**Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY



November 16, 2020

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

Dear Pamela,

Enclosed is the organization's 2019 Exempt Organization return. The state Exempt Organization return and Annual Report are also enclosed. These should be signed, dated, and mailed, as indicated.

Specific filing instructions are as follows.

#### FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 16, 2020.

#### CALIFORNIA FORM 199 RETURN:

The California Form 199 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.

Your payment should be made as instructed below on or before November 16, 2020.

Separately mail California Form FTB 3586 with a check or money order for \$10.00, payable to Franchise Tax Board.

Mail to - Franchise Tax Board PO BOX 942857 Sacramento CA 94257-0531

### CALIFORNIA FORM RRF-1:

The California Form RRF-1 should be mailed as soon as possible to:

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

Enclose a check or money order for \$150.00, payable to Department of Justice.

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

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

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We have provided you tax advice in connection with the preparation of your U.S. federal tax return and associated tax planning services we have furnished. This advice is not intended or written to be used by any taxpayer for the purpose of avoiding penalties that may be imposed on the taxpayer by the Internal Revenue Service, and it cannot be used by any taxpayer for such purpose.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS:

Form 114 has been prepared for electronic filing. Please sign, date, and return Form 114A to our office. We will then transmit your report to the FinCEN. Return Form 114A to us by November 16, 2020.

Very truly yours,

Edward Modey

Edward M. Fahev

### **TAX RETURN FILING INSTRUCTIONS**

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Prepared for	United Religions P.O. Box 29242 San Francisco, CA 94129-0242
Prepared by	RINA ACCOUNTANCY LLP 150 POST STREET, STE 200 SAN FRANCISCO, CA 94108
Form must be filed on or before	Return Form 114A to us by November 16, 2020.
Special Instructions	Form 114 has been prepared for electronic filing. Please sign, date, and return Form 114A to our office. We will then transmit your report to the FinCEN.

### **TAX RETURN FILING INSTRUCTIONS**

FORM 990

### FOR THE YEAR ENDING

December 31, 2019

Prepared for	United Religions P.O. Box 29242 San Francisco, CA 94129-0242
Prepared by	RINA ACCOUNTANCY LLP 150 POST STREET, STE 200 SAN FRANCISCO, CA 94108
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 16, 2020.

Form **114a** Department of the Treasury Financial Crimes Enforcement Network (FinCEN)

May 2015

### **Record of Authorization to Electronically File FBARs**

(See instructions below for completion)

Do not send to FinCEN. Retain this form for your records.

I ITIE IC	mii i i4a may be	digitally sign	ea		OI4	11DI(2)	7 + 7 0 0 0 +
Part I Persons who have an obligation to file a Report	of Foreign Bank	and Financi	al Account(s)		·		
Owner last name or entity's legal name     WITED RELIGIONS		2. Owner first name				3.	Owner M.I.
4. Spouse last name (if jointly filing FBAR - see instructions b	elow)	5. Spouse fi	rst name			6.	Spouse M.I.
I/we declare that I/we have provided information concerning							
7. Owner signature (Authorized representative if entity)	8. Date MM DD YY		9. Owner or entity TIN 680369482		10. TIN	e b S	IN SSN/ITIN Foreign
11. Spouse signature	12. Date 13. Spouse TIN MM DD YYYY			14. TIN a type b c		a E e b E	SSN/ITIN
Part II Individual or Entity Authorized to File FBAR on I	pehalf of Person	s who have	an obligation to	file.			ŭ
15. Preparer last name	16. Preparer firs	st name		17. Preparer M.I		'	parer PTIN
	EDWARD					P0019	
19. Address	20. City			21. State 22. ZIF		22. ZIP/pos	tal code
150 POST STREET, STE 200	SAN FRANC	CISCO		CA 9410		94108	
23. Country code US RINA ACCOUNTANCY LLP	•	25. Emplo				signature	CY LLP
Instructions for compl	eting the FBAR S	Signature Au	ıthorization Rec	ord			

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

Read and complete the account owner statement in Part I.

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

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

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

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

The person(s) listed in Part I, and the person listed in Part II as authorized to file on behalf of the person(s) listed in Part I, should retain copies of this record of authorization and the filing itself, both for a period of 5 years. See 31 CFR 1010. 430(d).

DO NOT SEND THIS RECORD TO FINCEN UNLESS REQUESTED TO DO SO.

2019.05000 UNITED RELIGIONS

ss. 8879-FC

### IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2019, or fiscal year beginning	, 2019, and ending
, , , ,	,,

Do not condite the IDC Keep for your records

Do not send to the IRS. Keep for your records.

**2019** 

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

► Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

UNITED RELIGIONS

68-0369482

Name and title of officer

REV. VICTOR H. KAZANJIAN, JR.

EXECUTIVE DIRECTOR

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

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

1a i	Form 990 check here <b>X b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)	1b	3,502,768.
2a F	Form 990-EZ check here <b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2</b> b	
3a F	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a F	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a F	Form 8868 check here 🕨 🔲 b Balance Due (Form 8868, line 3c)	5b	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	PIN:	check	one	box	only
-----------	------	-------	-----	-----	------

X   authorize RINA ACCOUNTANCY LLP	to enter my PIN 18029
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2019 electronically filed return. If I have indicated with is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also enter my PIN on the return's disclosure consent screen.	• • • • • • • • • • • • • • • • • • • •
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 20 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating or program, I will enter my PIN on the return's disclosure consent screen.	•
Officer's signature ▶ Date ▶	

#### Part III Certification and Authentication

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

94062676247

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► RINA ACCOUNTANCY LLP

Date > 11/16/20

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

### FINANCIAL CRIMES ENFORCEMENT NETWORK

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

FinCEN Form 114

UNITEDR20190001

Filing Nam	e UNITED RELIGIONS
Submission Typ	e <u>NEW</u>
	PIN NOT REQUIRED
report. The E-file system w	ort is submitted by an authorized third party, and complete the 3rd party preparer section on page one of the ill auto complete item 46. ceived by the Department of the Treasury on or before April 17, 2020. An automatic extension to October 15, 2020
This report filed late for the fo	ollowing reason (Check only one): e
b. Did not kno	w that I had to file
c. Thought ac	count balance was below reporting threshold
d. Did not kno	w that my account qualified as foreign
e. Account sta	atement not received in time
f. Account sta	atement lost (Replacement requested)
g. Late receivi	ng missing required account information
h. Unable to o	btain joint spouse signature in time
i. Unable to a	ccess BSA E-filing system
z. Other (pleas	se provide explanation below)

### FinCEN Form 114

## REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

1 This report is for calendar year ended 12/31

2019

Amended

Part I F	iler information		UNI	redr	2019	0001						
2 Type of filer												
a Individ	dual b Partnershi	p c X Corp	oration (	d 🔲	Consoli	dated e	Fidu	uciary or	other - Ente	er type		
3 U.S. Taxpay	er Identification Number	3a TIN type	4 Fore	ign ider	ntificatio	n (Comp	ete only if i	tem 3 is no	t applicable	· I		
6803694	680369482 SSN/ITIN a Type: Passport Foreign TIN Other								YYY			
	U.S. Identification complete item 4	X EIN	b Number c Country of Issue									
6 Last name of	or organization name RELIGIONS		T D TRUM	<del>                                      </del>			rst name			8 Middle	nitial	8a Suffix
9 Mailing add	ress (number, street, and	l apt. or suite n	o.)									
P.O. BO	X 29242											
10 City		-	11 State	12 ZII	P/Postal	Code	13 Coun	try				
SAN FRA	NCISCO		CA	941	2902	42	USA					
Yes No X	e filer have signature aut  Enter number of acco	ounts	no financ	Do not	completest in 25	or more	e financial	accounts	:?	rds of the inform		ı. authority.
	nformation on finar	ncial accou	nt(s) ow	ned s	separa	tely						
15 Maximum va	alue of account during ca	alendar year	15a Amo unknow		Type of	accoun	taLB	ank bL	Securit	ies c Othe	r - Enter	type below
17 Name of fina	ancial institution in which	account is hel	d									
18 Account nu	mber or other designation	n 19 Mailing	address (	(numbe	er, street,	apt. or	suite no.)	of financi	al institutio	on in which acco	unt is h	ıeld
20 City		21 State, i	f known	2	2 Foreig	n posta	l code, if k	nown 23	Country			
Signature	44a Check here X	if this report i	s complet	ed by a	a third pa	arty prep	parer and	complete	the third p	oarty preparer s	etion.	
	ure 45 File when filed	r title, if not rep	orting a p	ersona	l accoun	t				46 Date (MM/I This date wi FBAR is ele	D/YYY Il auto-fill ctronicall	Y) when the y signed
	47 Preparer's last name <b>FAHEY</b>	48 First n			49 MI <b>M</b>	50 Che	eck if employed	51 TIN	94561	51a TIN ty		PTIN Foreign
Third Party Preparer	52 Contact phone no. (415)777-448		B Firm's n		' 'NTAN			54 Firn		54a TIN ty		
Use Only	55 Mailing address (nu 150 POST STR	ımber, street, a	pt. or suite	e no.) 5	6 City		5	7 State		Postal Code	59 U	Country

	tion on financy y but no finan				filer has signature or othe count(s)	r		FinCEN Form 114
Complete a separa	ate block for	each acc	ount					
Add an additional Part I	V page as many t	mes as nece	ssary in o	der to	provide information on all accour	nts		
1 Filing for calendar year	3-4 Check approp	riate identifica	tion number	r e	6 Last name or organization name	е		
	X Taxpayer Id	dentification	Number		UNITED RELIGIONS			
2019	Foreign Ide	ntification No	umber					
	Enter ident 68036948	ification num 32	ber here:					
15 Maximum value of	account during ca	alendar year	15a Amo	ount <sup>-</sup>	16 Type of account a X Bank	b Sec	curities c	Other - Enter type below
	18,422.		unkno\	wn				
17 Name of financial in HOUSING BAN								
18 Account number of 00055311002			g address BOX		ber, street, apt. or suite no.) of final 93	ancial instit	tution in whic	h account is held
20 City AMMAN	21 State	, if known		22 Foreign postal code, if known 11118	ntry A <b>N</b>			
34 Last name or organ	nization name of a	ccount own	er	35 Ta	ax identification number of accour	nt owner	35a TIN ty	
UNITED RELIG	IONS INIT	TIATIVE	MEN					reign
36 First name		37 Middle ini		Suffix	38 Mailing address (number, stre		•	•
39 City AMMAN	1	40 State	•		41 ZIP/Postal Code	42 Coun		
43 Filer's title with this	owner	•				•		
15 Maximum value of	account during ca	alendar year	15a Amo		16 Type of account a Bank	b Sec	curities c	Other - Enter type below
17 Name of financial in	nstitution in which	account is h	neld					
18 Account number of	r other designatio	n 19 Mailin	g address	(num	ber, street, apt. or suite no.) of fina	ancial instit	ution in whic	h account is held
20 City		21 State	, if known		22 Foreign postal code, if known	23 Cour	ntry	
34 Last name or organ	nization name of a	ccount owne	er	35 Ta	ax identification number of accour	nt owner	35a TIN ty	
36 First name		37 Middle ini	tial 37a	Suffix	38 Mailing address (number, stre	eet, and ap	t. or suite no	.)
39 City	•	40 State			41 ZIP/Postal Code	42 Coun	try	
43 Filer's title with this	owner	ı				•		

### (Rev. January 2020) Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

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

OMB No. 1545-0047

Α	For the	2019 calendar year, or tax year beginning and	ending	-				
В	Check if applicable	C Name of organization		D Employer identific	cation number			
	Addres change	UNITED RELIGIONS						
	Name change	- INTERD DELICIONS INTERACTOR	E	68-0369482				
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 29242	Room/suite	E Telephone number				
	termin-				3,718,004.			
	ated Amend return	City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94129-0242		G Gross receipts \$  H(a) Is this a group re				
	Application		ANJIAN	for subordinates				
	pendin	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in				
Τ.	Tax-exe	mpt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) c	or 527	1	list. (see instructions)			
J	Websit	e: ► WWW.URI.ORG		H(c) Group exemption				
K	Form of	organization: X Corporation Trust Association Other	<b>L</b> Year		State of legal domicile: CA			
	art I	Summary						
Θ	1	Briefly describe the organization's mission or most significant activities: SINC	E INCE	PTION, URI'	S NETWORK			
Governance		HAS GROWN TO NEARLY 1,000-MEMBER GROUPS :	IN 109	COUNTRIES.	EACH			
ž	2	Check this box $lacktriangle$ if the organization discontinued its operations or dispos	sed of more	than 25% of its net as				
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	34			
<u>ه</u>		Number of independent voting members of the governing body (Part VI, line 1b)			32			
Activities &		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			19			
ΞĘ		Total number of volunteers (estimate if necessary)			0			
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, line 39	·····		0.			
				Prior Year	Current Year			
ne	1	Contributions and grants (Part VIII, line 1h)		3,233,483.	3,336,543.			
Revenue	1	Program service revenue (Part VIII, line 2g)		-4,233.	26,414.			
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		60,260.	139,811.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,289,510.	3,502,768.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		746,747.	699,044.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0,0,044.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,781,254.	1,717,718.			
Expenses	15	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ben	h	Total fundraising expenses (Part IX, column (A), line 25) 461,84	45.		<u> </u>			
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		762,004.	1,142,351.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,290,005.	3,559,113.			
		Revenue less expenses. Subtract line 18 from line 12		-495.	-56,345.			
or	3		Be	ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		17,089,643.	17,568,947.			
ASS	21	Total liabilities (Part X, line 26)		115,807.	566,565.			
ERE	22	Net assets or fund balances. Subtract line 21 from line 20		16,973,836.	17,002,382.			
P	art II	Signature Block						
Und	ler pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	/ knowledge and belief, it is			
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	hich preparer	has any knowledge.				
Sig	ın	Signature of officer		Date				
He	re	REV. VICTOR H. KAZANJIAN, JR., EXECUT	IVE DI	RECTOR				
		Type or print name and title		)oto	T DTIN			
_	.	Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pai		EDWARD M. FAHEY EDWARD M. FAHEY	1	1/16/20 if self-employe	P00194561			
		Firm's name RINA ACCOUNTANCY LLP		Firm's EIN	84-1980623			
Use	Only	Firm's address 150 POST STREET, STE 200		/ 4	15\777 4400			
_		SAN FRANCISCO, CA 94108		Phone no. (4	15)777-4488			
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No			

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	FOUNDED IN 2000, UNITED RELIGIONS INITIATIVE (URI) IS A 501(C)(3)
	INTERNATIONAL ORGANIZATION REGISTERED IN THE STATE OF CALIFORNIA. ITS
	PURPOSE IS TO PROMOTE ENDURING, DAILY INTERFAITH COOPERATION BY
	ENGAGING PEOPLE AT THE GRASSROOTS LEVEL TO BUILD BRIDGES OF
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	5 7 71 5
4	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
	(Code: ) (Expenses \$ 1,743,496. including grants of \$ 699,044.) (Revenue \$ )
··u	GLOBAL NETWORK DEVELOPMENT: IN 19 YEARS, URI HAS GROWN FROM 83 FOUNDING
	MEMBER ORGANIZATIONS, CALLED COOPERATION CIRCLES (CCS), TO NEARLY 1,000
	GROUPS IN 109 COUNTRIES. COLLECTIVELY, CCS HAVE MORE THAN 600,000
	MEMBERS AND TOUCH THE LIVES OF MILLIONS OF PEOPLE AROUND THE WORLD.
	URI'S UNIQUE GLOBAL NETWORK OF GRASSROOTS CCS CALLS FORTH LOCALLY
	INITIATED ACTIONS BY SELF-SUPPORTING GROUPS AND ORGANIZATIONS. CCS CAN
	BE SMALL GROUPS ORGANIZING FOR THE FIRST TIME OR WELL-ESTABLISHED
	ORGANIZATIONS. EVERY CC MUST HAVE AT LEAST SEVEN MEMBERS, THREE OF
	WHOM MUST BE FROM A DIFFERENT RELIGION, SPIRITUAL EXPRESSION OR
	INDIGENOUS TRADITION.
	URI'S ORGANIZATIONAL STRUCTURE INCLUDES EIGHT REGIONS WHICH ARE STAFFED
	BY 17 REGIONAL COORDINATORS WHO SUPERVISE REGIONAL STAFF, COORDINATE
4b	(Code:) (Expenses \$ 123,909. including grants of \$) (Revenue \$)  GLOBAL COUNCIL: THE GLOBAL COUNCIL (URI'S INTERNATIONAL BOARD OF
	TRUSTEES) IS URI'S GOVERNING BODY. WITH TRUSTEES FROM 22 COUNTRIES
	REPRESENTING DIVERSE RELIGIOUS AND INDIGENOUS TRADITIONS, THE GLOBAL
	COUNCIL BRINGS ITS GRASSROOTS EXPERIENCE TO URI'S ONGOING STRATEGIC
	PLANNING, NETWORK DEVELOPMENT AND GLOBAL ENGAGEMENT AND SERVES TO
	INCREASE URI'S PRESENCE ALL OVER THE WORLD. THE GLOBAL COUNCIL
	CURRENTLY MEETS ONCE A YEAR IN PERSON, AND THREE TIMES A YEAR BY VIDEO
	CONFERENCE CALL. IN BETWEEN THESE MEETINGS, THE COUNCIL OPERATES
	THROUGH WORKING COMMITTEES THAT COMMUNICATE BY EMAIL AND CONFERENCE
	CALLS. MEMBERS OF THE GLOBAL COUNCIL ALSO REPRESENT REGIONS, AND SIT
	ON REGIONAL LEADERSHIP TEAMS THAT PLAN AND IMPLEMENT REGIONAL
	STRATEGIES TO BUILD NETWORK BENEFITS TO MEMBER CCS AND DEVELOP
4c	(Code:) (Expenses \$\frac{323,469.}{URI'S INTERNATIONAL NETWORK RELIES ON A ROBUST}) (Revenue \$\frac{1}{NETWORK RELIES} ON A ROBUST)
	COMMUNICATION SYSTEM. URI'S GLOBAL WEBSITE, WWW.URI.ORG, IS DESIGNED TO
	MAGNIFY URI'S IMPACT, HIGHLIGHT CC SUCCESSES, CONNECT CCS, PROVIDE
	RESOURCE INFORMATION TO CCS, AND ENCOURAGE GLOBAL CAMPAIGNS FOR
	COLLECTIVE GLOBAL ACTION AND MORE. ADDITIONALLY, URI PRODUCES BI-WEEKLY
	E-NEWSLETTERS CALLED YOU ARE I, A PRINT NEWSLETTER SERIES CALLED
	INTERACTION, AN ANNUAL REPORT, AS WELL AS OTHER PRINT, ONLINE AND
	MULTIMEDIA COLLATERAL FOR THE NETWORK. IN THE SOCIAL MEDIA DOMAIN, URI
	IS ENHANCED BY ENGAGING AUDIENCES ON FACEBOOK, TWITTER, INSTAGRAM,
	LINKEDIN, AND YOUTUBE. GIVEN FAST-PACED TECHNOLOGICAL CHANGE, URI'S
	COMMUNICATIONS TEAM STUDIES NEW SYSTEMS, MAKES RECOMMENDATIONS TO URI,
	AND RECENTLY LAUNCHED A NEW WEBSITE AND INTEGRATED CONSTITUENT
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 644,167 • including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 2,835,041.
	Form <b>990</b> (2019)

