00								0		~
Board	Member rancisco Morales	5.00	Х				-		0.	0.		0.
(22) F Board		5.00	х						0.	0.		Ο.
	eneva Blackmer	5.00	21							0.		<u> </u>
Board	Member		х						0.	0.		Ο.
(24) J	aume De Marcos	5.00										
Board			Х						0.	0.		0.
	atende Abdu	5.00								0		•
Board	Member elsey Ramsden	5.00	X			-			0.	0.		0.
Board	-	5.00	x						0.	0.		0.
	visitetel								761,437.	0.	161,6	
_	otal from continuation sheets to Part VI								0.	0.		0.
	otal (add lines 1b and 1c)								761,437.	0.	161,6	39.
	otal number of individuals (including but n									000 of reportable		
co	ompensation from the organization											2
											Yes	No
	id the organization list any former officer,	-		-	·	-		Ŭ	• • •	oyee on		37
	ne 1a? If "Yes," complete Schedule J for s										3	X
	or any individual listed on line 1a, is the su										4 X	
	nd related organizations greater than \$150 id any person listed on line 1a receive or a										4 X	
	endered to the organization? If "Yes, " com								su organization or individ	ual for services	5	X
	n B. Independent Contractors		<u>,                                    </u>			00/0					1 - 1	<u> </u>
<b>1</b> C	omplete this table for your five highest co	mpensated ind	ере	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compensa	tion from	
th	e organization. Report compensation for	the calendar ye	ear e	endir	ng w	rith c	or wi	thin		ear.		
	(A) Name and business	address	NC	ONE	7				<b>(B)</b> Description of s	ervices	<b>(C)</b> Compensatio	n
			INC					_	Becchption of a		Joniponodak	
								_				
<b>2</b> To	otal number of independent contractors (i	ncluding but no	ot lin	nitec	d to	thos	se lis	ted	above) who received mo	ore than		
· · · · · · · · · · · · · · · · · · ·	100,000 of compensation from the organiz		<b>.</b>		<u>ب</u>	(	<u>۔</u>	h -			- 000	10.0
	See Part VII, Section	I A CONT	тIJ	ua	ιı	on	. S.	пe	CLS		Form <b>990</b>	(2023)

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Form 990 United Re									68-036	9482
Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average Position							Reportable	Reportable	Estimated
	hours	(cl	heck	c all 1	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	irecto				emp		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	ruste	l trus		/ee	m pen				organizations
	below	dual t	utiona	-	u plo	st co	L.			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
(27) Morgana Sythove	5.00									
Board Member		Х						0.	0.	0.
(28) Omar Tayeh	5.00									
Board Member		Х						0.	0.	0.
(29) P. K. McCary	5.00									
Board Member		Х						0.	0.	0.
(30) Radia Bakkouch	5.00									
Board Member		Х						0.	0.	0.
(31) Rosa Delia Quizhpe Macas	5.00									
Board Member		Х						0.	0.	0.
(32) Salette Aquino	5.00									
Board Member		Х						0.	0.	0.
(33) Salika Dasa	5.00									
Board Member		Х						0.	0.	0.
(34) Stephen Villaester	5.00									
Board Member		Х						0.	0.	0.
(35) Valeria Vergani	5.00									
Board Member		Х						0.	0.	0.
(36) Wambui Ngige	5.00									
Board Member		Х						0.	0.	0.
		-								
Total to Part VII, Section A, line 1c										<u> </u>

332201 04-01-23

		<u>0 (2023)</u> United Religi	ons			68-0369	482 Page 9
Pa	rt V	/III Statement of Revenue					
		Check if Schedule O contains a response	or note to any lin		(5)	(0)	
				(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
S S	1	a Federated campaigns 1a					
ran		b Membership dues 1b		]			
s, G		c Fundraising events 1c					
3ifts Iar ∕		d Related organizations 1d					
ns, ( imil		e Government grants (contributions) 1e	275,735.	4			
Contributions, Gifts, Grants and Other Similar Amounts			,365,099.				
ontr od C		g Noncash contributions included in lines 1a-1f		4 640 004			
<u>a Č</u>		h Total. Add lines 1a-1f		4,640,834.			
	_		Business Code				
Program Service Revenue	2						
Serv		b					
ven Ven		c					
gra Re		e					
Pro		f All other program service revenue					
		g Total. Add lines 2a-2f					
	3						
		other similar amounts)		75.			75.
	4	Income from investment of tax-exempt bond p	oroceeds				
	5	····					
		(i) Real	(ii) Personal	-			
	6			4			
		b Less: rental expenses 6b		-			
		c Rental income or (loss) 6c					
		d Net rental income or (loss) a Gross amount from sales of (i) Securities	(ii) Other				
	1	0 7 6 0	.,	-			
		assets other than inventory <b>7a 2</b> , <b>760</b> . <b>b</b> Less: cost or other basis		-			
e		and sales expenses					
venue		c Gain or (loss)		1			
		d Net gain or (loss)		2,760.			2,760.
Other Re		a Gross income from fundraising events (not					
Oth		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	1	-			
		b Less: direct expenses					
		c Net income or (loss) from fundraising events					
	9	a Gross income from gaming activities. See					
		Part IV, line 19		-			
		b Less: direct expenses	וו				
		c Net income or (loss) from gaming activities					
		and allowances 10	a				
		b Less: cost of goods sold 10					
		c Net income or (loss) from sales of inventory					
			Business Code				
sno	11	a <u>Miscellaneous Income</u>	900099	313.			313.
ane		b					
cell		c					
Miscellaneous Revenue		d All other revenue					
_		e Total. Add lines 11a-11d		313.			2 1 1 2
	12			4,643,982.	0.	0.	3,148.
33200	9 12-2	-21-23					Form <b>990</b> (2023