### Form 990 (2019) UNITED RELIGIBLE 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)?		х	
•	If "Yes," complete Schedule A	2	X	-
2	Is the organization required to complete Schedule B, Schedule of Contributors?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	21	
3		3		x
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			<del> </del>
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			X
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8		8		x
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			╁┈
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		Х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Λ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	148	21	
b	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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
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
<b>20</b> a	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		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		7.7	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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### 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		X
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		.,	
04-	Schedule J	23	Х	
24 a	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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			, .
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//			X
00	"Yes," complete Schedule L, Part IV	28c	Х	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	- 25	
30	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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		,,	
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 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?	330		
55	If "Yes," complete Schedule R, Part V, line 2	36		х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
,	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Let Let			
·	(gambling) winnings to prize winners?	1c		

### Form 990 (2019) UNITED RELIGIONS Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b		X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	iccount)?	4a	X	
b	If "Yes," enter the name of the foreign country ► <u>JORDAN</u>				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-			37
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	da a a manadala da a da a manada O	_		v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 2022.		70		X
لم	to file Form 8282?	7d	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year		7e		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contribute organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization.		7 <del>6</del>		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		7		
_			8		
9	Sponsoring organizations maintaining donor advised funds.		_		
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
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		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	1	13b			
	Enter the amount of reserves on hand	13c			v
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		<del></del>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				~
	excess parachute payment(s) during the year?		15		X
10	If "Yes," see instructions and file Form 4720, Schedule N.	t income?	10		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment of "You" complete Form 4720. School I.O.	t income?	16		$\vdash$
	If "Yes," complete Form 4720, Schedule O.		Гоги	990	(2010

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 34	1		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b		2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a				
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b				
12a	and the second of the second o	12a	Х	
b		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(	3)s onl	y) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.		•	
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	PAMELA H. BANKS - (415)561-2300			
	POST OFFICE BOX 29242, SAN FRANCISCO, CA 94129			

Form 990 (2019)

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

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

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

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

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

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

(A) Name and title	(B) Average hours per	box	not c , unle	ss pe	ition more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) REV. WILLIAM E. SWING	39.00	x		х				138,227.	0.	2,700.
PRESIDENT (2) REV. VICTOR H. KAZANJIAN, JR.	39.00	^		Δ				130,447.	0.	2,700.
EXECUTIVE DIRECTOR	1.00	X		X				114,861.	0.	82,216.
(3) KIRAN BALI	10.00			25				114,001.	0.	02,210.
CHAIRPERSON	1000	x		x				0.	0.	0.
(4) BECKY BURAD	3.00									
TREASURER		х		х				0.	0.	0.
(5) RAVINDRA KANDAGE	3.00							_		<del>-</del>
ASSISTANT TREASURER		Х		Х				0.	0.	0.
(6) AUDRI SCOTT WILLIAMS	3.00									
SECRETARY		Х		Х				0.	0.	0.
(7) SUCHITH ABEYEWICKREME	3.00									
TRUSTEE		Х						0.	0.	0.
(8) AHMED OSAMA ABU-DOMA	3.00									
TRUSTEE		Х						0.	0.	0.
(9) SALETTE AQUINO	3.00									
TRUSTEE		Х						0.	0.	0.
(10) JOAN BROWN CAMPBELL	3.00								_	
TRUSTEE		Х						0.	0.	0.
(11) POTRE DIRAMPTAN-DIAMPUAN	3.00	l								
TRUSTEE	1 2 00	Х						0.	0.	0.
(12) NAOUFAL EL HAMMOUMI	3.00	,,							0	0
TRUSTEE	3 00	Х						0.	0.	0.
(13) DANIEL EROR	3.00	X						0.	0.	0.
TRUSTEE (14) FRED FIELDING	3.00	^						0.	0.	0.
(14) FRED FIELDING TRUSTEE	3.00	X						0.	0.	0.
(15) DONALD FREW	3.00	Δ						0.	· ·	<u> </u>
TRUSTEE	J.00	X						0.	0.	0.
(16) PETAR GRAMATIKOV	3.00							0.	0.	
TRUSTEE	3.00	x						0.	0.	0.
(17) MARIANNE HORLING	3.00	<del></del>								
TRUSTEE	3133	x						0.	0.	0.
932007 01-20-20	1					_				Form <b>990</b> (2019)

Section A. Officers, Directors, I	rustees, Key Em	pioy	/ees	, an	a H	ıgne	st (	compensated Employe	<b>es</b> (continuea)				
<b>(A)</b> Name and title	( <b>B</b> ) Average	(de	note	Pos			ono	<b>(D)</b> Reportable	<b>(E)</b> Reportable		Es	(F) stimate	ed
	hours per week	box	i, unle	ss pe	erson	than is bot or/trus	h an	compensation from	compensation from related			nount other	
	(list any hours for	Individual trustee or director				pa:		the organization	organizations (W-2/1099-MIS0	C)		pensa om th	
	related organizations	stee o	trustee		۵	pensat		(W-2/1099-MISC)			_	anizat	
	below	dual tru	Institutional trustee		Key employee	Highest compensated employee	-					d relat anizati	
	line)	Indivi	Institu	Officer	Key er	Highe emplo	Former						
(18) KALYAN KUMAR KISKU	3.00	Ι								$\Box$			_
TRUSTEE	3.00	Х						0.		0.			0.
(19) CHIEF PHILIP LANE TRUSTEE	3.00	X						0.		٥.			0.
(20) JOHNNY MARTIN	3.00	<del> ^</del>	$\vdash$		$\vdash$	+		0.		<del>"  </del>			
TRUSTEE	3733	$\mathbf{x}$						0.		٥.			0.
(21) PETER MOUSAFERIADIS	3.00	T								ヿ			
TRUSTEE		X						0.		0.			0.
(22) WAMBUI NGIGE	3.00	┨											•
TRUSTEE (ASA) TOWN NG 'OWN	3.00	Х	_		-	_		0.		0.			0.
(23) JOHN NG'OMA TRUSTEE	3.00	X						0.		٥.			0.
(24) MACLEORD BAKER OCHOLA II	3.00	122								-			
TRUSTEE		x						0.		0.			0.
(25) SOFIA PAINIQUEO	3.00									ヿ			
TRUSTEE		Х						0.		0.			0.
(26) DAVID LIMO PAJAR	3.00	١.,								ا ۸			^
TRUSTEE		Х					Ļ	0. 253,088.		0.		4,9	0.
1b Subtotal c Total from continuation sheets to Par								233,000.		0.		4,5	0.
d Total (add lines 1b and 1c)								253,088.		0.	8	4,9	16.
Total number of individuals (including be							no r		,000 of reportable				
compensation from the organization	<u> </u>												2
										г		Yes	No
3 Did the organization list any <b>former</b> officient 1a? <i>If</i> "Yes," <i>complete Schedule J f</i>													х
4 For any individual listed on line 1a, is the								her compensation from		···	3		<u> </u>
and related organizations greater than \$	-		-					•	ine organization	ı	4	Х	
5 Did any person listed on line 1a receive									idual for services	···			
rendered to the organization? If "Yes," o	complete Schedui	le J t	for s	uch	pers	son					5		X
Section B. Independent Contractors									•			_	
1 Complete this table for your five highes										ens	ation 1	rom	
the organization. Report compensation (A)	for the calendar y	ear	ena	ing v	WILII	Or W	'luriii	(B)	year.		(0	:)	
Name and busin	ess address	N	ON	E				Description of s	ervices	С		nsatio	n
							$\perp$						
2 Total number of independent contracto		ıot li	mite	d to		se li: ()	stec	a above) who received m	nore than				
\$100,000 of compensation from the org	ON A CON	ΓIJ	NUZ	AT:		<u> </u>	SH	EETS			Form	<b>990</b> (	2019)
•	-					-						- (	/

932008 01-20-20

Form 990 UNITED R									00-030	J 4 0 Z
Part VII Section A. Officers, Directors, Tr	ustees, Key Eı	nplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(cl			that		ly)	compensation	compensation	amount of
	per	Ť				Ė	Ť.	from	from related	other
	week					ee /ee		the	organizations	compensation
	(list any	ctor				oldu		organization	(W-2/1099-MISC)	from the
	hours for	dire				ed er		(W-2/1099-MISC)	,	organization
	related	tee o	ustee			ensat				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	/idua	tutio	ъ	dwa	esto	je.			
	line)	Indi	Insti	Officer	Key	High	Former			
(27) C.N.N. RAJU	3.00									
TRUSTEE		Х						0.	0.	0.
(28) ELANA ROZENMAN	3.00									
TRUSTEE		х						0.	0.	0.
(29) SWAMINI ADITYANANDA SARASWATI	3.00									-
TRUSTEE		х						0.	0.	0.
(30) SOK SIDON	3.00	-						•		•
TRUSTEE		x						0.	0.	0.
(31) VALERIA VERGANI	3.00									
TRUSTEE	3.00	х						0.	0.	0.
(32) STEPHEN L VILLAESTER	3.00								•	•
TRUSTEE	3.00	Х						0.	0.	0.
	3.00	^						0.	0.	0.
(33) AMEENAH EZZAT YAQOOB	3.00	Х						0.	0.	0.
TRUSTEE	3.00	^	_					0.	0.	0.
(34) ELISHA BUBA YERO	3.00	Х						0.	0.	0
TRUSTEE	1	^						0.	0.	0.
	+									
	ļ									
		1								
		1								
		1								
		1								
	•						•			
Total to Part VII. Section A. line 1.										
Total to Part VII, Section A, line 1c								1		

			2019) UNITED R	EL:	IGI	ONS			68-0369	482 Page <b>9</b>
Pa	rt \	<u> </u>								
			Check if Schedule O contains a	respo	onse	or note to any li	1 /41	(B)	(C)	
							(A) Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a						
ar our		b	Membership dues	1b						
s, (		С	Fundraising events	1c		85,039.				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations	1d	2,	168,792.				
ini		е	Government grants (contributions)	1e						
r io		f	All other contributions, gifts, grants, and							
t pgr			similar amounts not included above	1f	1,	082,712.				
함		g	Noncash contributions included in lines 1a-1f	1g (	\$	113,186.				
a S		h	Total. Add lines 1a-1f			<b></b>	3,336,543.			
						Business Code				
vice	2	а								
Š		h								

nts	1	а	Federated campaigns	1a					
3ra oui		b	Membership dues	1b					
s, ( Am		С	Fundraising events	1c	85,039.				
Gift lar		d	Related organizations	1d 2,	168,792.				
imi		е	Government grants (contribution	ns) <b>1e</b>					
tior		f	All other contributions, gifts, grants,	and					
ibu			similar amounts not included above	1f   1,	082,712.				
nt d O		g	Noncash contributions included in lines 1a	-1f <b>1g</b> \$	113,186.				
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f			3,336,543.			
					Business Code				
မွ	2	а							
e Ķ		b							
Se		С							
eve		d							
Program Service Revenue		е							
<u>P</u>		f	All other program service revenu	ıe					
		g	Total. Add lines 2a-2f		<b>&gt;</b>				
	3		Investment income (including di	vidends, intere	est, and				
			other similar amounts)		<b>&gt;</b>	28,210.			28,210.
	4		Income from investment of tax-e	exempt bond p	roceeds				
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a	27,653.					
		b	Less: rental expenses 6b	0.					
			` '	27,653.		25 (52			0.5.650
			Net rental income or (loss)		<u></u>	27,653.			27,653.
	7	а		(i) Securities	(ii) Other				
			assets other than inventory 7a 1	12,574.					
4		b	Less: cost or other basis	4.4.000					
Other Revenue			and sales expenses 7b 1 Gain or (loss) 7c	14,370.					
eve						1 506			1 706
ŗŖ			Net gain or (loss)		<b></b>	-1,796.			-1,796.
the	8	а	Gross income from fundraising even						
0			including \$85,03						
			contributions reported on line 10		205 262				
			Part IV, line 18	<u>8a</u>	205,362.				
		b	Less: direct expenses	[8b	μυυ, δοδ.	104 406			104 406
			Net income or (loss) from fundra		<b>D</b>	104,496.			104,496.
	9	а	Gross income from gaming activ	I					
			Part IV, line 19						
			Less: direct expenses						
	40		Net income or (loss) from gaming	· —	<b>D</b>				
	10	а	Gross sales of inventory, less re-	I					
		h	and allowances						
		Ü	Net income or (loss) from sales of	יייייייייייייייייייייייייייייייייייייי	Business Code				
Miscellaneous Revenue	11	2	MISCELLANEOUS IN	COME	900099	7,662.	7,662.		
nne	• •	b				.,,,,,,	. ,		
ella		C							
isc R			All other revenue						
≥			Total. Add lines 11a-11d		<b></b>	7,662.			
	12		Total revenue. See instructions		<b>&gt;</b>	3,502,768.	7,662.	0.	158,563.

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Form **990** (2019)

### Part IX | Statement of Functional Expenses

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

Dο	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	140 474	140 474		
	and domestic governments. See Part IV, line 21	148,474.	148,474.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	550,570.	550 570		
	individuals. See Part IV, lines 15 and 16	330,370.	550,570.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	253,088.	226,970.	11,425.	14,693
_	trustees, and key employees	233,000.	440,970.	11,423.	14,033
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,102,204.	745,385.	55,663.	301,156
7	Other salaries and wages	1,102,204.	745,305.	33,003.	301,130
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	277,551.	188,027.	23,351.	66,173
9	Other employee benefits	84,875.	56,321.	7,273.	21,281
10	Payroll taxes	04,073.	30,321.	1,413.	21,201
11	Fees for services (nonemployees):				
	Management	5,111.		5,111.	
b	Legal	28,000.	22,960.	2,240.	2,800
C	5 · · · · · · · · · · · · · · · · · · ·	20,000.	22,900.	2,240.	2,000
	Lobbying				
е	, <u> </u>				
f	Investment management fees				
g	, ,	157 556	146 001	4 107	7 260
	column (A) amount, list line 11g expenses on Sch O.)	157,556.	146,091.	4,197.	7,268
12	Advertising and promotion	47,887.	20 020	9 002	10 057
13	Office expenses	4/,00/•	29,028.	8,002.	10,857
14	Information technology				
15	Royalties	190,801.	156 157	15 264	10 000
16	Occupancy	52,336.	156,457. 51,783.	15,264.	19,080 553
17	Travel	34,330.	31,703.		333
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	111 262	111 262		
19	Conferences, conventions, and meetings	411,362.	411,362.		
20	Interest				
21	Payments to affiliates	99,691.		99,691.	
22	Depreciation, depletion, and amortization	18,244.	12,123.	1,248.	4,873
23	Insurance	10,244.	14,143.	1,440.	4,0/3
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	76,776.	54,018.	11,003.	11,755
b	PRINTING & COPYING	21,571.	20,019.	1,324.	228
С	WORKSHOPS, TRAINING	18,198.	15,453.	1,617.	1,128
d	BANK FEES	14,818.		14,818.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,559,113.	2,835,041.	262,227.	461,845
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2019)

### Form 990 (2019) Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			933,880.	1	939,571.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			320,371.	3	560,196.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub-	stantial	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqua	lified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	ed in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			51,845.	9	47,824.
	10a	Land, buildings, and equipment: cost or other		4-0-0-4			
		basis. Complete Part VI of Schedule D		170,271.			
	b	Less: accumulated depreciation		169,632.	16,961.	10c	639.
	11	Investments - publicly traded securities			198,534.	11	23,524.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line			100 065	13	168 066
	14	Intangible assets			120,865.	14	167,066.
	15	Other assets. See Part IV, line 11	15,447,187.	15	15,830,127.		
	16	Total assets. Add lines 1 through 15 (must eq		17,089,643.	16	17,568,947.	
	17	Accounts payable and accrued expenses	110,807.	17	164,654.		
	18	Grants payable		F 000	18	1 011	
	19	Deferred revenue			5,000.	19	1,911.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or for					
ΞĘ		trustee, key employee, creator or founder, sub-					
Lia		controlled entity or family member of any of the	-			22	
	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate		_		24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line of Schedule D			0.	25	400,000.
	26	Total liabilities. Add lines 17 through 25		_	115,807.	26	566,565.
	20	Organizations that follow FASB ASC 958, ch			113,007	20	300,303
es		and complete lines 27, 28, 32, and 33.	eck nei				
anc	27	Net assets without donor restrictions			10,411,798.	27	11,497,226.
Bal	28	Net assets with donor restrictions			6,562,038.	28	5,505,156.
pu		Organizations that do not follow FASB ASC			7,00=7,000		3,333,233
Ŧ		and complete lines 29 through 33.	000, 011				
ŏ	29	Capital stock or trust principal, or current funds	5			29	
set	30	Paid-in or capital surplus, or land, building, or e				30	
As	31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			16,973,836.	32	17,002,382.
_	33	Total liabilities and net assets/fund balances			17,089,643.	33	17,568,947.
							Form <b>990</b> (2019)

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	3,50		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,55		
3	Revenue less expenses. Subtract line 2 from line 1	3			45.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,97		
5	Net unrealized gains (losses) on investments	5		1	72.
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	8	4,7	19.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	17,00	2,3	82.
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 in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				990	(2019)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization UNITED RELIGIONS 68-0369482 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Calendar year (or fiscal year beginning in) ► (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2,972,934. 2,339,641. 1,736,634. 3,233,481. 3,336,543.  2 Tax revenues levied for the organization'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 2,972,934. 2,339,641. 1,736,634. 3,233,481. 3,336,543.  5 The portion of total contributions by each person (other than a	(f) Total  13,619,233.
membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3 2,972,934. 2,339,641. 1,736,634. 3,233,481. 3,336,543.  The portion of total contributions	
include any "unusual grants.") 2,972,934. 2,339,641. 1,736,634. 3,233,481. 3,336,543.  2 Tax revenues levied for the organization'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 2,972,934. 2,339,641. 1,736,634. 3,233,481. 3,336,543.  5 The portion of total contributions	
<ul> <li>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</li> <li>3 The value of services or facilities furnished by a governmental unit to the organization without charge</li> <li>4 Total. Add lines 1 through 3 2,972,934. 2,339,641. 1,736,634. 3,233,481. 3,336,543.</li> <li>5 The portion of total contributions</li> </ul>	
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 2,972,934. 2,339,641. 1,736,634. 3,233,481. 3,336,543.  5 The portion of total contributions	13,619,233.
or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3 2,972,934. 2,339,641. 1,736,634. 3,233,481. 3,336,543.  The portion of total contributions	13,619,233.
The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3 2,972,934. 2,339,641. 1,736,634. 3,233,481. 3,336,543.  The portion of total contributions	13,619,233.
furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3 2,972,934. 2,339,641. 1,736,634. 3,233,481. 3,336,543.  5 The portion of total contributions	13,619,233.
the organization without charge  4 Total. Add lines 1 through 3	13,619,233.
4 Total. Add lines 1 through 3       2,972,934.       2,339,641.       1,736,634.       3,233,481.       3,336,543.         5 The portion of total contributions	13,619,233.
5 The portion of total contributions	13,619,233.
5 The portion of total contributions	
by odon poroon (other trial a	
governmental unit or publicly	
supported organization) included	
on line 1 that exceeds 2% of the	
amount shown on line 11,	
column (f)	2,843,366.
6 Public support. Subtract line 5 from line 4.	10,775,867.
Section B. Total Support	
Calendar year (or fiscal year beginning in) ► (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019	(f) Total
7 Amounts from line 4 2,972,934. 2,339,641. 1,736,634. 3,233,481. 3,336,543.	13,619,233.
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	
and income from similar sources 492. 983. 924. 1,286. 28,210.	31,895.
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.) 80,450. 152,238. 154,295. 166,205. 240,677.	793,865.
11 Total support. Add lines 7 through 10	14,444,993.
12 Gross receipts from related activities, etc. (see instructions)	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and <b>stop here</b>	
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f) 14	74.60 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	67.99 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box	
stop here. The organization qualifies as a publicly supported organization	<b>▶</b> X
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check the	is box
and <b>stop here.</b> The organization qualifies as a publicly supported organization	▶□
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or 16b.	or more,
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organ	ization
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶□
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 1	10% or
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶□
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	š ▶ 🗌

Schedule A (Form 990 or 990-EZ) 2019

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

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

Se	ction A. Public Support	clow, picase com	piete i dit ii.)				
Cale	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	, ,	, ,	, ,	``
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus- iness under section 513						
4							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
э	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5		+	+			
	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6  a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is						
12	regularly carried on  Other income. Do not include gain or loss from the sale of capital						
12	assets (Explain in Part VI.)		+	<del> </del>			
		the organization	e firet econd thi	rd fourth or fifth t	ay yoar aa a aasti	on 501(c)(2) organia	zation
14	First five years. If the Form 990 is for	· ·			•	. , . ,	
Se	check this box and stop here ction C. Computation of Publ						<b>P</b> LL
	Public support percentage for 2019 (I			column (f)\		15	0/
	Public support percentage for 2019 (I						<u>%</u>
	ction D. Computation of Inves					16	%
	•					17	0/
17 18	·						<u>%</u>
18	1 3					•	%
198	a 33 1/3% support tests - 2019. If the	-					I I IS HOT
ł	more than 33 1/3%, check this box at 33 1/3% support tests - 2018. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,	
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19h check t	his hox and see in	etructions	<b>▶</b>

### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ja		
9b		
9с		
10a		
10b		

Par	<b>☆ IV</b>   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	2ypo . oupporting organizationo		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		1		
0	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		· ·	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions	:).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? Provide details in Part VI.	За		
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.	3b		

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
_7	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	ιV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	on D -	Distributions		,	Current Year
1	Amour	nts paid to supported organizations to accomplish exe	mpt purposes		
		nts paid to perform activity that directly furthers exemp			
	organi	zations, in excess of income from activity			
3		istrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4		nts paid to acquire exempt-use assets	5		
5		ed set-aside amounts (prior IRS approval required)			
6		distributions (describe in <b>Part VI</b> ). See instructions.			
7		annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which the	ne organization is responsive	 e	
		de details in <b>Part VI</b> ). See instructions.	J		
9		outable amount for 2019 from Section C, line 6			
10		amount divided by line 9 amount			
			(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in <b>Part VI</b> ). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From 2	2014			
b	From 2	2015			
С	From 2	2016			
d	From 2	2017			
е	From 2	2018			
f	Total	of lines 3a through e			
g	Applie	d to underdistributions of prior years			
h	Applie	d to 2019 distributable amount			
		over from 2014 not applied (see instructions)			
j		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2019 from Section D,			
	line 7:	\$			
а		d to underdistributions of prior years			
		d to 2019 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
		subtract lines 3g and 4a from line 2. For result greater			
	,	ero, explain in <b>Part VI.</b> See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
-		o from line 1. For result greater than zero, explain in			
		1. See instructions.			
7		s distributions carryover to 2020. Add lines 3j			
•	and 4	- I			
8		down of line 7:			
		s from 2015			
		s from 2016			
		s from 2017			
		s from 2018			
		s from 2019			
e	<b>L</b> 人しじろ	a 11U111 4 I I I			

Schedule A (Form 990 or 990-EZ) 2019

Scriedule /	(Politi 990 of 990-EZ) 2019 ON TIED TEDETOTOR
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

UNITED RELIGIONS 68-0369482

### Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2019

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
JULIA DAVIDSON	310,000.	21,100.
KRAMER FAMILY FOUNDATION	307,000.	18,100.
MR. AND MRS. ROBERT A. LURIE	550,000.	261,100.
MR. AND MRS. RUPERT H. JOHNSON, JR.	1,105,000.	816,100.
RUPERT H. JOHNSON, JR. FOUNDATION	483,666.	194,766.
S. D. BECHTEL, JR. FOUNDATION	1,500,000.	1,211,100.
THE GEORGE & JUDY MARCUS FAMILY FOUNDATION	610,000.	321,100.
Total Excess Contributions to Schedule A, Part II, Line 5		2,843,366.

### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

UNITED RELIGIONS 68-0369482 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

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, 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 <b>General Rule</b> applies to this organization because it received nonexclusively

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from

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

religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

68-0369482 UNITED RELIGIONS Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 MR. AND MRS. BRADLEY FREITAG | X | Person Payroll 20,000. 255 UPLANDS DR. Noncash (Complete Part II for HILLSBOROUGH, CA 94010 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 THE HON. AND MRS. GEORGE P. SHULTZ Person HOOVER INSTITUTION, 434 GALVEZ MALL, Payroll ROOM 239 10,000. Noncash (Complete Part II for STANFORD, CA 94305-6010 noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. MR. WILLIAM P. FULLER AND MS. 3 BECKETT Person Payroll 2076 VALLEJO STREET 6,976. Noncash (Complete Part II for SAN FRANCISCO, CA 94123 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution COMMUNITY FOUNDATION OF GREATER 4 MEMPHIS Person Pavroll 1900 UNION AVENUE 125,000. Noncash (Complete Part II for MEMPHIS, TN 38104 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 THE HON. JAMES C. HORMEL X Person Payroll 101 MISSION STREET, SUITE 1750 12,000. Noncash (Complete Part II for SAN FRANCISCO, CA 94105-1727 noncash contributions.) (c) (d) (a) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 MR. AND MRS. PATRICK W. GROSS Person Pavroll 7401 GLENBROOK ROAD 5,000. Noncash

(Complete Part II for

noncash contributions.)

BETHESDA, MD 20814-1327

Name of organization Employer identification number

68-0369482 UNITED RELIGIONS Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 S. D. BECHTEL, JR. FOUNDATION | X | Person Payroll 100,000. P. O. BOX 193809 Noncash (Complete Part II for SAN FRANCISCO, CA 94119-3809 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution JOHN AND MARCIA GOLDMAN PHILANTHROPIC 8 FUND Person Payroll 101 SECOND STREET, STE 1625 5,000. Noncash (Complete Part II for SAN FRANCISCO, CA 94105 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X MR. AND MRS. RUPERT H. JOHNSON Person Payroll 37 NEW PLACE ROAD 105,000. Noncash (Complete Part II for HILLSBOROUGH, CA 94010 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 MR. AND MRS. J. ROBERT COLEMAN, JR. Person THE J. ROBERT COLEMAN, JR. AND DIANE Payroll SANDERS COLEMAN FAMILY TRUST, 220 BOOK 50,000. Noncash (Complete Part II for WOODSIDE, CA 94062 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution MS. GWINNETH BEREXA AND MR. STEVEN 11 BEREXA X Person Payroll 2355 THOMAS AVE., #1602 15,000. Noncash (Complete Part II for DALLAS, TX 75201 noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 12 MR. AND MRS. PAUL JOHN TAGLIABUE | X | Person Pavroll 5630 WISCONSIN AVENUE, APT. 503 5,000. Noncash (Complete Part II for CHEVY CHASE, MD 20815 noncash contributions.)

Name of organization **Employer identification number** 

68-0369482 UNITED RELIGIONS Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 MRS. DIANE WILSEY | X | Person Payroll 5,000. 2590 JACKSON STREET Noncash (Complete Part II for SAN FRANCISCO, CA 94115 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 14 MRS. ROSELYNE C. SWIG Person **Payroll** 10,000. 3710 WASHINGTON STREET Noncash (Complete Part II for SAN FRANCISCO, CA 94118 noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 15 X MR. AND MRS. JAMES DAVIDSON Person Payroll 1832 FLORIBUNDA AVENUE 310,000. Noncash (Complete Part II for HILLSBOROUGH, CA 94010 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 MR. FRANK GARD JAMESON Person **Payroll** P.O. BOX 60250 10,000. Noncash (Complete Part II for BOULDER CITY, NV 89006-0250 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution NICHOLAS J. WEISER FOUNDATION FOR 17 CHILDREN X Person Payroll 23 SPRING ROAD 6,000. Noncash (Complete Part II for KENTFIELD, CA 94904 noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. THE STEPHEN AND MARGARET GILL FAMILY 18 FOUNDATION X Person Pavroll 32 FLOOD CIRCLE 20,000. Noncash (Complete Part II for ATHERTON, CA 94027

noncash contributions.)

Name of organization Employer identification number 68-0369482

UNITED RELIGIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  ANONYMOUS (COMM FDN OF SONOMA COUNTY)  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	MARY CRANSTON  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$12,000.	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
21	TULLY FRIEDMAN  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$ <u>25,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	STEVEN GREINETZ  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$1,800.	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
23	ADEL M HAYUTIN  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	JOHN HENNESSY  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$5,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

UNITED RELIGIONS 68-0369482 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 25 ROBERT JAUNICH | X | Person Payroll P.O. BOX 29242 5,000. Noncash (Complete Part II for SAN FRANCISCO, CA 94129 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 26 MAJA KRISTIN Person **Payroll** 5,000. P.O. BOX 29242 Noncash (Complete Part II for SAN FRANCISCO, CA 94129 noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 27 X CONNIE LURIE Person Payroll P.O. BOX 29242 50,000. Noncash (Complete Part II for SAN FRANCISCO, CA 94129 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 28 SANDY OTELLINI Person **Payroll** P.O. BOX 29242 25,000. Noncash (Complete Part II for SAN FRANCISCO, CA 94129 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 29 ROBERT PECK X Person Payroll P.O. BOX 29242 5,000. Noncash (Complete Part II for SAN FRANCISCO, CA 94129 noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 30 BILL R. POLAND Person Pavroll P.O. BOX 29242 2,000. Noncash (Complete Part II for

SAN FRANCISCO, CA 94129

noncash contributions.)

Name of organization Employer identification number

UNITED RELIGIONS 68-0369482

Parti	Contributors (see instructions). Use duplicate copies of Part I if addition	ai space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	TONI R ROCK P.O. BOX 29242 SAN FRANCISCO, CA 94129	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	SUZANNE SISKEL  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	MARY SWIG  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	TAUBE FAMILY FOUNDATION  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	ESTATE OF DEXTER & ELIZABETH TIGHT  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	JOHN WEISER (DONOR)  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$10,000.	Person X Payroll

Name of organization Employer identification number

UNITED RELIGIONS 68-0369482

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	MICHAEL WILSEY  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	EDWARDS FOUNDATION  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	ENSEMBLE CAPITAL MGMT  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	JOHN AND MARCIA GOLDMAN  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41	JOHN GOLDMAN FOUNDATION  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$	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
42	SEPIO CAPITAL (DONOR)  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$5,000.	Person X Payroll

Name of organization

Employer identification number

UNITED RELIGIONS

68-0369482

UNITE	D RELIGIONS		68-0369482
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	JULIA DAVIDSON  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$100,20	Person X Payroll  Noncash X (Complete Part II for noncash contributions.)
(a) No.	(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 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) <u>N</u> o.	(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 (Complete Part II for noncash contributions.)

Name of organization

UNITED RELIGIONS

68-0369482

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_	COMMON STOCK		
3		-	
		\$6,976.	_11/27/19_
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
43	COMMON STOCK		
	·		
		\$ 100,201.	10/18/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Parti			
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$	
(a)		+	
No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<del></del>		
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

Name of organization

NITEI	O 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	) through (e) and the following line entrocharitable, etc., contributions of \$1,000 or lo	v For organizations	that total more than \$1,000 for the y
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	Transferee's name, address, a	(e) Transfer of gift		ansferor to transferee
	Transferee 3 name, address, a		netationship of the	material to duffisheree
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	Transferee's name, address, a	(e) Transfer of gift		ansferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	Transferse's name address	(e) Transfer of gift		
	Transferee's name, address, a	IIU ZIF + 4	neiauonsnip oi ua	ansferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	Transferee's name, address, a	(e) Transfer of gift		ansferor to transferee

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNITED RELIGIONS

**Employer identification number** 68-0369482

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose of	conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied 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 Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
	<b>\$</b>		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the
Dai	organization's accounting for conservation easements.  t III Organizations Maintaining Collections or	f Art Historical Treasures or Ot	har Similar Assats
I al	Complete if the organization answered "Yes" on Form	-	nei olilliai Assets.
10	If the organization elected, as permitted under FASB ASC 95		nd halanca shoot works
ıa	of art, historical treasures, or other similar assets held for put	· ·	
	service, provide in Part XIII the text of the footnote to its final	,	•
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:	exhibition, education, or research in furth	erance or public service,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A	·	gain, provide
а	Revenue included on Form 990, Part VIII, line 1	_	<b>▶</b> \$
	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2019

Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or Ot	her S	imilar As	sets(cont	inued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that mak	e signit	ficant use o	f its	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or excl	nange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's e	xempt	purpose in	Part XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other sim	ilar ass	sets		
	to be sold to raise funds rather than to be ma						Yes	No_
Pai	t IV Escrow and Custodial Arran	•	te if the organization	n answered "Yes"	on For	m 990, Part	IV, line 9, c	or
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodi		•					
	on Form 990, Part X?						Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:		-			
					_		Amour	nt
С	Beginning balance					1c		
	Additions during the year					1d		
	Distributions during the year					1e		
	Ending balance				L	1f		
	Did the organization include an amount on Fo				-		Yes	├─ No
	If "Yes," explain the arrangement in Part XIII.							
Pai	t V Endowment Funds. Complete it						. 1 _	
		(a) Current year	(b) Prior year	(c) Two years back		hree years ba		ur years back
	Beginning of year balance	2,716,054.	1,861,056.	492,671	•	422,60	57.	435,142.
	Contributions	13,251,068.	986,445.					
	Net investment earnings, gains, and losses	439,528.	-129,676.	1,368,385	•	70,00	04.	-12,475.
	Grants or scholarships				4-			
е	Other expenditures for facilities							
	and programs							
	Administrative expenses	290,959.	1,771.		_			
g	End of year balance	16,115,691.	2,716,054.	1,861,056	•	492,6	71.	422,667.
2	Provide the estimated percentage of the curr			)) held as:				
	Board designated or quasi-endowment	65.84	_%					
	Permanent endowment   17.58	%						
С	Term endowment ► 16.58 g							
_	The percentages on lines 2a, 2b, and 2c sho	·						
за	Are there endowment funds not in the posse	ssion of the organiza	ition that are neid ai	na administered to	r the o	rganization		IV N-
	by:						0-(1)	Yes No
	(i) Unrelated organizations							<del>   </del>
	(ii) Related organizations							X
	Describe in Part XIII the intended uses of the						3b	1 21
4 Pai	t VI Land, Buildings, and Equipm		wment lunus.					
· u	Complete if the organization answered		Part IV line 11a S	ee Form 990 Part	Y line	10		
	Description of property	(a) Cost or ot		1		nulated	(d) Bo	ok value
	Description of property	basis (investm			deprec		(u) Do	JK value
12	Land	`	ioni, salio (	, carrony	иортоо	idilori		
	LandBuildings							
	Leasehold improvements		1	1,747.	11	L,747.		0.
	Equipment			8,524.		7,885.		639.
	Other			- ,		, , , , , ,		
	. Add lines 1a through 1e. (Column (d) must e		X. column (B). line 1	0c.)		•		639.
	(a)	,	,	/	<u></u>			

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 UNITED RELIC	GIONS	68	3-0369482	Page
Part VII Investments - Other Securities.				
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	ıd-of-year market v	/alue
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	ıd-of-year market v	/alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.		
	Description		(b) Book va	
(1) DEPOSITS				<u>,094</u>
(2) OTHER RECEIVABLES				,574
(3) INTEREST IN NET ASSETS OF	URI FOUNDAT:	ION	15,811	<u>,459</u>
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	<b>&gt;</b>	15,830	<u>,127</u>
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 2	5.	
. (a) Description of the little			1 /h\ Da-l	-1

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DUE TO FOUNDATION	400,000.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	400,000.