Section	on 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respons		this Part IX	(	
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,000.	5,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	70,945.	70,945.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	602,528.	602,528.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	923,076.	787,006.	69,751.	66,319
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	989,929.	690,965.	241,219.	57,745
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	-			
9	Other employee benefits	148,129.	125,926.	11,177.	11,026
10	Payroll taxes	111,751.	94,383.	8,535.	8,833
11	Fees for services (nonemployees):				
а	Management				
b	Legal	49,491.	10,330.	39,161.	
	Accounting	22,500.	18,450.	1,800.	2,250
d	Lobbying				
е	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 0.)	312,770.	290,228.	18,418.	4,124
12	Advertising and promotion				
13	Office expenses	66,048.	23,883.	39,185.	2,980
14	Information technology				
15	Royalties			4 050	F 24F
16		75,356.	65,789.	4,252.	5,315
17	Travel	124,481.	91,678.	22,910.	9,893
18	Payments of travel or entertainment expenses				

278,312.

12,007.

24,657.

80,130.

66,242.

30,151. 12,733.

22,775.

4,029,011.

Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) Miscellaneous а Events/Programs/COL b Payroll Fee С d Meetings, worshop and t e All other expenses Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined

educational campaign and fundraising solicitation.

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

for any federal, state, or local public officials

Conferences, conventions, and meetings .....

Payments to affiliates

Depreciation, depletion, and amortization .....

Form 990 (2023)

Check here

332010 12-21-23

19 20

21

22

23

Interest

Insurance

278,729.

19,828.

79,412.

24,724.

12,733.

13,571.

3,306,600.

492.

-417.

12,007.

2,146.

420.

2,412.

8,195.

481,171.

2,683.

298.

65,750.

3,015.

1,009.

241,240.

12

	990 (2 <b>t X</b>			68-	0369482 Page <b>11</b>
. al		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	567,292.	1	834,068.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	66,650.	3	995,836.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,		-	
	•	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	•	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	97,774.	9	85,803
		Land, buildings, and equipment: cost or other	•		
		basis. Complete Part VI of Schedule D 10a 192,128.			
	b	Less: accumulated depreciation 10b 187,600.	16,535.	10c	4,528
	11	Investments - publicly traded securities	606,778.	11	23,476
	12	Investments - other securities. See Part IV, line 11	2,767.	12	5,264.
	13	Investments - program-related. See Part IV, line 11	•	13	•
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	13,248,178.	15	13,902,148
	16	Total assets. Add lines 1 through 15 (must equal line 33)	14,605,974.	16	15,851,123.
	17	Accounts payable and accrued expenses	222,009.	17	451,857
	18	Grants payable	•	18	•
	19	Deferred revenue	5,000.	19	5,000
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
6	22	Loans and other payables to any current or former officer, director,			
itie:		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	302,748.	25	85,228.
	26	Total liabilities. Add lines 17 through 25	529,757.	26	542,085
		Organizations that follow FASB ASC 958, check here X			
sec		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	9,080,958.	27	9,310,819.
Bal	28	Net assets with donor restrictions	4,995,259.	28	5,998,219.
pu		Organizations that do not follow FASB ASC 958, check here			
Ŀ.		and complete lines 29 through 33.			
۶. ۲	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid in or capital surplus, or land, building, or equipment fund		30	
Ast	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	14,076,217.	32	15,309,038.
~	33	Total liabilities and net assets/fund balances	14,605,974.	33	15,851,123.