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) 2019

Par	Reconciliation of Revenue per Audited Financial State		th Revenue per F	leturn	<b>1.</b>
	Complete if the organization answered "Yes" on Form 990, Part IV, line				2 (10 270
1	Total revenue, gains, and other support per audited financial statements			1	3,618,378
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1.1	170		
	Net unrealized gains (losses) on investments		172.	-	
	Donated services and use of facilities			-	
	Recoveries of prior year grants		2,284,230.	-	
	Other (Describe in Part XIII.)			1	2 204 402
_	Add lines 2a through 2d			2e	2,284,402 1,333,976
3	Subtract line 2e from line 1			3	1,333,370
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	الما			
	Investment expenses not included on Form 990, Part VIII, line 7b		2,168,792.	-	
	Other (Describe in Part XIII.)			1	2,168,792
C E	Add lines 4a and 4b  Tatal revenue Add lines 2 and 4a (This must accept form 900, Part I line 12)			4c	3,502,768
Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  t XII   Reconciliation of Expenses per Audited Financial State				
ı aı	Complete if the organization answered "Yes" on Form 990, Part IV, line		itii Experises per	Hetu	111.
1	Total expenses and losses per audited financial statements			1	3,589,832
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	373037032
	Donated services and use of facilities	2a			
	Prior year adjustments			-	
	Other losses			-	
	Other (Describe in Part XIII.)		30,719.	-	
	Add lines 2a through 2d			2e	30,719
3	Subtract line <b>2e</b> from line <b>1</b>			3	3,559,113
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				· · · · · ·
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)			-	
	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			5	3,559,113
Par	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Red and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			4; Part	X, line 2; Part XI,
PAF	T V, LINE 4:				
THE	ENDOWMENT FUND IS HELD BY THE RELATED	ORGANIZ	ATION, UNIT	'ED I	RELIGIONS
INI	TIATIVE FOUNDATION, INC. FUNDS ARE USED	FOR VA	RIOUS STRAT	EGI	2
<u> 11/1</u>	TIATIVES AND IN ACCORDANCE WITH DONOR R	ESIKICI	TONS.		
PAF	T X, LINE 2:				
UNI	TED RELIGIONS IS RECOGNIZED AS A PUBLIC	CHARIT	Y EXEMPT FR	OM	FEDERAL
INC	OME TAXES UNDER SECTION 501(C)(3) OF THE	E INTER	NAL REVENUE	COI	DE AND
REC	OGNIZED AS A PUBLIC CHARITY EXEMPT FROM	STATE	INCOME TAXE	s ui	NDER
SEC	TION 23701 OF THE CALIFORNIA REVENUE AND	D TAXAT	ION CODE. A	CCOI	RDINGLY, NO
	VISION HAS BEEN MADE FOR SUCH TAXES IN '				
	TESTOR INTO DEBTY TRIBE TON BOOM TIMES IN	IIII ACC		T 14171	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

# **Statement of Activities Outside the United States**

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

Attach to Form 990.

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

2019
Open to Public Inspection

Name of the organization

**Employer identification number** 

UNITED RELIGIONS 68-0369482

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, Yes X No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (f) Total émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region INTERFAITH COOPERATION, COMMUNICATION, AND PROGRAM SERVICES, GRANTS TO ASIA SOUTH RECIPIENTS. REGIONAL COORDINATION. 186,230. INTERFAITH COOPERATION, COMMUNICATION, AND PROGRAM SERVICES, GRANTS TO 30,039. EAST ASIA & PACIFIC 0 RECIPIENTS. REGIONAL COORDINATION. CENTRAL INTERFAITH COOPERATION, AMERICA/SOUTH PROGRAM SERVICES, GRANTS TO COMMUNICATION, AND RECIPIENTS. REGIONAL COORDINATION. AMERICA/CARRIBEAN 0 50,123. INTERFAITH COOPERATION, MIDDLE EAST, NORTH PROGRAM SERVICES, GRANTS TO COMMUNICATION, AND RECIPIENTS. REGIONAL COORDINATION. 0 AFRICA 50,548. INTERFAITH COOPERATION, PROGRAM SERVICES, GRANTS TO COMMUNICATION, AND REGIONAL COORDINATION. SUB SAHARA 0 RECIPIENTS. 157,586. INTERFAITH COOPERATION, PROGRAM SERVICES, GRANTS TO COMMUNICATION, AND EUROPE 0 RECIPIENTS. REGIONAL COORDINATION. 76,045. 3 a Subtotal 19 0 550,571. **b** Total from continuation 0 sheets to Part I ....... 0. c Totals (add lines 3a

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

0

Schedule F (Form 990) 2019

and 3b)

550,571.

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

AFRICA  EAST ASIA/P	INTERFAITH COOPERATION  INTERFAITH ACIFIC COOPERATION  INTERFAITH		WIRE TRANSFERS	37,230. 19,240.	
EAST ASIA/PA	COOPERATION  INTERFAITH  ACIFIC COOPERATION  INTERFAITH				
EAST ASIA/PA	INTERFAITH ACIFIC COOPERATION INTERFAITH				
EUROPE	ACIFIC COOPERATION  INTERFAITH	10,799.	WIRE TRANSFERS	19,240.	
EUROPE	ACIFIC COOPERATION  INTERFAITH	10,799.	WIRE TRANSFERS	19,240.	
EUROPE	INTERFAITH	10,799.	WIRE TRANSFERS	19,240.	
		1			
MIDDLE EAST	COOPERATION	32,568.	WIRE TRANSFERS	43,477.	
MIDDLE EAST					
MIDDLE EAST	INTERFAITH				
		34,583.	WIRE TRANSFERS	15,965.	
					1
SOUTH ASIA	INTERFAITH COOPERATION	131 134	WIRE TRANSFERS	55,096.	
BOUTH ABIA	COOTENATION	131,134.	WIKE IKANSPEKS	33,030.	_
CENTRAL					
AMERICA/SOU					
AMERICA/CARI	RIBEAN COOPERATION	27,656.	WIRE TRANSFERS	22,467.	
Enter total number of recipient organizations listed above					

**3** Enter total number of other organizations or entities

Schedule F (Form 990) 2019

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

Page 4

Part IV	Foreign	Forms
---------	---------	-------

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

Schedule F (Form 990) 2019

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

•						Employer identification numb			
UNITED	68-0369482								
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special  or oral agreement with any individual cart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees	Yes			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity		Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No						
Total									
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from re	egistration		

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

Schedule G (Form 990 or 990-EZ) 2019

Pa	rt	Fundraising Events. Complete if the of fundraising event contributions and gr				
		•	(a) Event #1 CIRCLES OF LIGHT (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	290,401.	(event type)	(total number)	290,401.
Œ	2	Less: Contributions	85,039.			85,039.
	3	Gross income (line 1 minus line 2)	205,362.			205,362.
	4	Cash prizes				
ses	5	Noncash prizes				
Expens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8 9	Entertainment Other direct expenses				100,866.
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)		<b>&gt;</b>	100,866.
_		Net income summary. Subtract line 10 from I				104,496.
Pa	rt		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(al) Tatal manaina (a dal
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes %  No	Yes %  No	Yes% No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		<b>&gt;</b>	
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:		_	cyear?	Yes No

Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 UNITED RELIGIONS 68-	03694	182	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	'es	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	. 🗆 Y	'es	☐ No
13	Indicate the percentage of gaming activity conducted in:			
á	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 Ү	'es	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party  \$\bigs\\$			
	Figure 1 is a second of the standard party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation  \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	🔲 Y	'es	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year ▶ \$			
Pa	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Part III, line	es 9, 9	}b, 10b,

Schedule G	G (Form 990 or 990-EZ)	UNITED RELIGIONS	68-0369482 Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Info	rmation (continued)	•
	•		
•			

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047 **2019** 

Open to Public Inspection

Name of the orga	nization <b>UNITED</b> RE	LIGIONS						Employer identification number $68-0369482$
Part I Gene	ral Information on Grants a	ınd Assistance						
criteria use	ganization maintain records of to award the grants or assist Part IV the organization's pro	stance?						
Part II Gran	ts and Other Assistance to	Domestic Orga	nizations and Domesti	ic Governments. C	Complete if the org	anization answered "\	Yes" on Form 990, Part	: IV, line 21, for any
	ent that received more than		<u> </u>	1		(f) Method of	1	
` '	nd address of organization or government	( <b>b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
URI MULTI-REG	TON							
P.O. BOX 2924								
SAN FRANCISCO			170(B)(1(A)(VI)	97,136.	46,200.			INTERFAITH COOPERATION
	number of section 501(c)(3) a							<u></u>

68-0369482 UNITED RELIGIONS Schedule I (Form 990) (2019) Page 2 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (c) Amount of (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance

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

PART I, LINE 2:

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

GRANT. ORGANIZATION REVIEWS REPORTS AND DOCUMENTS.

# **SCHEDULE J** (Form 990)

**Compensation Information** 

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

UNITED RELIGIONS

Part I Questions Regarding Compensation

**Employer identification number** 68-0369482

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

932111 10-21-19

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

Schedule J (Form 990) 2019

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-MI	SC 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	benefits	(b)(i)-(U)	reported as deferred on prior Form 990
(1) REV. WILLIAM E. SWING	(i)	138,227.	0.	0.	0.	2,700.	140,927.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(2) REV. VICTOR H. KAZANJIAN, JR.	(i)	114,861.	0.	0.	0.	82,216.		0.
EXECUTIVE DIRECTOR	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
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	ii)							
	(i) ii)							
	i) (i)							
	'') ii)							
	i)							
	'') ii)							
	i)							
	ii)							
	i)							
	ii)							

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 1A:
EXECUTIVE DIRECTOR REVEREND VICTOR H. KAZANJIAN, JR. RECEIVES A NON-TAXABLE
MINISTERIAL HOUSING ALLOWANCE.

## **SCHEDULE M** (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Open to Public Inspection

**Employer identification number** 

UNITED RELIGIONS 68-0369482 Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1q Art - Works of art Art - Historical treasures Art - Fractional interests ..... 3 Books and publications 4 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 113,186.FMV Securities - Publicly traded ..... 9 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies ..... 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 25 Other 26 Other 27 Other ▶ 28 Other 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for X exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

932141 09-27-19

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

Schedule M (Form 990) 2019

932142 09-27-19 Schedule M (Form 990) 2019

### SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

UNITED RELIGIONS

**Employer identification number** 68-0369482

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: GROUP, CALLED COOPERATION CIRCLES (CCS), IS COMPRISED OF PEOPLE REPRESENTING AT LEAST THREE DIFFERENT RELIGIONS, TRADITIONS OR BELIEFS WILLING TO ENGAGE IN INTERFAITH DIALOGUE AND COLLABORATE ON HUMANITARIAN EFFORTS IN THEIR COMMUNITY. UTILIZING THIS DUAL STRATEGY APPROACH, THESE COOPERATION CIRCLES CARE FOR REFUGEES, EDUCATE CHILDREN, PREVENT VIOLENCE AGAINST WOMEN, CLEAN RIVERS, PROVIDE MEDICAL CARE, RESOLVE CONFLICTS, AND NEGOTIATE PEACE AMONG MANY OTHER LOCAL AND GLOBAL KEY ISSUE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: UNDERSTANDING ACROSS RELIGIOUS AND CULTURAL DIFFERENCES AND WORK TOGETHER FOR THE GOOD OF THEIR COMMUNITIES AND THE WORLD. WE IMPLEMENT OUR MISSION BY CREATING A VITAL TRANSFORMATIVE NETWORK THAT CONNECTS, TRAINS AND AMPLIFIES THE WORK OF LOCALLY BASED GROUPS. URI'S ENABLES, NETWORK ENABLES GRASSROOTS LEADERS TO SELF-ORGANIZE IN ACCORD WITH URI'S PURPOSE AND PRINCIPLES, IMPLEMENT LOCAL INITIATIVES, EXCHANGE INSPIRATION, IDEAS AND KNOWLEDGE, AND DEEPEN MUTUAL UNDERSTANDING AND RESPECT THROUGH STRONG INTERPE

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: REGIONAL LEADERSHIP TEAMS THAT INCLUDE TRUSTEES, AND COOPERATION CIRCLE MEMBERS. THE PRIMARY WORK OF THE REGIONAL BASES IS TO PROVIDE DIRECT COMMUNICATION WITH AND NETWORK SUPPORT FOR CCS. NETWORK BENEFITS HELPING CCS BUILD CAPACITY, RAISING VISIBILITY FOR CC WORK, ASSISTING CCS IN CREATING PARTNERSHIPS, CONNECTING WITH POLICY-MAKERS, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization **Employer identification number** UNITED RELIGIONS 68-0369482 ORGANIZING LOCAL AND REGIONAL GATHERINGS AND TRAININGS, AND SEEDING NEW CCS. CCS ARE INSPIRED AND SUSTAINED IN THEIR WORK BY ACTIVE PARTICIPATION IN URI'S VITAL NETWORK WITH OTHER CCS WITH WHOM THEY GENERATE CONNECTION, COMMUNICATION, CO-MENTORING AND SHARED LEARNING. URI'S GLOBAL SUPPORT OFFICE, WHICH IS BASED IN SAN FRANCISCO, PROVIDES ACCOUNTABILITY, TRAINING AND CONSULTATION FOR REGIONAL COORDINATORS, REGIONAL STAFF AND REGIONAL LEADERSHIP TEAMS. URI'S GLOBAL SUPPORT OFFICE OVERSEES THE OPERATIONS OF THE URI NETWORK, ENERGIZING THE NETWORK BY SUPPORTING REGIONAL LEADERSHIP TEAMS, CREATING A FLOW OF QUALITY INFORMATION, MAINTAINING A CC MEMBER DATABASE, MANAGING FINANCE, PUBLICIZING CC IMPACT WORLDWIDE, ENGAGING IN FUNDRAISING, AND PROVIDING FOCUSED RESOURCE SUPPORT AND TRAINING IN AREAS SUCH AS CONFLICT TRANSFORMATION, THE ENVIRONMENT, WOMEN'S EMPOWERMENT, AND YOUTH LEADERSHIP. THE EXECUTIVE DIRECTOR, CHAIR OF THE URI GLOBAL COUNCIL AND URI'S PRESIDENT, WORKING ON BEHALF OF AN ELECTED 29 MEMBER GLOBAL COUNCIL OF TRUSTEES, LEAD THE URI NETWORK AND ARE SUPPORTED BY 16 GLOBAL SUPPORT STAFF. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: COLLECTIVE GLOBAL CAMPAIGNS, SUCH AS MOBILIZING CCS AROUND THE WORLD TO PARTICIPATE IN THE INTERNATIONAL DAY OF PEACE ON SEPTEMBER 21. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: RELATIONSHIP MANAGEMENT PLATFORM IN 2017. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: EDUCATION AND OUTREACH: TO STRENGTHEN THE EFFECTIVENESS OF CCS TO

06397001

ACCOMPLISH THEIR GOALS, EXCHANGES OF VARIOUS KINDS OF EXPERTISE TAKE

Name of the organization

**Employer identification number** 

UNITED RELIGIONS 68-0369482

PLACE AMONG CC MEMBERS. URI PROVIDES TRAINING TO HELP CCS EFFECTIVELY

TAKE PART IN A GLOBAL NETWORK OF SUPPORT AND PROVIDES CCS WITH IN-DEPTH

INTERVIEWS THAT DEEPEN UNDERSTANDING OF THEIR IMPACT AND POTENTIAL. URI

DESIGNS LOCAL, NATIONAL AND REGIONAL GATHERINGS FOR CCS TO MEET

FACE-TO-FACE TO SHARE RESOURCES, RECEIVE TRAINING, AND GIVE AND RECEIVE

THE IMPACT OF BELONGING TO THE URI NETWORK AS BOTH CONTRIBUTORS TO THE NETWORK AND RECEIVERS OF BENEFITS.