Form 990 (2023)

Form	United Religions	68-0	369482	Pad	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,64	3,9	82.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,02	9,0	11.
3	Revenue less expenses. Subtract line 2 from line 1	3	614	4,9	71.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,070	5,2	17.
5	Net unrealized gains (losses) on investments	5		-1	11.
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	61	7,9	<u>61.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	15,30	9,0	38.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

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

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

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name	e of t	he organization							r identification number			
			ed Religio						8-0369482			
Par	tl	Reason for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	s.				
The o	rgani	zation is not a private found	ation because it is: (	For lines 1 through 12, c	heck only (	one box.)						
1 [		A church, convention of chu	urches, or associatio	on of churches described	l in <b>sectio</b>	n 170(b)( ⁻	1)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii).(	Attach Schedule E (Forn	า 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(i	ii).					
4		A medical research organization	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A	)(iii). Enter	the hospital's name,			
-		city, and state:										
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in			
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	Х	An organization that norma	lly receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from th	ne general j	public described in			
		section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8 [		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9 [		An agricultural research org				-		-	-			
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	eor			
		university:										
10 [		An organization that norma										
		activities related to its exem		-					-			
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.			
		See section 509(a)(2). (Cor	. ,									
11 [		An organization organized a		•	•							
12 [		An organization organized a		•	-			•				
		more publicly supported or	-									
•		lines 12a through 12d that <b>Type I.</b> A supporting orga	• •					-	aivina			
а	L	the supported organization		-	• • •	-						
		organization. You must c		• • • •	majonty o				apporting			
b		<b>Type II.</b> A supporting org	-		tion with its	e europorte	ad organizatio	n(e) by bay	vina			
D	L	control or management o	-				-		-			
		organization(s). You mus						ge the supp	Sonta			
с		Type III functionally inte	-		in connect	tion with	and functional	lv integrate	ed with			
•		its supported organization						.,				
d		] Type III non-functionally						ted organiz	zation(s)			
		that is not functionally int						-				
		requirement (see instructi			-		-					
е		Check this box if the orga						II, Type III				
		functionally integrated, or					<b>31</b> / <b>31</b>	<i>,</i> ,				
f	Ente	r the number of supported c	organizations									
g	Prov	vide the following information										
	(i	) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount of	,	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)			
<b>.</b>												
Total												

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3336543.	2987535.	2368145.	3480901.	4365099.	16538223.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3336543.	2987535.	2368145.	3480901.	4365099.	16538223.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3104554.
	Public support. Subtract line 5 from line 4.						13433669.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	3336543.	2987535.	2368145.	3480901.	4365099.	16538223.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	28,210.	9,641.	33,842.	14,004.	75.	85,772.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	240,677.	52,397.	100.	-214.		569,008.
11	Total support. Add lines 7 through 10						17193003.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi					I I	
	Public support percentage for 2023 (I					14	78.13 %
	Public support percentage from 2022					15	87.12 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the o				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not o	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and <b>st</b>	<b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2023

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Schedule A				Religions		
Part III	Support	Schedule for	or Organizat	tions Described in	n Section 509(a	ı)(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) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disgualified 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						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		1	<b>T</b>		-	1
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9 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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
Section C. Computation of Publ	ic Support Per	centage				
<b>15</b> Public support percentage for 2023 (	line 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2022					16	%
Section D. Computation of Inves						
17 Investment income percentage for 2	023 (line 10c, colur	mn (f), divided by I	ine 13, column (f))	)	17	%
<b>18</b> Investment income percentage from					18	%
19a 33 1/3% support tests - 2023. If the						ine 17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2022. If the	-					
line 18 is not more than 33 1/3%, che						tion
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	this box and see in		<u></u>
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1

2

Yes No

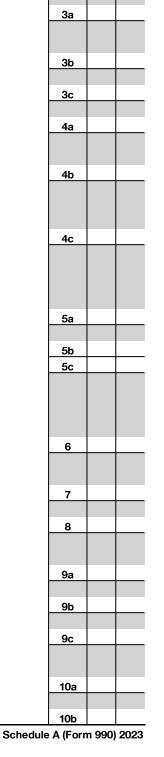
### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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	(Form 990) 2023		Religions
Part IV	Supporting Org	anizations (con	tinued)

2

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

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

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

SUDEIVISEU		
Section C. Ty	ype II Supporting Organizations	

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

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or managed

 1
 1

Section D.	. All Type II	I Supporting	Organizations

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

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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

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

<b>c</b> [		The organization supported a governmental entity.	Describe in Part VI how	you supported a governm	nental entity (see instruction <u>s).</u>
------------	--	---------------------------------------------------	-------------------------	-------------------------	-------------------------------------------

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

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

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

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 2b
 ...

 3a
 ...

 3b
 ...

 Schedule A (Form 990) 2023

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1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	inization (see

# Schedule A (Form 990) 2023 United Religions Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990) 2023

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instructions).

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	S	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	าร	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
Ŭ	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3				
'	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

Part VI	(Form 990) 2023 Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D,	mation. Pro	Religions	required by Part II, line 10;	68-0369482 Page 8 art II, line 17a or 17b; Part III, line 12;
	Section D, lines 5, 6, and	8; and Part V,	Part IV, Section E, lin Section E, lines 2, 5,	, 11a, 11b, and 11c; Part IV, Se es 1c, 2a, 2b, 3a, and 3b; Part and 6. Also complete this part	ection B, lines 1 and 2; Part IV, Section C, V, line 1; Part V, Section B, line 1e; Part V, for any additional information.
	(See instructions.)				
332028 12-21-2	3			01	Schedule A (Form 990) 2023

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# **Schedule of Contributors**

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

# 2023

Employer identification number

68-0369482

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

	United	Religions
Organization type (check one):		

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

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

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

#### **General Rule**

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

#### Special Rules

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

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

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

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

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

Schedule B (Form 990) (2023)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
 		\$ <u>1,500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$275,735.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>    3                                </u>		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>4</u>		\$248,349.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>    5                                </u>		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$00,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
323452 12-26-23	2.4		Schedule B (Form 990) (2023)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

United Religions

Part I

(a)

Employer identification number

(d)

68 - 0369482

(c)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u> </u>		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
		\$	Type of contribution         Person         Payroll         Noncash         (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	······, ····· ··· ··· · · ·		Person Payroll Noncash

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

2023.05000 UNITED RELIGIONS

Schedule B (Form 990) (2023)	

United Religions

Name of organization

Part I

Employer identification number

68 - 0369482

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323453 12-26-23

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Name of organization

> 26 2023.05000 UNITED RELIGIONS

Employer identification number

Name of organization			Employer identification number
United	d Religions		68-0369482
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	a) through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) Pulpose of gift	(c) use of gift	
-		(e) Transfer of gift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-			Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
323454 12-26	<u></u>	07	Schedule B (Form 990) (2023)

### 08161115 795476 149262

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(Form	990)
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Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Nam	e of the organization United Religions		Employer identification number 68-0369482
Par		d Funds or Other Similar Funds	
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
	Tatal sumbay at and of usay		
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		al ferra ala
5	Did the organization inform all donors and donor advisors in w	-	
6	are the organization's property, subject to the organization's Did the organization inform all grantees, donors, and donor a		
6	for charitable purposes and not for the benefit of the donor of		
Par		nanization answered "Yes" on Form 990 F	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	of a conservation easement on the last
-	day of the tax year.		Held at the End of the Tax Yea
а			2a
b			
с	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included on line 2c acqui		
	on a historic structure listed in the National Register	• • •	2d
3	Number of conservation easements modified, transferred, rele		
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
8	Does each conservation easement reported on line 2d above	• • • • • • • •	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial stateme	nts that describes the
Pa	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Oth	ner Similar Assets
1 41	Complete if the organization answered "Yes" on Form		
10	If the organization elected, as permitted under FASB ASC 95		d balance sheet works
Id	<b>G 7 1</b>	, I	
	of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finar		
h	If the organization elected, as permitted under FASB ASC 95		
b	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under FASB A		34, 5.00.40
а	Revenue included on Form 990, Part VIII, line 1	-	\$
	Assets included in Form 990, Part X		