MUTUAL SUPPORT. URI COLLABORATES WITH MEMBER GROUPS WORLDWIDE TO ASSESS

URI'S WEBSITE INCLUDES AN INTERFAITH TEACHERS' CURRICULUM FOR ELEMENTARY AND MIDDLE SCHOOL STUDENTS, AS WELL AS AN EXTENSIVE RESOURCE SECTION. IN ADDITION TO EDUCATIONAL SUPPORT, CC MEMBERS, STAFF AND THE GLOBAL COUNCIL ENGAGE IN STRATEGIC NETWORKING, BOTH TO SHARE URI'S WORK AND TO PROMOTE NEW PARTNERSHIPS TO SUPPORT THE DEVELOPMENT OF THAT WORK. EXTENSIVE WORK IS UNDERWAY IN SEVERAL REGIONS TO INCREASE PARTNERSHIPS BETWEEN CCS, OTHER NGOS, GOVERNMENT AND CIVIC GROUPS TO STRENGTHEN NETWORK SUPPORT AND RESOURCE SHARING. URI ACTIVELY WORKS WITH SEVERAL UNITED NATIONS AGENCIES AND OTHER LIKE-MINED NON-PROFITS TO BUILD EFFECTIVE PARTNERSHIPS BETWEEN UN DEVELOPMENT GOALS AND THE WORK OF CCS THROUGHOUT THE WORLD. URI NOW HAS FORMAL MOUS (MEMORANDUMS OF UNDERSTANDING) WITH THE OFFICE OF GENOCIDE PREVENTION AT THE UNITED NATIONS, UNFPA (THE UNITED NATIONS POPULATION FUND), WEA (WOMEN'S EARTH ALLIANCE), LAUNCHING LEADERS, THE WORLD TOLERANCE SUMMIT, AND UNITY EARTH. URI HOSTED AN ACCELERATE PEACE CONFERENCE HELD ON JUNE 26 AND 27, 2019 AT THE HOOVER INSTITUTION ON THE STANFORD UNIVERSITY CAMPUS IN CALIFORNIA, USA. IT BROUGHT TOGETHER PEACEBUILDERS FROM AROUND THE WORLD TO DISCUSS CHALLENGES TO PEACE, BOTH IN THEIR LOCAL COMMUNITIES AND ON AN INTERNATIONAL LEVEL, AND ALSO TO DISCUSS ACTION-ORIENTED

Name of the organization **Employer identification number** UNITED RELIGIONS 68-0369482 SOLUTIONS TO BENEFIT ALL OF HUMANITY. A COMPLETE SET OF THE CONFERENCE VIDEOS ARE ON THE URI WEBSITE. REVENUE \$ 0. INCLUDING GRANTS OF \$ 0. EXPENSES \$ 612,060. FOCUSED RESOURCE SUPPORT: URI PROVIDES TARGETED RESOURCES TO SUPPORT THE GLOBAL CC NETWORK IN THE AREAS OF: CONFLICT RESOLUTION, INDIGENOUS RIGHTS, WOMEN'S EMPOWERMENT, ENVIRONMENTAL ISSUES AND YOUTH LEADERSHIP. CCS, AS WELL AS INDIVIDUALS AND ORGANIZATIONS WITH SPECIFIC EXPERTISE AND RESOURCES IN THESE AREAS, PROVIDE AN EFFECTIVE CHANNEL OF COMMUNICATION, CREATIVE RESOURCING AND EDUCATION TO STRENGTHEN CC CAPACITY. URI PLANS TO EXPAND FOCUSED TRAINING AND SUPPORT IN THE AREAS OF CONFLICT RESOLUTION, ENVIRONMENT, ETC. URI HAS A YOUTH LEADERSHIP PROGRAM (YLP) THAT ATTRACTS, EDUCATES, AND DEVELOPS CAPACITIES OF YOUTH AND YOUNG ADULTS AS A NEXT GENERATION OF COMPASSIONATE AND EFFECTIVE INTERFAITH LEADERS. YLP FACILITATES LEADERSHIP TRAINING FOR YOUTH AND YOUNG ADULTS, INCLUDING SKILL BUILDING IN COMMUNITY MAPPING, PROJECT DESIGN, MANAGEMENT AND EVALUATION WITH A FOCUS ON SERVICE LEARNING. YLP ALSO ORGANIZES A YEAR-LONG YOUTH AMBASSADORS PROGRAM THAT PROVIDES IN-DEPTH, EXPERIENTIAL LEADERSHIP OPPORTUNITIES CULMINATING IN A COLLABORATIVE SERVICE PROJECT. YLP SEEKS TO DEVELOP DIVERSE AND STRONG REGIONAL NETWORKS OF YOUNG LEADERS, OFFERING PLATFORMS FOR DIALOGUE, BEST PRACTICE SHARING AND INFORMATION EXCHANGE, AS WELL AS A WAY TO BUILD LOCALLY RELEVANT INTERFAITH PROGRAMMING THAT MEETS THE SPECIFIC NEEDS OF YOUTH IN EACH REGION. IN 2018, URI AND LAUNCHING LEADERS RAN YOUTH EMPOWERMENT AND ENTREPRENEURSHIP PROGRAMS IN EAST AFRICA. AND URI AND WEA (WOMEN'S EARTH ALLIANCE) TEAMED UP TO PILOT THE RIPPLE ACADEMY, A TRAINING

11341116 769114 0639700

Name of the organization UNITED RELIGIONS

Employer identification number 68-0369482

PROGRAM FOR GRASSROOTS WOMEN LEADERS IN ENVIRONMENTAL SUSTAINABILITY.

THE FIRST PILOT PROGRAM INVOLVED 40 PARTICIPANTS AND WAS HELD IN NORTH INDIA.

EXPENSES \$ 32,107. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

GROUPS CALLED "COOPERATION CIRCLES" ARE MEMBERS AND MUST BE APPROVED BY A

COMMITTEE OF THE BOARD. COOPERATION CIRCLES ARE THE ONLY CLASS OF MEMBERS

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

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

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

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

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

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

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

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

AVAILABLE TO ALL BOARD MEMBERS PRIOR TO FILING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY REQUIRES CONTEMPORANEOUS DISCLOSURE OF ANY
FINANCIAL TRANSACTIONS WHICH MAY GIVE RISE TO A CONFLICT. BOARD MEMBERS
AND OFFICERS ANNUALLY REVIEW THE POLICY AND SIGN AN AFFIDAVIT OF
INDEPENDENCE.

FORM 990, PART VI, SECTION B, LINE 15:

IN ORDER TO ENSURE EXECUTIVE COMPENSATION IS COMMENSURATE WITH SIMILAR

Name of the organization UNITED RELIGIONS	Employer identification number 68-0369482
ORGANIZATIONS, A BOARD SUBCOMMITTEE RETAINS AN INDEPENDEN	T CONSULTING FIRM
TO ADVISE REGARDING EXECUTIVE COMPENSATION IN ORGANIZATIO	ONS OF COMPARABLE
SIZE AND LOCATION. ADDITIONALLY, AVAILABLE SURVEY MATERI	ALS AND FORMS 990
ARE REVIEWED. THE FULL BOARD MUST APPROVE THE COMPENSATI	ON LEVEL OF THE
EXECUTIVE DIRECTOR.	
	_
FORM 990, PART VI, SECTION C, LINE 19:	
ANY DOCUMENTS, INCLUDING GOVERNING DOCUMENTS, THE CONFLIC	CT 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:	
EARNINGS FROM FOUNDATION	392,894.
TRANSFER OF ASSETS OF URI FOUNDATION	
TOTAL TO FORM 990, PART XI, LINE 9	84,719.
FORM 990, PART XII, LINE 2C	
THERE IS NO CHANGE IN THE PROCESS FROM THE PRIOR YEAR.	

#### SCHEDULE R (Form 990)

**Related Organizations and Unrelated Partnerships** 

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

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

2019

OMB No. 1545-0047

Open to Public Inspection

Name of the organization UNITED RELIGIONS							Employer identification number 68-0369482		
Part I Identification of Disregarded Entities. Comple	te if the organization answered "Yes	" on Form 990, Part IV, line 3	3.						
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	me End-of-yea		sets Direct control entity		)	
	_								
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	e or mo	ore related tax-exe	empt		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) (d)  Legal domicile (state or foreign country) Exempt Code section		(e) Public charity status (if section		(f) irect controlling entity	Section 512(b) controlled entity?		
				501(c)(3))			Yes	No	
THE UNITED RELIGIONS INITIATIVE FOUNDATION,  INC 20-8008593, P.O. BOX 29242, SAN  FRANCISCO, CA 94129	SUPPORT UNITED RELIGIONS INITIATIVE	CALIFORNIA	501(C)(3)	LINE 12A, I	SELF		x		

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.
organizations trouted as a partitioning the tax year.

(a)	(b)	(c)	(d)	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g)	(h) Disproportionate allocations?		(i)	(j		(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity			Share of end-of-year assets			amount in box	General or managing partner?		Percentage ownership	
		country)					Yes	No	K-1 (Form 1065)	Yes	No		
										Ш			
										$oxed{oxed}$			

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

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

Page 3

Yes No

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

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

1	During the tax year, did the organization engage in any of the following transactions with or	ne or more re	lated organizations listed	in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X			
b	Gift, grant, or capital contribution to related organization(s)				1b		X			
С	Gift, grant, or capital contribution from related organization(s)				1c	X	Х			
	d Loans or loan guarantees to or for related organization(s)									
е	Loans or loan guarantees by related organization(s)				1e		X			
f	Dividends from related organization(s)				1f		X			
g	Sale of assets to related organization(s)				<b>1</b> g		X			
h	Purchase of assets from related organization(s)				1h		Х			
i	Exchange of assets with related organization(s)				1i		X			
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X			
	Lease of facilities, equipment, or other assets from related organization(s)				1k		X			
	Performance of services or membership or fundraising solicitations for related organization				11		X			
	n Performance of services or membership or fundraising solicitations by related organization				1m		Х			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) $\dots$				1n		X			
0	Sharing of paid employees with related organization(s)				10		X			
	Reimbursement paid to related organization(s) for expenses				<b>1</b> p		X			
q	Reimbursement paid by related organization(s) for expenses				1q		X			
r	Other transfer of cash or property to related organization(s)				1r		X			
	Other transfer of cash or property from related organization(s)				1s	X				
2	If the answer to any of the above is "Yes," see the instructions for information on who must	st complete th	is line, including covered	relationships and transaction thresholds.						
	Name of related organization Trans	(b) nsaction pe (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount in	volved					
-	THE UNITED RELIGIONS INITIATIVE FOUNDATION,				,					
1)	INC.	C	2,168,792.	FMV						
-	THE UNITED RELIGIONS INITIATIVE FOUNDATION,									
2)	INC.	S	-308,175.	FMV						
3)										
4)							_			
5)										
6)										
3216	33 09-10-19	62		Schedule	R (Forr	n 990)	2019			

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partner 501 (coorgs	all s sec. c)(3) s.?	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	Dispi tio alloca	ropor- nate utions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr Yes	ral or Puging ner?	(k) Percentage ownership
	_			res	NO			res	NO	(	res	NO	
	_												
	_												
												-	
										Cabadula			

Statement of Specified Foreign Financial Assets

► Go to www.irs.gov/Form8938 for instructions and the latest information.

OMB No. 1545-2195

Internal Revenue Service

Attach to your tax return. Department of the Treasury Attachment For calendar year 2019 or tax year beginning Sequence No. 175 If you have attached continuation statements, check here **Number of continuation statements** Name(s) shown on return Taxpayer Identification Number (TIN) UNITED RELIGIONS 68-0369482 Type of filer Partnership **c** Corporation a Specified individual 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.) Part I Foreign Deposit and Custodial Accounts Summary Number of Deposit Accounts (reported in Part V) Maximum Value of All Deposit Accounts Number of Custodial Accounts (reported in Part V) 3 Maximum Value of All Custodial Accounts X No Were any foreign deposit or custodial accounts closed during the tax year? Yes Part II Other Foreign Assets Summary Number of Foreign Assets (reported in Part VI) Maximum Value of All Assets (reported in Part VI) X No Were any foreign assets acquired or sold during the tax year? 」Yes Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions) (c) Amount reported on form or schedule (e) Schedule and line (d) Form and line (a) Asset Category (b) Tax item 1 Foreign Deposit and 1a Interest **Custodial Accounts** 1b Dividends \$ \$ 1c Royalties 1d Other income \$ 1e Gains (losses) \$ 1f Deductions \$ 1g Credits \$ \$ 2 Other Foreign Assets 2a Interest 2b Dividends \$ 2c Royalties \$ 2d Other income \$ 2e Gains (losses) \$ 2f Deductions \$ \$ 2g Credits Part IV Excepted Specified Foreign Financial Assets (see instructions) If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year. 1. Number of Forms 3520 2. Number of Forms 3520-A 3. Number of Forms 5471 5. Number of Forms 8865 4. Number of Forms 8621 Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary If you have more than one account to report in Part V, attach a continuation statement for each additional account (see instructions). Type of account X Deposit \_\_\_ Custodial 2 Account number or other designation 0005531100201001 Check all that apply Account opened during tax year Account closed during tax year Account jointly owned with spouse No tax item reported in Part III with respect to this asset 18,422.Maximum value of account during tax year ..... Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? 5 If you answered "Yes" to line 5, complete all that apply. (a) Foreign currency in which account (b) Foreign currency exchange rate used to (c) Source of exchange rate used if not from U.S. convert to U.S. dollars Treasury Department's Bureau of the Fiscal Service

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is maintained

JORDAN, DINAR

Form 8938 (2019) Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions) (continued) 7a Name of financial institution in which account is maintained **b** Global Intermediary Identification Number (GIIN) (Optional) HOUSING BANK TRADE & FINANCE Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. P.O. BOX 7693 City or town, state or province, and country (including postal code) 11118 AMMAN JORDAN Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions) If you have more than one asset to report in Part VI, attach a continuation statement for each additional asset (see instructions). Description of asset 2 Identifying number or other designation Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates. a Date asset acquired during tax year, if applicable **b** Date asset disposed of during tax year, if applicable **c** Check if asset jointly owned with spouse d Check if no tax item reported in Part III with respect to this asset 4 Maximum value of asset during tax year (check box that applies) a \$0 - \$50.000 c \$100.001 - \$150.000 d \$150.001 - \$200.000 **b** \$50,001 - \$100,000 e If more than \$200,000, list value ..... 5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? Nο 6 If you answered "Yes" to line 5, complete all that apply. (a) Foreign currency in which asset is (b) Foreign currency exchange rate used to (c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service denominated convert to U.S. dollars If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. a Name of foreign entity b GIIN (Optional) (1) Partnership **c** Type of foreign entity Corporation d Mailing address of foreign entity. Number, street, and room or suite no. e City or town, state or province, and country (including postal code) 8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. Note: If this asset has more than one issuer or counterparty, attach a continuation statement with the same information for each additional issuer or counterparty (see instructions). a Name of issuer or counterparty Check if information is for Issuer Counterparty **b** Type of issuer or counterparty (1) Individual □ Partnership Corporation Estate U.S. person c Check if issuer or counterparty is a Foreign person

Form 8938 (2019)

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

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

### **2019 TAX RETURN FILING INSTRUCTIONS**

CALIFORNIA FORM 199

### FOR THE YEAR ENDING

December 31, 2019

Prepared for	United Religions P.O. Box 29242 San Francisco, CA 94129-0242
Prepared by	RINA ACCOUNTANCY LLP 150 POST STREET, STE 200 SAN FRANCISCO, CA 94108
To be signed and dated by	Not Applicable
Amount of tax	Total tax \$ 10.00  Less: payments and credits \$ 0.00  Plus: other amount \$ 0.00  Plus: interest and penalties \$ 0.00  Balance due \$ 10.00
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	Franchise Tax Board
Mail tax return and check (if applicable) to	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the FTB, please sign, date and return Form 8453-EO to our office. We will then submit the electronic return to the FTB. Do not mail the paper copy of the return to the FTB.
Return must be mailed on or before	Not Applicable
Special Instructions	Your payment should be made as instructed below on or before November 16, 2020.  Separately mail California Form FTB 3586 with a check or money order for \$10.00, payable to Franchise Tax Board.
	Mail to: Franchise Tax Board PO BOX 942857 Sacramento CA 94257-0531