b Assets included in Form 990, Part X

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	
332051	09-28-23	

2023.05000 UNITED RELIGIONS

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Sche	dule D (Form 990) 2023 United H	Religions				68-03	69482	2 ра	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Simila	ar Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant	use of its			
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ex	empt purpo	ose in Part	XIII.		
5	During the year, did the organization solicit or		•		ar assets	_	-		-
D	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang		e if the organizatior	answered "Yes" o	n Form 990	), Part IV, li	ne 9, or		
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia								<b>1</b>
	on Form 990, Part X?					L	Yes		No
D	If "Yes," explain the arrangement in Part XIII a	and complete the folio	owing table:				Amoun	ł	
-	Designing belongs				10		Amoun		
	Beginning balance								
	Additions during the year								
f	Ending balance				16 1f				
2a	Did the organization include an amount on Fo				·····		Yes		No
	If "Yes," explain the arrangement in Part XIII.				• • • • • •	······ <u> </u>			]
Par									_
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance	12,215,221.	16,244,855.	15,855,584	. 13,	218,802.	2	,716,	054.
b	Contributions	3,134,143.	1,992,438.	500,000	. 2,	371,353.	10,	354,	179.
с	Net investment earnings, gains, and losses	620,685.	-4,497,754.	1,368,154	. 2,	023,128.		439,	528.
d	Grants or scholarships	1,230,956.	1,488,463.	1,401,432	. 1,	650,460.			
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	37,685.	35,855.			107,239.		290,	959.
g	End of year balance	14,701,408.	12,215,221.	16,244,855	. 15,	855,584.	13,	218,	802.
2	Provide the estimated percentage of the current	ent year end balance	(line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С		%							
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should								
3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held ar	nd administered for	the		ſ	Yes	Na
	organization by:							162	No X
	(i) Unrelated organizations?						3a(i)	x	
L	(ii) Related organizations?	tional listad on require					3a(ii)	X	
U A							3b	<u></u>	
Par	t VI Land, Buildings, and Equipme		ment lunus.						
	Complete if the organization answered		Part IV. line 11a. S	ee Form 990. Part 3	X. line 10.				
	Description of property	(a) Cost or ot			Accumulat	ted	(d) Boo	k valu	
	Decomption of property	basis (investm	• •	. ,	depreciation		( <b>u</b> ) 200	it valu	0
1a	Land		· ·	· .					
b	Buildings								
	Leasehold improvements		1	1,747.	11,7	47.			0.
	Equipment			0,381.	175,8			4,5	28.
	Other								
	. Add lines 1a through 1e. (Column (d) must ed		. line 10c. column	<i>(</i> B))				4,52	28.

Schedule D (Form 990) 2023

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Schedule D				Religions
Part VII	Investr	nents	- Other Securit	lies

Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.	4		
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 en	d-of-vear market value
(1)	( , , , , , , , , , , , , , , , , , , ,		,
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	1
(a)	Description		(b) Book value
(1) Deposits			17,094
(2) Interest in net assets of	URI Foundatio	n	13,822,032
(3) Right of Use of Asset			63,022
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
• •			13,902,148
Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities	)і. (В))		1 15,502,1408
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	5
(a) Description of lightlift.			(b) Book value
(1) Federal income taxes			05 000
(2) Lease liability			85,228
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
			85,228

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

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 United Religions			68-	0369482 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With	Revenue per Re	turn	
	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	5,284,755.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-111.		
b	Donated services and use of facilities	2b	22,923.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	617,961.		
е	Add lines 2a through 2d			2e	<u>640,773.</u> 4,643,982.
3	Subtract line 2e from line 1			3	4,643,982.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,643,982.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		Expenses per F	Returi	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	4,051,934.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	22,923.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	22,923.
3	Subtract line 2e from line 1			3	4,029,011.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,029,011.
Pa	t XIII Supplemental Information				

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

Part V, line 4:

The endowment fund is held by the related organization, United Religions

Initiative Foundation, Inc. Funds are used for various strategic

initiatives and in accordance with donor restrictions.

Part X, Line 2:

United Religions is recognized as a public charity exempt from federal

income taxes under Section 501(c)(3) of the Internal Revenue Code and

recognized as a public charity exempt from state income taxes under

Section 23701 of the California Revenue and Taxation Code. Accordingly, no

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provision has been made for such taxes in the accompanying financial

statements.

332054 09-28-23

#### Part XI, Line 2d - Other Adjustments:

#### Increase in beneficial interest in uri foundation

Part XI, Line 9

This amount represents the current year net increase in the beneficial

interest in United Religions Foundation.

Schedule D (Form 990) 2023

332055 09-28-23

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Department of the Treasury			Attach to Form 990.			Open to Public
Internal Revenue Service	Go to w	ww.irs.gov/Form	990 for instructions and the latest in	formation.		Inspection
Name of the organization					Employer	identification number
United Religion	ns				68-03	59482
Part I General Info Form 990, Part		ctivities Out	side the United States. Comple	te if the orgar	ization answ	ered "Yes" on
		n maintain record	ds to substantiate the amount of its grar	ts and other	assistance.	
			he selection criteria used to award the g			X Yes No
2 For grantmakers. Des United States.	scribe in Part V the	e organization's	procedures for monitoring the use of its	grants and ot	her assistand	ce outside the
			an be duplicated if additional space is ne			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	<ul> <li>(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)</li> </ul>	is a pro describe	vity listed in ( gram service e specific typ (s) in the reg	e expenditures for and investments
			Interfaith			
			cooperation communication			
Sub-Saharan Africa	6	3	and regional coordination			199,360.
			Interfaith			
			cooperation, communication			
South Asia	3	3	and regional coordination			106,678.
Central America and			Interfaith			
the Caribbean	2	1	cooperation, communication and regional coordination			57,022.
	2					57,022.
			Interfaith			
East Asia and the			cooperation, communication			
Pacific	1	1	and regional coordination			35,232.
			Interfaith			
Middle East and			cooperation, communication			
North Africa	6	6	and regional coordination			86,914.
			Interfaith			
Europe (Including			cooperation, communication			
Iceland & Greenland)	1	3	and regional coordination			117,322.
3 a Subtotal		17				602,528.
<b>b</b> Total from continuation		0				_
sheets to Part I <b>c Totals</b> (add lines 3a	0					0.
and 3b)	19	17				602,528.

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

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

Schedule F (Form 990) 2023

OMB No. 1545-0047

LHA 332071 11-29-23

SCHEDULE F (Form 990)

2	Enter total number of r	recipient organizatior	ns listed above that are r	ecognized as charities by the f	oreign country, ı	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

Schedule F (Form 990) 2023

Schedule F	(Form 990)	2023

United Religions

Part II	Grants and Other Assistance to Organizations of	r 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 ca	an be duplicated if additional space is n	needed.

<b>1</b> (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan	Interfaith					
		Africa	Cooperation	144,581.	Wire transfers	54,779.		
		East Asia and the	Tutoufoith					
		Pacific	Cooperation	10 200	Wire transfers	25,032.		
				10,200.	WITE CLAUSTELS	23,032.		
		Europe (Including						
			Interfaith					
		Greenland)	Cooperation	37,366.	Wire transfers	79,956.		
			Interfaith					
		North Africa	Cooperation	69,977.	Wire transfers	16,937.		
			Interfaith					
		South Asia	Cooperation	58 678.	Wire transfers	48,000.		
				,		,		
		Central America	Interfaith					
		and the Caribbean	Cooperation	33,187.	Wire transfers	23,835.		

68-0369482

Schedule F (Form 990) 2023	Inited Religi	ons		6	8-0369482	
Part III Grants and Other Assistand	e to Individuals Outside	e the United Sta	ites. Complete i	if the organization answered "Yes"	on Form 990, Part	IV, line 16.
Part III can be duplicated if a	dditional space is needed	d.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	<b>(g)</b> D nonca

Schedule F (Form 990) 2023

**(h)** Method of valuation (book, FMV, appraisal, other)

(g) Description of noncash assistance

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

Schedule F (Form 990) 2023

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.

332075 11-29-23

SCHEDULE I (Form 990)			rants and Oth						OMB No. 1	
(Form 990)			vernments, ar ete if the organizatio						20	23
Department of the Treasury			<b>-</b>	Attach to Form		····, ···· _ · ··· ·			Open to	Public
Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.										ction
Name of the organizat	^{ion} United Re	ligions						Employer ider		on number 69482
Part I General Ir	nformation on Grants a							•		
1 Does the organiz	zation maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the select			
criteria used to a	award the grants or assis	tance?						X	Yes	No No
2 Describe in Part	IV the organization's pro	cedures for monite	oring the use of grant	funds in the United	d States.					
	d Other Assistance to I hat received more than \$					anization answered "Y	es" on Form 990, Par	t IV, line 21, for	any	
1 (a) Name and ac	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		oose of g ssistanc	
						othory				
									,	

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 ...

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

United Religions

Page 2

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.

(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1	70,945.	0.		
	(b) Number of recipients	recipients cash grant	recipients cash grant cash assistance	recipients cash grant cash assistance (book, FMV, appraisal, other)

**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.

SC	HEDULE J	Compensation Information	I	OMB No.	1545-00	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	00	)
-	-	Compensated Employees		20	<u>Z</u> J	)
Dopo	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Pub	lic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization		Employer i			mber
		United Religions	68-0	)36948	2	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
0		rovision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			Х	
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	л	
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's	-			
5		ector. Check all that apply. Do not check any boxes for methods used by a related organization state				
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		ompensation consultant Company Compensation survey or study				
	X Form 990 of o		ommittee			
			Johnmittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	•	e payment or change-of-control payment?		4a		X
b		eive payment from a supplemental nonqualified retirement plan?				X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		10		X
	If "Yes" to any of lir	les 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	วท			
	contingent on the r	evenues of:				
						X
		ation?				X
		r 5b, describe in Part III.				
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	วท			
	contingent on the n					
						X
b	Any related organiz	ation?		<u>6b</u>		X
		r 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		es 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	าย			
				8		X
9		id the organization also follow the rebuttable presumption procedure described in		-		
	Regulations section					<u> </u>
For	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.	Sched	dule J (Forr	n 990	) 2023