TAXABLE YEAR 2019

## California Exempt Organization Annual Information Return

928941 12-04-19 FORM

199

Ca	lendar Year	ar Year 2019 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy) .							
С	orporation/Or	ganization name		Cali	fornia corp	oration numb	per		
U.	NITED	RELIGIONS			1947	803			
A	dditional infor	mation. See instructions.		FE	IN				
					68-0	36948	32		
		(suite or room)			PMB no.				
<u>P</u>	.O. B	OX 29242							
	ity			State	ZIP code				
<u>S</u> .	AN FR	ANCISCO		CA		9-024	12		
F	oreign country	/ name Foreign province/state	e/county		Foreign p	ostal code			
A	First Retu		J If exempt under R&TC			-		7	
В	Amended	Return • Yes X No	engaged in political acti						
C			•					_l No	
D		rmation Return?	If "Yes," enter the gross	-			ces \$		
			L If organization is a publ				al.		
Ε		(mm/dd/yyyy) •  counting method: (1) Cash (2) X Accrual (3) Other	Section 23701d and me box. No filing fee is req		_				
F		eturn filed? (1) • 990T(2) • 990PF (3) • Sch H (990)	M Is the organization a Lir					ا ا	
Г			N Did the organization file				• 165	_ NO	
G		proup filing? See instructions • Yes X No	report taxable income?				• Yes X	¬ Nο	
Н	Is this or		<b>0</b> Is the organization under				103	_ 140	
•		what is the parent's name?	IRS audited in a prior ye	,			• Yes X	No	
		·	P Is federal Form 1023/10				···· — —		
ı	Did the or	rganization have any changes to its guidelines	Date filed with IRS						
		ted to the FTB? See instructions							
F	Part I	omplete Part I unless not required to file this form. See General Info	ormation B and C.						
		1 Gross sales or receipts from other sources. From Side 2, Part II,	I, line 8		•	1	381,46	1 00	
		2 Gross dues and assessments from members and affiliates			•	2		00	
	Receipts	<ul> <li>Gross contributions, gifts, grants, and similar amounts received</li> <li>Total gross receipts for filing requirement test. Add line 1 through line 3.</li> <li>This line must be completed. If the result is less than \$50,000, see General</li> </ul>	j	STMT	1•	3	3,336,54		
	and	This line must be completed. If the result is less than \$50,000, see General	I Information B	STMT	.2●	4	3,718,00	4 00	
F	Revenues	<ul><li>Cost of goods sold</li><li>Cost or other basis, and sales expenses of assets sold</li></ul>	• 5	444 2	00				
							111 20		
		7 Total costs. Add line 5 and line 6				7	114,37		
		8 Total gross income. Subtract line 7 from line 4				8	3,603,63 3,659,97	4 00	
ı	Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	line O franciline O		•••••	9	-56,34	9 00 5 00	
		10 Excess of receipts over expenses and disbursements. Subtract			10	-30,34	-		
		<ul><li>11 Total payments</li><li>12 Use tax. See General Information K</li></ul>			······ 🚡	11		00	
		13 Payments balance. If line 11 is more than line 12, subtract line 1				13		00	
	iling Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11				14		00	
	iiiig i cc	15 Filing fee \$10 or \$25. See General Information F				15	1	0 00	
						16		00	
		17 Balance due. Add line 12, line 15, and line 16. Then subtract lin	ne 11 from the result		<ul><li>•</li></ul>	17	1	0 00	
<u>~</u>		Under penalties of perjury, I declare that I have examined this return, including act it is true, correct, and complete. Declaration of preparer (other than taxpayer) is ba	companying schedules and state ased on all information of which it	ements, and to preparer has a	the best only knowled	f my knowle ge.	dge and belief,		
Si <sub>0</sub>			Title	I Date	,		Telephone		
•	.10	Signature of officer	EXECUTIVE DI	RE		( 4	115) 561-2	300	
			Date	Check	if	•	PTIN		
		Preparer's ► EDWARD M. FAHEY	11/16/2	self-en	nployed		00194561		
Pa	id	Firm's name					Firm's FEIN		
Pr	eparer's	(or yours, if self-					1-1980623		
Us	e Only	employed) 150 POST STREET, STE 200					Telephone		
		SAN FRANCISCO, CA 94108					115)777-44	88	
		May the FTB discuss this return with the preparer shown above? See	instructions		• X	」Yes	No		

### UNITED RELIGIONS

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

928951 12-04-19

							_		
		1	Gross sales or receipts from all	business activities. See instruc	ctions	•	1		205,362 <sub>00</sub>
		2	Interest			•	2		$1,494_{00}$
		3	Dividends				3		26,716 <sub>00</sub>
Rece	ipts	4	0			_	4		27,653 <sub>00</sub>
from		5	Gross royalties			•	5		00
Other		6	Gross amount received from sal	e of assets (See Instructions)	STA	TEMENT 3 •	6		112,574 00
Sour	ces	7	Other income		SEE STA	TEMENT 4 •	7		7,662 <sub>00</sub>
		8	Total gross sales or receipts fro		-		8		381,461 00
		9	Contributions, gifts, grants, and	similar amounts paid		•	9		699,044 <sub>00</sub>
		10	Disbursements to or for membe	rs		•	10		00
		11	Compensation of officers, direct	ors, and trustees	SEE STA	TEMENT 5 •	11		253,088 00
		12	•				12		$1,102,204_{00}$
Expe	nses	13	Interest				13		00
and			Taxes				14		84,875 00
Disbu	ırse-	15	Rents			•	15		190,801 00
ment	s	16	Depreciation and depletion (See	instructions)		•	16		99,691 00
		17	Other Expenses and Disburseme	ents	SEE STA	TEMENT 6 •	17		1,230,276 00
			Total expenses and disburseme				18		$3,659,979_{00}$
	edu	le L	Balance Sheet	Beginning of			d of tax	able	
Asset				(a)	(b)	(c)			(d)
					933,880			•	939,571
			s receivable					•	
			ceivable					•	
								•	
			state government obligations					•	
			in other bonds		1 101			•	1 270
			in stock STMT 7		4,481			•	4,378
8 1	viortga	ge Ioa	ans Commo O		194,053			•	19,146
9 (	otner II	ivesti	ments STMT 8	170,271	134,033	170,2	71	•	19,140
10 8	L Depr	eciab	le assets mulated depreciation	( 153,310	16,961				639
				( 133,310	10,901	109,0	<u> </u>		033
11 L	.allu Sthar a		STMT 9		15,940,268			•	16,605,213
12 (	Julei a Fatal a	sseis	SIMI		17,089,643				17,568,947
			et worth		17,000,040				17,300,347
			yable		110,807			•	164,654
			s, gifts, or grants payable		110,007			•	101,031
			ada a manadala					•	
								•	
18 (	nortga Ither li	gos p ahiliti	ayable es <b>STMT</b> 10		5,000				401,911
			or principal fund					•	
			tal surplus. Attach reconciliation					•	
			nings or income fund		16,973,836			•	17,002,382
			ties and net worth		17,089,643				17,568,947
			I-1 Reconciliation of income	per books with income per redule if the amount on Schedul	eturn				
1 ^	let inc	ome r	per books						
				_	not included in th		12	•	393,066
			me tax pital losses over capital gains			s return not charged	<del></del>		333,000
			recorded on books this year			ome this year		•	
			corded on books this year not		9 Total. Add line 7			Ť	393,066
	-		this return STMT	11 • 308,	175 10 Net income per r				222,000
			ne 1 through line 5	226	721 Subtract line 9 fr				-56,345

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
MR. AND MRS. BRADLEY FREITAG	255 UPLANDS DR. HILLSBOROUGH, CA 94010		20,000.
THE HON. AND MRS. GEORGE P. SHULTZ	HOOVER INSTITUTION, 434 GALVEZ MALL, ROOM 239 STANFORD, CA 94305-6010		10,000.
COMMUNITY FOUNDATION OF GREATER MEMPHIS	1900 UNION AVENUE MEMPHIS, TN 38104		125,000.
THE HON. JAMES C. HORMEL	101 MISSION STREET, SUITE 1750 SAN FRANCISCO, CA 94105-1727		12,000.
MR. AND MRS. PATRICK W. GROSS	7401 GLENBROOK ROAD BETHESDA, MD 20814-1327		5,000.
S. D. BECHTEL, JR. FOUNDATION	P. O. BOX 193809 SAN FRANCISCO, CA 94119-3809		100,000.
JOHN AND MARCIA GOLDMAN PHILANTHROPIC FUND	101 SECOND STREET, STE 1625 SAN FRANCISCO, CA 94105		5,000.
MR. AND MRS. RUPERT H. JOHNSON	37 NEW PLACE ROAD HILLSBOROUGH, CA 94010		105,000.
MR. AND MRS. J. ROBERT COLEMAN, JR.	THE J. ROBERT COLEMAN, JR. AND DIANE SANDERS COLEMAN FAMILY TRUST, 220 BOOKW		50,000.
MS. GWINNETH BEREXA AND MR. STEVEN BEREXA			15,000.
MR. AND MRS. PAUL JOHN TAGLIABUE	5630 WISCONSIN AVENUE, APT. 503 CHEVY CHASE, MD 20815		5,000.
MRS. DIANE WILSEY	2590 JACKSON STREET SAN FRANCISCO, CA 94115		5,000.
MRS. ROSELYNE C. SWIG	3710 WASHINGTON STREET SAN FRANCISCO, CA 94118		10,000.
MR. AND MRS. JAMES DAVIDSON	1832 FLORIBUNDA AVENUE HILLSBOROUGH, CA 94010		310,000.
MR. FRANK GARD JAMESON	P.O. BOX 60250 BOULDER CITY, NV 89006-0250		10,000.

UNITED RELIGIONS		68-0369482
NICHOLAS J. WEISER FOUNDATION FOR CHILDREN	23 SPRING ROAD KENTFIELD, CA 94904	6,000.
THE STEPHEN AND MARGARET GILL FAMILY FOUNDATION	32 FLOOD CIRCLE ATHERTON, CA 94027	20,000.
ANONYMOUS (COMM FDN OF SONOMA COUNTY)	P.O. BOX 29242 SAN FRANCISCO, CA 94129	5,000.
MARY CRANSTON	P.O. BOX 29242 SAN FRANCISCO, CA 94129	12,000.
TULLY FRIEDMAN	P.O. BOX 29242 SAN FRANCISCO, CA 94129	25,000.
ADEL M HAYUTIN	P.O. BOX 29242 SAN FRANCISCO, CA 94129	5,000.
JOHN HENNESSY	P.O. BOX 29242 SAN FRANCISCO, CA 94129	5,000.
ROBERT JAUNICH	P.O. BOX 29242 SAN FRANCISCO, CA 94129	5,000.
MAJA KRISTIN	P.O. BOX 29242 SAN FRANCISCO, CA 94129	5,000.
CONNIE LURIE	P.O. BOX 29242 SAN FRANCISCO, CA 94129	50,000.
SANDY OTELLINI	P.O. BOX 29242 SAN FRANCISCO, CA 94129	25,000.
ROBERT PECK	P.O. BOX 29242 SAN FRANCISCO, CA 94129	5,000.
TONI R ROCK	P.O. BOX 29242 SAN FRANCISCO, CA 94129	25,000.
SUZANNE SISKEL	P.O. BOX 29242 SAN FRANCISCO, CA 94129	5,000.
MARY SWIG	P.O. BOX 29242 SAN FRANCISCO, CA 94129	5,000.
TAUBE FAMILY FOUNDATION	P.O. BOX 29242 SAN FRANCISCO, CA 94129	5,000.
	P.O. BOX 29242 SAN FRANCISCO, CA 94129	20,000.
JOHN WEISER (DONOR)	P.O. BOX 29242 SAN FRANCISCO, CA 94129	10,000.

UNITED RELIGIONS		68-0369482
MICHAEL WILSEY	P.O. BOX 29242 SAN FRANCISCO, CA 94129	10,000.
EDWARDS FOUNDATION	P.O. BOX 29242 SAN FRANCISCO, CA 94129	5,000.
ENSEMBLE CAPITAL MGMT	P.O. BOX 29242 SAN FRANCISCO, CA 94129	10,000.
JOHN AND MARCIA GOLDMAN	P.O. BOX 29242 SAN FRANCISCO, CA 94129	5,000.
JOHN GOLDMAN FOUNDATION	P.O. BOX 29242 SAN FRANCISCO, CA 94129	5,000.
SEPIO CAPITAL (DONOR)	P.O. BOX 29242 SAN FRANCISCO, CA 94129	5,000.
TOTAL INCLUDED ON LINE 3		1,065,000.

CA 199 INC	STATEMENT 2		
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
MR. WILLIAM P. FULLER AND MS. JENNIFER BECKETT	2076 VALLEJO S	STREET SAN FRANCI	SCO, CA 94123
PROPERTY DESCRIPTION	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT
COMMON STOCK	11/27/19	6,976.	6,976.
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
JULIA DAVIDSON	P.O. BOX 29242	SAN FRANCISCO,	CA 94129
PROPERTY DESCRIPTION	DATE OF GIFT	TOTAL AMOUNT	FMV OF GIFT
COMMON STOCK	10/18/19	100,201.	100,201.
TOTAL INCLUDED ON LINE 3			107,177.

CA 199	GROSS AM	OUNT FROM	SALE	OF ASS	SETS	 S'	TATEMENT	3
DESCRIPTION			DAT ACQUI		DAT SOL		THOD UIRED	
						PUR	CHASED	
		COST O		DEPREC	c.	PENSE SALE	GROSS SALES PR	ICE
		114,3	70.		0.	0.	112,5	74.
TOTAL TO FORM 199,	PAGE 2, LN 6	114,3	70.		0.	 0.	112,5	74.
CA 199		OTHER I	NCOME			 S'	TATEMENT	4
DESCRIPTION							AMOUNT	
MISCELLANEOUS INCOM	ΙE						7,60	62.
TOTAL TO FORM 199,	PART II, LINE	2 7					7,60	62.

CA 199 COMPI	ENSATION OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 5
NAME AND ADDRESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
REV. WILLIAM E. SV P.O. BOX 29242 SAN FRANCISCO, CA		PRESIDENT 39.00	138,227.
REV. VICTOR H. KAZ P.O. BOX 29242 SAN FRANCISCO, CA	ZANJIAN, JR. 94129-0242	EXECUTIVE DIRECTOR 39.00	114,861.
KIRAN BALI P.O. BOX 29242 SAN FRANCISCO, CA		CHAIRPERSON 10.00	0.
BECKY BURAD P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	TREASURER 3.00	0.
RAVINDRA KANDAGE P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	ASSISTANT TREASURER 3.00	0.
AUDRI SCOTT WILLIA P.O. BOX 29242 SAN FRANCISCO, CA		SECRETARY 3.00	0.
SUCHITH ABEYEWICKI P.O. BOX 29242 SAN FRANCISCO, CA		TRUSTEE 3.00	0.
AHMED OSAMA ABU-DO P.O. BOX 29242 SAN FRANCISCO, CA		TRUSTEE 3.00	0.
SALETTE AQUINO P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	TRUSTEE 3.00	0.
JOAN BROWN CAMPBEL P.O. BOX 29242 SAN FRANCISCO, CA		TRUSTEE 3.00	0.
POTRE DIRAMPTAN-DI P.O. BOX 29242 SAN FRANCISCO, CA		TRUSTEE 3.00	0.

UNITED RELIGIONS		68	8-0369482
NAOUFAL EL HAMMOUMI P.O. BOX 29242 SAN FRANCISCO, CA 94129-024	TRUSTEE 2	3.00	0.
DANIEL EROR P.O. BOX 29242 SAN FRANCISCO, CA 94129-024	TRUSTEE	3.00	0.
FRED FIELDING P.O. BOX 29242 SAN FRANCISCO, CA 94129-024	TRUSTEE	3.00	0.
DONALD FREW P.O. BOX 29242 SAN FRANCISCO, CA 94129-024	TRUSTEE	3.00	0.
PETAR GRAMATIKOV P.O. BOX 29242 SAN FRANCISCO, CA 94129-024	TRUSTEE 2	3.00	0.
MARIANNE HORLING P.O. BOX 29242 SAN FRANCISCO, CA 94129-024	TRUSTEE	3.00	0.
KALYAN KUMAR KISKU P.O. BOX 29242 SAN FRANCISCO, CA 94129-024	TRUSTEE 2	3.00	0.
CHIEF PHILIP LANE P.O. BOX 29242 SAN FRANCISCO, CA 94129-024	TRUSTEE 2	3.00	0.
JOHNNY MARTIN P.O. BOX 29242 SAN FRANCISCO, CA 94129-024	TRUSTEE 2	3.00	0.
PETER MOUSAFERIADIS P.O. BOX 29242 SAN FRANCISCO, CA 94129-024	TRUSTEE 2	3.00	0.
WAMBUI NGIGE P.O. BOX 29242 SAN FRANCISCO, CA 94129-024	TRUSTEE 2	3.00	0.
JOHN NG'OMA P.O. BOX 29242 SAN FRANCISCO, CA 94129-024	TRUSTEE 2	3.00	0.
MACLEORD BAKER OCHOLA II P.O. BOX 29242 SAN FRANCISCO, CA 94129-024	TRUSTEE 2	3.00	0.

UNITED RELIGIONS				68-0369482
SOFIA PAINIQUEO P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	TRUSTEE	3.00	0.
DAVID LIMO PAJAR P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	TRUSTEE	3.00	0.
C.N.N. RAJU P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	TRUSTEE	3.00	0.
ELANA ROZENMAN P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	TRUSTEE	3.00	0.
SWAMINI ADITYANANDA P.O. BOX 29242 SAN FRANCISCO, CA		TRUSTEE	3.00	0.
SOK SIDON P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	TRUSTEE	3.00	0.
VALERIA VERGANI P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	TRUSTEE	3.00	0.
STEPHEN L VILLAESTE P.O. BOX 29242 SAN FRANCISCO, CA		TRUSTEE	3.00	0.
AMEENAH EZZAT YAQOO P.O. BOX 29242 SAN FRANCISCO, CA		TRUSTEE	3.00	0.
ELISHA BUBA YERO P.O. BOX 29242 SAN FRANCISCO, CA	94129-0242	TRUSTEE	3.00	0.
TOTAL TO FORM 199,	PART II, LINE 11		_	253,088.

CA 199 OTHER EXPENS	SES	STATEMENT 6
DESCRIPTION		AMOUNT
MISCELLANEOUS		76,776.
PRINTING & COPYING		21,571.
WORKSHOPS, TRAINING		18,198.
BANK FEES		14,818.
DIRECT EXPENSES OF FUNDRAISING EVENTS		100,866.
OTHER EMPLOYEE BENEFITS		277,551.
LEGAL FEES		5,111.
ACCOUNTING FEES		28,000.
OTHER PROFESSIONAL FEES		157,556.
OFFICE EXPENSES TRAVEL		47,887. 52,336.
CONFERENCES AND CONVENTIONS		411,362.
INSURANCE		18,244.
TOTAL TO FORM 199, PART II, LINE 17		1,230,276.
CA 199 INVESTMENTS IN	STOCK	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
MUTUAL FUNDS	4,481.	4,378.
TOTAL TO FORM 199, SCHEDULE L, LINE 7	4,481.	4,378.
CA 199 OTHER INVESTM	MENTS	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
ASSETS HELD BY URI FOUNDATION	194,053.	19,146.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	194,053.	19,146.