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#### 68-0369482

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

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

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

<b>(A)</b> Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NE compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Gerard B. White	(i)	246,950.	0.	0.	0.	39,426.	286,376.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	144,145.	0.	0.	0.	31,135.	175,280.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Pamela H. Banks	(i)	134,587.	0.	0.	0.	32,561.	167,148.	0.
Director of Finance & Administration	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Diana Conan	(i)	120,765.	0.	0.	0.	29,495.	150,260.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

### Part III Supplemental Information

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

Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

Name of the organization



68-0369482

United Religions

Form 990, Part III, Line 4c, Program Service Accomplishments:

skill-building and learning for collaborative action. URI network

members were invited to interactive online participant-centered

journeys in NEW WORKSHOPS: beginning with 3hrs of New CC and Member

Orientations, through six 3hr Introductions to key URI competency

areas*, into a 12hr Learning-in-Action Series over four months for

multiple CC teams culminating in local team projects.

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.

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 membersFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 2023LHA332211 11-14-23

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43 2023.05000 UNITED RELIGIONS

Schedule O (Form 990) 2023	Page 2
Name of the organization United Religions	Employer identification number 68-0369482
onitota noiigions	00 0009101

## 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:

Increase in beneficial interest in URI Foundation 617,961.

Form 990, Part XII, Line 2c

There is no change in the process from the prior year.

332212 11-14-23

332161 09-28-23 LHA

# **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.

Name of the organization

Department of the Treasury Internal Revenue Service

United Religions

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

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

#### Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
The United Religions Initiative Foundation,							
Inc 20-8008593, P.O. Box 29242, San	Support United Religions						
Francisco, CA 94129	Initiative	California	501(c)(3)	Line 12a, I	United Religions	x	
	1						
	7						
	7						
	1						
	1						

45

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

Schedule R (Form 990) 2023

OMB No. 1545-0047 23

Open to Public Inspection Employer identification number

68-0369482

SCHEDULE R
(Form 990)

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

(0)	(b)	(a)	(d)	(0)	(f)	(a)		h)	(i)	(j)	(14)
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	Disprop	<b>h)</b> oortionate ations?	(i) Code V-UBI amount in box 20 of Schedule	Genera	(k) or Percentage ownership
		country)		sections 512-514)		233013	Yes	No	K-1 (Form 1065)	Yes N	0
	]										
	1										
	-										
	-										
	4										
	4										
	-										

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

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)				400010		Yes	No
	]								

# Schedule R (Form 990) 2023 United Religions

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	s I
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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)			_
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
o Sharing of paid employees with related organization(s)			_
p Reimbursement paid to related organization(s) for expenses	<u>1p</u>		
<b>q</b> Reimbursement paid by related organization(s) for expenses			_
r Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)	1s		

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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
The United Religions Initiative (1) Foundation, Inc.	С	1,230,956.	FMV
(2)			
(3)			
(4)			
(5)			
_(6)			

## Schedule R (Form 990) 2023 United Religions

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

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

(a)	(b)	(c)	(d)	6	<u>م</u>	(f)	(g)	(۲	n)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501( org	e all	Share of	Share of		• <b>,</b> opor-	Code V-UBI	Genera	
of entity	i innary dotivity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(	(c)(3)	total	end-of-year	Dispr tior allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag	ownership
,		country)	sections 512-514)	Yes		income		Yes	No	(Form 1065)	Yes	
				163				163	NU	(************	163	
								$\square$				<u> </u>
	1											
	-											
	-											
	-											
	-											

Schedule R (Form 990) 2023

# United Religions

Part VII Supplemental Information

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

Schedule R (Form 990) 2023

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	Form <b>8938</b> (Rev. November 2021) Statement of Specified Foreign Financial Assets Go to www.irs.gov/Form8938 for instructions and the latest information. Attach to your tax return.						OMB No. 1545-2195			
Department of the Treasury Internal Revenue Service For calendar year 2023 or tax year beginning and ending					ending	. Sequence No. 938				
	lf you	have attached additi	onal statements, check here	Number	of additional s	tatement	S			
1	ion number (TIN)									
3	Type of filer	ed Religion								
	a Specified individual b Partnership c Corporation d Trust									
4	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 De	eposit and Custo	dial Accounts Summary							
5	Number of deposit a	ccounts (reported in P	art V)		►		1			
6	Maximum value of al	I deposit accounts				\$				
7	Number of custodial	Number of custodial accounts (reported in Part V)								
8	Maximum value of al	l custodial accounts				\$				
9			unts closed during the tax year?			Y	es X No			
P	Part II Other Fore	eign Assets Sumi	nary							
<u>10</u>	Number of foreign as	ssets (reported in Part	VI)		►					
<u>11</u>	11 Maximum value of all assets (reported in Part VI) \$									
12		sets acquired or sold d			• • • •		es X No			
Р	art III Summary	of Tax Items Attr	ibutable to Specified Foreig	on Financial As	· · ·	nstructio	ons)			
	(a) Asset category	(b) Tax item	(c) Amount reported on	( ) =		e reported				
			form or schedule	(d) Form a	nd line	(e)	Schedule and line			
13	Foreign deposit and	a Interest	\$							
	custodial accounts	<b>b</b> Dividends	\$							
		c Royalties	\$							
		d Other income	\$							
		e Gains (losses)	\$							
		f Deductions	\$							
		g Credits	\$							
14	Other foreign assets	a Interest	\$							
		<b>b</b> Dividends	\$							
		c Royalties	\$							
		d Other income	\$							
		e Gains (losses)	\$							
		f Deductions	\$							
P	art IV Example 1	g Credits	\$	······································						
			n Financial Assets (see instr							
		•	on one or more of the following for	ms, enter the numb	er of such form	s filed. Yo	ou do not need to			
	lude these assets on F						,_,			
	Number of Forms 352		<b>16</b> Number of Forms 3520-4	A	17 N	umber of	Forms 5471			
18	Number of Forms 862	<u>۱</u>	<b>19</b> Number of Forms 8865							

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

Form 8938 (Rev. 11-2021)

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

(see instructions)

lf you	a have more than one account to rep	ort in Part V, attach a separate	e statement for e	each addit	ional account. See ins	structions.			
20	Type of account       a       X       Deposit       21 Account number or other designation         b       Custodial       0005531100201001						ion		
22	2 Check all that apply <b>a</b> Account opened during tax year <b>b</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								
23	Maximum value of account during					\$	0.		
24	Did you use a foreign currency exc		e of the account	into U.S.	dollars?	X Yes	No		
25	If you answered "Yes" to line 24, co				()				
-	(a) Foreign currency in which according is maintained	(b) Foreign currency e convert to U.S. dollars	0	sed to	(c) Source of excha	nt's Bureau of	the Fiscal Service		
	rdan, Dinar				-		om/currenc		
	Name of financial institution in which Housing Bank Trade	e & Finance			al Intermediary Identi	ication Numb	er (GIIN) (Optional)		
	Mailing address of financial institut P.O. Box 7693			treet, and	room or suite no.				
28	City or town, state or province, cou		code						
De	Amman	Jordan			11118				
	rt VI Detailed Information					- \	e instructions)		
	have more than one asset to report	In Part VI, attach a separate si							
29	Description of asset		30	dentifying	number or other desig	gnation			
31	Complete all that apply. See instruct								
	Date asset acquired during tax yea								
	Date asset disposed of during tax y								
<u> </u>	, , ,		d Cheo	k if no tax	titem reported in Part	III with respe	ct to this asset		
32 a	Maximum value of asset during tax	\$50.001 - \$100.000	<b>c</b> \$100	.001 - \$15	60.000 <b>d</b>	\$150.001	- \$200,000		
	If more than \$200,000, list value	<b>_</b> . , , , ,		, ·	,		<i><i><i><i><i></i></i></i></i></i>		
33	Did you use a foreign currency exc						Yes No		
	If you answered "Yes" to line 33, co								
	(a) Foreign currency in which asse		exchange rate u	sed to	(c) Source of excha	inge rate usec	l if not from U.S.		
	denominated	convert to U.S. dollars			Treasury Departmer	nt's Bureau of	the Fiscal Service		
35	If asset reported on line 29 is stock	of a foreign entity or an interes	st in a foreign ei			tion for the as	sset.		
а	Name of foreign entity			b GIIN	(Optional)				
с	Type of foreign entity (*	I) Partnership	(2) 🗌 Co	rporation	(3) 🗌 Tr	rust	(4) Estate		
d	Mailing address of foreign entity. N	umber, street, and room or suit	te no.						
е	City or town, state or province, cou	ntry, and ZIP or foreign postal	code						
36	If asset reported on line 29 is not s	tock of a foreign entity or an inf	terest in a foreid	n entity, e	enter the following info	ormation for th	ne asset.		
	<b>Note:</b> If this asset has more than o								
	or counterparty. See instructions.								
а	Name of issuer or counterparty								
	Check if information is for	lssuer C	ounterparty						
b	Type of issuer or counterparty				(n) 🗔 🛨				
~	(1) Individual (2) Check if issuer or counterparty is a	2) Partnership U.S. person	(3) Co	rporation	(4) 🛄 Tr	rust	(5) Estate		
	Mailing address of issuer or counter								
е	City or town, state or province, cou		code						
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			51						