CA 199 OTHER ASSETS		STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	320,371.	560,196.
PREPAID EXPENSES AND DEFERRED CHARGES	51,845.	47,824.
INTANGIBLE ASSETS	120,865.	167,066.
DEPOSITS	17,094.	17,094.
OTHER RECEIVABLES	11,528.	1,574.
INTEREST IN NET ASSETS OF URI FOUNDATION	15,418,565.	15,811,459.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	15,940,268.	16,605,213.
CA 199 OTHER LIABILITIES		STATEMENT 10
CA 199 OHER BIABIBITES		—————————
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUE TO FOUNDATION	0.	400,000.
DEFERRED REVENUE	5,000.	1,911.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	5,000.	401,911.
CA 199 EXPENSES RECORDED ON BOOKS NOT DEDUCTED IN THIS F	THIS YEAR RETURN	STATEMENT 11
DESCRIPTION		TRUOMA
TRANSFER TO URI FOUNDATION		308,175.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 5		308,175.
CA 199 INCOME RECORDED ON BOOKS TO NOT INCLUDED IN THIS F		STATEMENT 12
DESCRIPTION		AMOUNT
UNREALIZED GAIN ON INVESTMENTS		172.
EARNINGS OF URI FOUNDATION		392,894.
TOTAL TO FORM 199, SCHEDULE M-1, LINE 7		393,066.
TOTAL TO FORM 199, SCHEDULE M-I, LINE /		

CA 199	FUND	BALANCES			STATE	MENT	13
DESCRIPTION			BEG.	OF YEAR	END	OF YE	AR
NET ASSETS WITHOUT DONOR RESTRICT:			•	411,798. 562,038.	•	497,2 505,1	
TOTAL TO FORM 199, SCHEDULE L, LI	NE 21		16,	973,836.	17,	002,3	82.

### Voucher at bottom of page.

### DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number, FEIN, CA SOS file number and "2019 FTB 3586" on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to:

FRANCHISE TAX BOARD PO BOX 942857 **SACRAMENTO CA 94257-0531** 

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE: Corporations - File and Pay by the 15th day of the 4th month

following the close of the taxable year.

S corporations - File and Pay by the 15th day of the 3rd month following the close of the taxable year.

Exempt organizations - File and Pay by the 15th day of the

5th month following the close of the taxable year.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES: Corporations can make payments online using Web Pay for Businesses. Corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov/pay

for more information.

939035 11-12-19

\_ DETACH HERE \_ \_ \_ \_ \_ \_ IF NO PAYMENT IS DUE, DO NOT MAIL THIS VOUCHER \_ \_ \_ \_ \_ DETACH HERE \_ \_ \_

**CAUTION:** You may be required to pay electronically, see instructions.

TAXABLE YEAR Payment Voucher for Corporations and Exempt Organizations e-filed Returns 2019

CALIFORNIA FORM

3586 (e-file)

000000 68-0369482 00000000000 19 FORM 3 UNIT

01-01-2019 12-31-2019 TYB TYE

UNITED RELIGIONS

PO BOX 29242 SAN FRANCISCO

CA 94129-0242

(415) 561-2300

Amount of Payment

10.

Date Accepted

TAXABLE YEAR California o-filo l

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

FORM **8453-EO** 

	• •		
Exempt Organization n	lme		Identifying number
UNITED RE	LIGIONS		68-0369482
Part I Electro	nic Return Information (whole dollars only)		
1 Total gross	eceipts (Form 199, line 4)		1 3,718,004
			2 3,603,634
3 Total expens	ses and disbursements (Form 199, line 9)		3,659,979
Part II Settle	Your Account Electronically for Taxable Year 2019		
4 Electro	nic funds withdrawal 4a Amount	4b Withdrawal date (mm/dd/	уууу)
Part III Bankin	g Information (Have you verified the exempt organiza	ation's banking information?)	
5 Routing num	per		
6 Account num	ber	7 Type of account: Checkin	g Savings
Part IV Declar	ation of Officer		
I authorize the exen on line 4a.	pt organization's account to be settled as designated in Part	II. If I check Part II, Box 4, I authorize an electronic f	unds withdrawal for the amount listed
transmitter, or inter California electronic a balance due return organization will rer statements be trans	erjury, I declare that I am an officer of the above exempt organediate service provider and the amounts in Part I above agreturn. To the best of my knowledge and belief, the exempt on, I understand that if the Franchise Tax Board (FTB) does no nain liable for the fee liability and all applicable interest and permitted to the FTB by the ERO, transmitter, or intermediate see the FTB to disclose to the ERO or intermediate service pr	ree with the amounts on the corresponding lines of the organization's return is true, correct, and complete. It it receive full and timely payment of the exempt organenalties. I authorize the exempt organization return are rivice provider. If the processing of the exempt orga	ne exempt organization's 2019 ' f the exempt organization is filing nization's fee liability, the exempt and accompanying schedules and

Sign Here

O: t f	D -	
•		

EXECUTIVE DIRECTOR

I Check if

I Check

I FRO's PTIN

### Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2019 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

I Date

ERO Must	Firm's name (or yours if self-employed)	RINA ACCOUNTANCY LLP	pi	'   37	if self- employed	P00194561 Firm's FEIN 84-1980623		
Sign	and address	150 POST STREET, STE 20 SAN FRANCISCO, CA	ZIP code <b>94108</b>					
	Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.							
Paid Prepai	Paid preparer's signature		Date	Check if self- employed	d	Paid preparer's PTIN		
Must Firm's name (or yours if self-employed) and address						Firm's FEIN		
						ZIP code		

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2019

### **TAX RETURN FILING INSTRUCTIONS**

CALIFORNIA FORM RRF-1

### FOR THE YEAR ENDING

December 31, 2019

Prepared for	United Religions
	P.O. Box 29242 San Francisco, CA 94129-0242
Prepared by	RINA ACCOUNTANCY LLP
	150 POST STREET, STE 200 SAN FRANCISCO, CA 94108
Amount due or refund	Balance due of \$150.00
Make check payable to	Department of Justice
Mail tax return and check (if applicable) to	Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470
	Buolamonoo, on 91203 1170
Return must be mailed on or before	Please mail as soon as possible.
Special Instructions	The report should be signed and dated by the authorized individual(s).
	A copy of the federal return is also provided. In conjunction with Form RRF-1 this comprises the Annual Report to be filed with the California Attorney General's Registry of Charitable Trusts.

DEPARTMENT OF JUSTICE PAGE 1 of 5

ANNUAL REGISTRATION RENEWAL FEE REPORT (For Registry Use Only)

STATE OF CALIFORNIA RRF-1 (Rev. 09/2017) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470

STREET ADDRESS: 1300 I Street Sacramento, CA 95814 (916)210-6400

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

TO ATTORNEY GENERAL OF CALIFORNIA Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311 and 312

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

PAGE

Check if:						
UNITED RELIGIONS  Name of Organization  Change of address  Amended report						
UNITED RELIGIONS INITIATIVE List all DBAs and names the organization uses or has used						
P.O. BOX 29242  Address (Number and Street)  State Charity Registration Number CT 9986	57					
SAN FRANCISCO, CA 94129-0242 City or Town, State, and ZIP Code  Corporation or Organization No. 1947803	3	_				
415-561-2300 Telephone Number  PBANKS@URI.ORG E-mail Address  Federal Employer ID No. 68-0369482	2	_				
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)  Make Check Payable to Department of Justice						
Gross Annual Revenue Fee Gross Annual Revenue Fee Gross Annual Revenue	Fee					
Less than \$25,000 0 Between \$100,001 and \$250,000 \$50 Between \$10,000,001 and \$10 million \$75 Between \$10,000,001 and \$50 million \$75 Greater than \$50 million		;				
PART A - ACTIVITIES						
For your most recent full accounting period (beginning $01/01/2019$ ending $12/31/2019$ ) list:						
Gross Annual Revenue \$ 3,502,768 Noncash Contributions \$ 113,186 Total Assets \$ 17	7,568,94	7				
Gross Annual Revenue \$\\\ 3,502,768\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	3					
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT						
Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate pag providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information requ	iua al	No				
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		х				
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		х				
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		х				
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		х				
5. During this reporting period, did the organization receive any governmental funding?		х				
6. During this reporting period, did the organization hold a raffle for charitable purposes?		х				
7. Does the organization conduct a vehicle donation program?		х				
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	х					
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net as	ssets?	х				
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of and belief, the content is true, correct and complete, and I am authorized to sign.	my knowledge	•				
REV. VICTOR H. KAZANJIAN,						
JR. EXECUTIVE DIRECTOR Signature of Authorized Agent Printed Name Title	Date					

## FINANCIAL CRIMES ENFORCEMENT NETWORK

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

FinCEN Form 114

UNITEDR20190001

Filing Nam	e UNITED RELIGIONS
Submission Typ	e <u>NEW</u>
	PIN NOT REQUIRED
report. The E-file system w	ort is submitted by an authorized third party, and complete the 3rd party preparer section on page one of the ill auto complete item 46. ceived by the Department of the Treasury on or before April 17, 2020. An automatic extension to October 15, 2020
This report filed late for the fo	ollowing reason (Check only one): e
b. Did not kno	w that I had to file
c. Thought ac	count balance was below reporting threshold
d. Did not kno	w that my account qualified as foreign
e. Account sta	atement not received in time
f. Account sta	atement lost (Replacement requested)
g. Late receivi	ng missing required account information
h. Unable to o	btain joint spouse signature in time
i. Unable to a	ccess BSA E-filing system
z. Other (pleas	se provide explanation below)

### FinCEN Form 114

# REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

1 This report is for calendar year ended 12/31

2019

										Amended			
Part I F	iler information		UNI	redr	2019	0001	1						
2 Type of file	r												
a Indivi	dual b Partnershi	p c X Corp	oration (	d 🔲	Consoli	dated e	Fidu	uciary or o	other - Ente	er type			
3 U.S. Taxpay	yer Identification Number	3a TIN type	4 Forei	gn idei	ntificatio	n ( <u>Comp</u> l	lete only if it	em 3 is no	t applicable)	) 5 Individual's	date of birth		
6803694	182	SSN/ITIN	│ N a Type	. 🖂	Passpo	rt $\square$	Foreign TI	и П с	Other	MM/D	D/YYYY		
If filer has no	o U.S. Identification	X EIN	1 .,,,,,		. 4.00/00								
	complete item 4		b Num	ber		c Cour	ntry of Issu	ıe					
	or organization name					7Fi	rst name			8 Middle initi	al 8a Suffix		
ONTLED	RELIGIONS												
9 Mailing add	Iress (number, street, and	ant or suite n	no )										
5 Mailing add	iress (number, street, and	apt. or suite in	10.)										
P.O. BC	X 29242												
10 City			11 State	12 ZI	P/Postal	Code	13 Count	try					
SAN FRA	MCTCCO		CA	011	.2902	12	USA						
	ne filer have a financial inte	prost in 25 or n				44	USA						
Yes	Enter number of acco					te Part I	l or Part III	. but mair	ntain recor	ds of the information	on.		
No X								,					
b) Does th	ne filer have signature autl	•											
Yes L	☐ Enter number of acco	unts		Comp.	Part IV, it	ems 34 th	rough 43 f	or each pei	rson on who	ose behalf the filer has	sign. authority.		
No X	<u>s                                    </u>	cial accou	nt(s) ow	ned s	senara	telv							
	alue of account during ca		<u> </u>				t a B	ank b	Securiti	ies c Other - F	Inter type below		
TO Maximan v	and or account during co	norraar your	unknow		1,000.	accoun	. u 5	u 5_					
17 Name of fin	ancial institution in which	account is he	ld										
10. A		- 40 Mailia			44			- <b>f f</b> : 1	-1 : 4:44:	on the conductable and a consequence	de le el el		
18 Account nu	ımber or other designatior	n  19 Mailing	g address (	numbe	er, street	, apt. or	suite no.)	of financia	ai institutio	n in which account	is neid		
20 City		21 State,	if known	2	2 Foreio	ın posta	l code, if k	nown 23	Country				
		,			,	' '	,		,				
Signature	44a Check here X	if this report	is complet	ed by a	a third pa	arty prep	parer and o	complete	the third p	arty preparer section	on.		
	ure 45 File will be electronically ded when filed	r title, if not rep	oorting a p	ersona	l accour	nt				46 Date (MM/DD/) This date will aut FBAR is electron	o-fill when the		
	47 Preparer's last name					50 Che	eck if	51 TIN		51a TIN type	X PTIN		
Third Party	FAHEY	EDWARI			M	self	-employed	<b>—</b>		SSN/ITIN	Foreign		
Preparer	52 Contact phone no. (415)777-448	52a Ext. 50	3  Firm's n <b>INA   A</b> (		ואעדאו	СУ Т	T.P	54 Firm	1's TIN 980623	54a TIN type	X EIN Foreign		
Use Only	55 Mailing address (nu					<u> </u>		7 State		'   Postal Code	59 Country		
	150 POST STR		E 200			RANC		CA	94108		US		

	Part IV Information on financial account(s) where filer has signature or other authority but no financial interest in the account(s)							FinCEN Form 114	
Complete a separa	ate block for	each acc	ount						
Add an additional Part I	V page as many t	mes as nece	ssary in o	der to	provide information on all accour	nts			
1 Filing for calendar year	3-4 Check approp	riate identifica	tion number	r e	6 Last name or organization name				
	X Taxpayer Id	dentification	Number		UNITED RELIGIONS				
2019	Foreign Ide	ntification No	umber						
	Enter ident 68036948	ification num 32	ber here:						
15 Maximum value of	account during ca	alendar year	15a Amo	ount <sup>-</sup>	16 Type of account a X Bank	b Sec	curities c	Other - Enter type below	
18,422. unknown				wn					
17 Name of financial in HOUSING BAN									
18 Account number or other designation 0005531100201001 19 Mailing address (number, street, apt. or suite no.) of financial institution in w						tution in whic	h account is held		
20 City 21 State, if known AMMAN					22 Foreign postal code, if known 11118	23 Cour JORDA			
34 Last name or organization name of account owner 35				35 Ta	Tax identification number of account owner 35a TIN			pe N SSN/ITIN	
UNITED RELIG	IONS INIT	TIATIVE	MEN					reign	
36 First name		37 Middle ini		Suffix	38 Mailing address (number, stre		•	•	
39 City AMMAN	1	40 State	40 State		41 ZIP/Postal Code 42 Coun JORDA				
43 Filer's title with this	owner	•				•			
15 Maximum value of	account during ca	alendar year	15a Amo		16 Type of account a Bank	b Sec	curities c	Other - Enter type below	
17 Name of financial in	nstitution in which	account is h	neld						
18 Account number of	r other designatio	n 19 Mailin	g address	(num	ber, street, apt. or suite no.) of fina	ancial instit	ution in whic	h account is held	
20 City		21 State	, if known		22 Foreign postal code, if known 23 Country				
34 Last name or organization name of account owner 35				35 Ta	ax identification number of accour	nt owner	35a TIN ty		
36 First name		37 Middle ini	tial 37a	Suffix	38 Mailing address (number, stre	eet, and ap	t. or suite no	.)	
39 City	•	40 State			41 ZIP/Postal Code	42 Coun	try		
43 Filer's title with this	owner	ı				•			

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

Attachment

Department of the Treasury Internal Revenue Service

For calendar year 2019 or tax year beginning

Sequence No. 175 If you have attached continuation statements, check here **Number of continuation statements** Name(s) shown on return Taxpayer Identification Number (TIN) UNITED RELIGIONS 68-0369482 Type of filer **b** Partnership **c** Corporation a Specified individual 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.) Part I Foreign Deposit and Custodial Accounts Summary Number of Deposit Accounts (reported in Part V) Maximum Value of All Deposit Accounts Number of Custodial Accounts (reported in Part V) 3 Maximum Value of All Custodial Accounts X No Were any foreign deposit or custodial accounts closed during the tax year? Yes Part II Other Foreign Assets Summary Number of Foreign Assets (reported in Part VI) Maximum Value of All Assets (reported in Part VI) X No Were any foreign assets acquired or sold during the tax year? 」Yes Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions) (c) Amount reported on form or schedule (e) Schedule and line (d) Form and line (a) Asset Category (b) Tax item 1 Foreign Deposit and 1a Interest **Custodial Accounts** 1b Dividends \$ \$ 1c Royalties 1d Other income \$ 1e Gains (losses) \$ 1f Deductions \$ 1g Credits \$ \$ 2 Other Foreign Assets 2a Interest 2b Dividends \$ 2c Royalties \$ 2d Other income \$ 2e Gains (losses) \$ 2f Deductions \$ \$ 2g Credits Part IV Excepted Specified Foreign Financial Assets (see instructions) If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year. 1. Number of Forms 3520 2. Number of Forms 3520-A 3. Number of Forms 5471 5. Number of Forms 8865 4. Number of Forms 8621 Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary If you have more than one account to report in Part V, attach a continuation statement for each additional account (see instructions). Type of account X Deposit \_\_\_ Custodial 2 Account number or other designation 0005531100201001 Check all that apply Account opened during tax year Account closed during tax year Account jointly owned with spouse No tax item reported in Part III with respect to this asset 18,422.Maximum value of account during tax year ..... Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? 5 If you answered "Yes" to line 5, complete all that apply. (b) Foreign currency exchange rate used to (a) Foreign currency in which account (c) Source of exchange rate used if not from U.S. convert to U.S. dollars Treasury Department's Bureau of the Fiscal Service is maintained .710000000 HTTPS://WWW.XE.COM/CURRENC

JORDAN, DINAR

Form 8938 (2019) Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions) (continued) 7a Name of financial institution in which account is maintained **b** Global Intermediary Identification Number (GIIN) (Optional) HOUSING BANK TRADE & FINANCE Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. P.O. BOX 7693 City or town, state or province, and country (including postal code) 11118 AMMAN JORDAN Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions) If you have more than one asset to report in Part VI, attach a continuation statement for each additional asset (see instructions). Description of asset 2 Identifying number or other designation Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates. a Date asset acquired during tax year, if applicable **b** Date asset disposed of during tax year, if applicable **c** Check if asset jointly owned with spouse d Check if no tax item reported in Part III with respect to this asset 4 Maximum value of asset during tax year (check box that applies) a \$0 - \$50.000 c \$100.001 - \$150.000 d \$150.001 - \$200.000 **b** \$50,001 - \$100,000 e If more than \$200,000, list value ..... 5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? Nο 6 If you answered "Yes" to line 5, complete all that apply. (a) Foreign currency in which asset is (b) Foreign currency exchange rate used to (c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service denominated convert to U.S. dollars If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. a Name of foreign entity b GIIN (Optional) (1) Partnership Estate **c** Type of foreign entity Corporation d Mailing address of foreign entity. Number, street, and room or suite no. e City or town, state or province, and country (including postal code) 8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset. Note: If this asset has more than one issuer or counterparty, attach a continuation statement with the same information for each additional issuer or counterparty (see instructions). a Name of issuer or counterparty Check if information is for Issuer Counterparty **b** Type of issuer or counterparty (1) Individual □ Partnership Corporation Estate U.S. person c Check if issuer or counterparty is a Foreign person d Mailing address of issuer or counterparty. Number, street, and room or suite no. e City or town, state or province, and country (including postal code)

Form **8938** (2019)

# (Rev. January 2020) Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

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

OMB No. 1545-0047

Α	For the	2019 calendar year, or tax year beginning and	ending	-							
В	Check if applicable	C Name of organization		D Employer identific	cation number						
Address change UNITED RELIGIONS											
	Name change	- INTERD DELICIONS INTERACTOR	E	68-03694	82						
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 29242	Room/suite	E Telephone number							
	termin-				3,718,004.						
	ated Amend return	City or town, state or province, country, and ZIP or foreign postal code SAN FRANCISCO, CA 94129-0242		G Gross receipts \$  H(a) Is this a group re							
	Application		ANJIAN	for subordinates							
	pendin	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in							
$\overline{\Gamma}$	Tax-exe	mpt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) c	or 527	1	list. (see instructions)						
J	Websit	e: ► WWW.URI.ORG		H(c) Group exemption							
K	Form of	organization: X Corporation Trust Association Other	<b>L</b> Year		State of legal domicile: CA						
	art I	Summary									
Θ.	1	Briefly describe the organization's mission or most significant activities: SINC	E INCE	PTION, URI'	S NETWORK						
Governance		HAS GROWN TO NEARLY 1,000-MEMBER GROUPS :	IN 109	COUNTRIES.	EACH						
ž.	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as							
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	34						
ص ص	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	32						
es		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			19						
ĭŧ		Total number of volunteers (estimate if necessary)			0						
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.						
	b	Net unrelated business taxable income from Form 990-T, line 39	<u></u>		0.						
				Prior Year	Current Year						
ne	1	Contributions and grants (Part VIII, line 1h)		3,233,483.	3,336,543.						
Revenue	1	Program service revenue (Part VIII, line 2g)		0. -4,233.	26 414						
Be		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		60,260.	26,414. 139,811.						
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,289,510.	3,502,768.						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		746,747.	699,044.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		740,747.	099,044.						
	1	Benefits paid to or for members (Part IX, column (A), line 4)		1,781,254.	1,717,718.						
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.						
oeu	loa	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  461,84	45.	•	0.						
X	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		762,004.	1,142,351.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,290,005.	3,559,113.						
		Revenue less expenses. Subtract line 18 from line 12		-495.	-56,345.						
Or Ses	3	Totalida loca oxpanicasi. Cabalact into to front into 12	Be	ginning of Current Year	End of Year						
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		17,089,643.	17,568,947.						
Ass	21	Total liabilities (Part X, line 26)		115,807.	566,565.						
Set	22	Net assets or fund balances. Subtract line 21 from line 20		16,973,836.	17,002,382.						
Pa	art II	Signature Block	•								
Und	ler pena	ties of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	ents, and to the best of my	/ knowledge and belief, it is						
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.							
Sig	ın	Signature of officer		Date							
He	re	REV. VICTOR H. KAZANJIAN, JR., EXECUT	IVE DI	RECTOR							
		Type or print name and title									
		Print/Type preparer's name Preparer's signature		Date Check	PTIN						
Pai		EDWARD M. FAHEY EDWARD M. FAHEY		1/16/20 if self-employe	P00194561						
		Firm's name RINA ACCOUNTANCY LLP		Firm's EIN	84-1980623						
Use	Only	Firm's address 150 POST STREET, STE 200		, .	15\000 4400						
		SAN FRANCISCO, CA 94108		Phone no. (4	15)777-4488						
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No						

Par	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	FOUNDED IN 2000, UNITED RELIGIONS INITIATIVE (URI) IS A 501(C)(3)	
	INTERNATIONAL ORGANIZATION REGISTERED IN THE STATE OF CALIFORNIA. ITS	
	PURPOSE IS TO PROMOTE ENDURING, DAILY INTERFAITH COOPERATION BY	
	ENGAGING PEOPLE AT THE GRASSROOTS LEVEL TO BUILD BRIDGES OF	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Nο
	If "Yes," describe these new services on Schedule O.	••
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X	Nο
3	If "Yes," describe these changes on Schedule O.	NO
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	
4-	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 1,743,496 • including grants of \$ 699,044 • ) (Revenue \$	
4a	(Code: ) (Expenses \$ 1,743,496. including grants of \$ 699,044.) (Revenue \$ GLOBAL NETWORK DEVELOPMENT: IN 19 YEARS, URI HAS GROWN FROM 83 FOUNDING	~
	MEMBER ORGANIZATIONS, CALLED COOPERATION CIRCLES (CCS), TO NEARLY 1,000	
		<u>U</u>
	GROUPS IN 109 COUNTRIES. COLLECTIVELY, CCS HAVE MORE THAN 600,000	
	MEMBERS AND TOUCH THE LIVES OF MILLIONS OF PEOPLE AROUND THE WORLD.	
	URI'S UNIQUE GLOBAL NETWORK OF GRASSROOTS CCS CALLS FORTH LOCALLY	
	INITIATED ACTIONS BY SELF-SUPPORTING GROUPS AND ORGANIZATIONS. CCS CAI	N
	BE SMALL GROUPS ORGANIZING FOR THE FIRST TIME OR WELL-ESTABLISHED	
	ORGANIZATIONS. EVERY CC MUST HAVE AT LEAST SEVEN MEMBERS, THREE OF	
	WHOM MUST BE FROM A DIFFERENT RELIGION, SPIRITUAL EXPRESSION OR	
	INDIGENOUS TRADITION.	
	URI'S ORGANIZATIONAL STRUCTURE INCLUDES EIGHT REGIONS WHICH ARE STAFFED	<u>D</u>
	BY 17 REGIONAL COORDINATORS WHO SUPERVISE REGIONAL STAFF, COORDINATE	
4b	(Code:) (Expenses \$ 123,909 • including grants of \$) (Revenue \$	_
	GLOBAL COUNCIL: THE GLOBAL COUNCIL (URI'S INTERNATIONAL BOARD OF	
	TRUSTEES) IS URI'S GOVERNING BODY. WITH TRUSTEES FROM 22 COUNTRIES	
	REPRESENTING DIVERSE RELIGIOUS AND INDIGENOUS TRADITIONS, THE GLOBAL	
	COUNCIL BRINGS ITS GRASSROOTS EXPERIENCE TO URI'S ONGOING STRATEGIC	
	PLANNING, NETWORK DEVELOPMENT AND GLOBAL ENGAGEMENT AND SERVES TO	
	INCREASE URI'S PRESENCE ALL OVER THE WORLD. THE GLOBAL COUNCIL	
	CURRENTLY MEETS ONCE A YEAR IN PERSON, AND THREE TIMES A YEAR BY VIDEO	
	CONFERENCE CALL. IN BETWEEN THESE MEETINGS, THE COUNCIL OPERATES	
	THROUGH WORKING COMMITTEES THAT COMMUNICATE BY EMAIL AND CONFERENCE	
	CALLS. MEMBERS OF THE GLOBAL COUNCIL ALSO REPRESENT REGIONS, AND SIT	
	ON REGIONAL LEADERSHIP TEAMS THAT PLAN AND IMPLEMENT REGIONAL	
	STRATEGIES TO BUILD NETWORK BENEFITS TO MEMBER CCS AND DEVELOP	
4c	(Code: ) (Expenses \$ 323,469 • including grants of \$ ) (Revenue \$	
	COMMUNICATIONS: URI'S INTERNATIONAL NETWORK RELIES ON A ROBUST	_ `
	COMMUNICATION SYSTEM. URI'S GLOBAL WEBSITE, WWW.URI.ORG, IS DESIGNED TO	<u>o</u>
	MAGNIFY URI'S IMPACT, HIGHLIGHT CC SUCCESSES, CONNECT CCS, PROVIDE	
	RESOURCE INFORMATION TO CCS, AND ENCOURAGE GLOBAL CAMPAIGNS FOR	
	COLLECTIVE GLOBAL ACTION AND MORE. ADDITIONALLY, URI PRODUCES BI-WEEKLY	Y
	E-NEWSLETTERS CALLED YOU ARE I, A PRINT NEWSLETTER SERIES CALLED	
	INTERACTION, AN ANNUAL REPORT, AS WELL AS OTHER PRINT, ONLINE AND	
	MULTIMEDIA COLLATERAL FOR THE NETWORK. IN THE SOCIAL MEDIA DOMAIN, URI	
	IS ENHANCED BY ENGAGING AUDIENCES ON FACEBOOK, TWITTER, INSTAGRAM,	_
	LINKEDIN, AND YOUTUBE. GIVEN FAST-PACED TECHNOLOGICAL CHANGE, URI'S	
	COMMUNICATIONS TEAM STUDIES NEW SYSTEMS, MAKES RECOMMENDATIONS TO URI,	
	AND RECENTLY LAUNCHED A NEW WEBSITE AND INTEGRATED CONSTITUENT	
<i></i>	Other program services (Describe on Schedule O.)	
40	C 4 4 4 C F	
4 -	(Expenses \$ 644,167 • including grants of \$ ) (Revenue \$ )  Total program service expenses ► 2,835,041 •	
40	Total program Service expenses ► 4,000,0 ₹1.	

11341116 769114 0639700

# Form 990 (2019) UNITED RELIGIBLE 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)?		х	
•	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	21	
3		3		x
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
7	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		<del></del>
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			X
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		
8		8		x
0	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<u> </u>		25
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
10	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	-10		
•••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	X
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	- 1	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	175		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

# Form 990 (2019) 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		X				
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		x					
	Schedule J							
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				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease							
	any tax-exempt bonds?	24c						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d						
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit							
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and							
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete							
	Schedule L, Part I	25b		Х				
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled							
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х				
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV							
	instructions, for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If							
	"Yes," complete Schedule L, Part IV	28a		Х				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X				
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If							
	"Yes," complete Schedule L, Part IV	28c		X				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation							
	contributions? If "Yes," complete Schedule M	30		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	X					
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	<u> </u>				
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			3,7				
	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?			v				
	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			v				
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X				
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Х					
Pai	Note: All Form 990 filers are required to complete Schedule 0  t V Statements Regarding Other IRS Filings and Tax Compliance	38	^_	Щ				
rai								
	Check if Schedule O contains a response or note to any line in this Part V		v	<u> </u>				
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No				
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 13  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0							
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming							
С		10						
	(gambling) winnings to prize winners?	1c						

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# Form 990 (2019) UNITED RELIGIONS Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b		X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	account)?	4a	X	
b	If "Yes," enter the name of the foreign country ► <u>JORDAN</u>				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-			37
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions are expressed in the organization include with every solicitation and expressed in the organization include with every solicitation and expressed in the organization include with every solicitation and expressed in the organization include with every solicitation and expressed in the organization include with every solicitation and expressed in the organization include with every solicitation and expressed in the organization include with every solicitation and expressed in the organization include with every solicitation and expressed in the organization include with every solicitation and expressed in the organization include with every solicitation and expressed in the organization include with every solicitation and expressed in the organization include with every solicitation and expressed in the organization include with every solicitation and every solicitation in the organization include with every solicitation and every solicitation and every solicitation in the organization include with every solicitation and every solicitation and every solicitation in the organization include with every solicitation and				
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	da a a manadalah ka dha a a a a a 0	_		v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7-		Х
لم	to file Form 8282?	7d	7c		22
	If "Yes," indicate the number of Forms 8282 filed during the year	•	7e		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute.		7 <del>e</del> 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
•	If the organization received a contribution of qualified intellectual property, and the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received and other r		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		7		
_			8		
9	Sponsoring organizations maintaining donor advised funds.		_		
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
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		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	I			
		13b			
	Enter the amount of reserves on hand	13c			v
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				v
	excess parachute payment(s) during the year?		15		X
10	If "Yes," see instructions and file Form 4720, Schedule N.	t income?	10		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		22
	If "Yes," complete Form 4720, Schedule O.		Гоги	990	(2010

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

	Check if Schedule O contains a response or note to any line in this Part VI										
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 34										
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b 32										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2		Х							
3	B Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, trustees, or key employees to a management company or other person?										
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?										
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a	X								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	X								
b	Each committee with authority to act on behalf of the governing body?	8b	X								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х								
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	X								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
	The organization's CEO, Executive Director, or top management official	15a	X								
b	Other officers or key employees of the organization	15b	Х								
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37							
	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
<u> </u>	exempt status with respect to such arrangements?	16b									
	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed CA	\- · '	A "	-1-1							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3	s only	) avail	able							
	for public inspection. Indicate how you made these available. Check all that apply.										
40	X Own website Another's website X Upon request Other (explain on Schedule O)	ન દઃ- ·	a ale l								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u finar	ıcıal								
20	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶ PAMELA H. BANKS - (415)561-2300										
	POST OFFICE BOX 29242, SAN FRANCISCO, CA 94129										

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week	box	Position do not check more than one ox, unless person is both an fficer and a director/trustee)				h an	( <b>D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) REV. WILLIAM E. SWING PRESIDENT	39.00	X		x				138,227.	0.	2,700.
(2) REV. VICTOR H. KAZANJIAN, JR.	39.00	^		Δ				130,227.	0.	2,700.
EXECUTIVE DIRECTOR	1.00	X		Х				114,861.	0.	82,216.
(3) KIRAN BALI	10.00							111/0010		02/2100
CHAIRPERSON		х		х				0.	0.	0.
(4) BECKY BURAD	3.00									
TREASURER		Х		Х				0.	0.	0.
(5) RAVINDRA KANDAGE	3.00									
ASSISTANT TREASURER		Х		Х				0.	0.	0.
(6) AUDRI SCOTT WILLIAMS	3.00									
SECRETARY		Х		Х				0.	0.	0.
(7) SUCHITH ABEYEWICKREME	3.00								_	_
TRUSTEE		Х						0.	0.	0.
(8) AHMED OSAMA ABU-DOMA	3.00									
TRUSTEE		Х						0.	0.	0.
(9) SALETTE AQUINO	3.00	l							•	
TRUSTEE	2 00	Х						0.	0.	0.
(10) JOAN BROWN CAMPBELL	3.00	,,							0	•
TRUSTEE	2 00	Х						0.	0.	0.
(11) POTRE DIRAMPTAN-DIAMPUAN	3.00	Ι,,							0.	0
TRUSTEE (12) NACHEN EL HANGGER	3.00	Х						0.	0.	0.
(12) NAOUFAL EL HAMMOUMI TRUSTEE	3.00	Х						0.	0.	0.
(13) DANIEL EROR	3.00	^						0.	0.	<u> </u>
TRUSTEE	3.00	Х						0.	0.	0.
(14) FRED FIELDING	3.00							0.	•	
TRUSTEE	3773	x						0.	0.	0.
(15) DONALD FREW	3.00									
TRUSTEE		х						0.	0.	0.
(16) PETAR GRAMATIKOV	3.00									
TRUSTEE		Х						0.	0.	0.
(17) MARIANNE HORLING	3.00									
TRUSTEE		Х			L			0.	0.	0.

Form **990** (2019)

Section A. Officers, Directors, Tru	stees, Key Em	pioy	/ees	, an	a H	igne	st C	ompensated Employe	es (continuea)				
(A)	(B) Average	(C) Position						<b>(D)</b> Reportable	(E)		E	(F)	nd.
Name and title	hours per		not c	heck	more	than		compensation	Reportable compensation		Estimated amount of		
	week					or/trus		from	from related			other	•
	(list any hours for	irector						the	organizations	_		pensa	
	related	e or di	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	(ز		om th anizat	
	organizations	truste	al trus		yee	mber		(** 27 1000 111100)			_	d relat	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
(18) KALYAN KUMAR KISKU	3.00	트	트	Б	\$	토등	2			$\dashv$			
TRUSTEE		x						0.		0.			0.
(19) CHIEF PHILIP LANE	3.00												
TRUSTEE		Х						0.		0.			0.
(20) JOHNNY MARTIN	3.00	١.,								١			0
TRUSTEE (21) PETER MONGAPERTARIS	3.00	Х				-	-	0.		0.			0.
(21) PETER MOUSAFERIADIS TRUSTEE	3.00	X						0.		0.			0.
(22) WAMBUI NGIGE	3.00	<del> ^</del>			-	$\vdash$		0.		<del>"</del>			0.
TRUSTEE	3.00	$ \mathbf{x} $						0.		0.			0.
(23) JOHN NG'OMA	3.00	t											
TRUSTEE		Х						0.		0.			0.
(24) MACLEORD BAKER OCHOLA II	3.00									$\Box$			
TRUSTEE	2 00	Х						0.		0.			0.
(25) SOFIA PAINIQUEO	3.00	X						0.		0.			0.
TRUSTEE (26) DAVID LIMO PAJAR	3.00	╬		-	-	$\vdash$		0.		<del>"  </del>			0.
TRUSTEE	3.00	$ _{\mathbf{x}}$						0.		0.			0.
1b Subtotal		1	<u> </u>			<u> </u>	<b></b>	253,088.		0.	8	4,9	
c Total from continuation sheets to Part \							<b>•</b>	0.		0.		-	0.
d Total (add lines 1b and 1c)		<u></u>					<b></b>	253,088.		0.	8	4,9	16.
2 Total number of individuals (including but	not limited to th	nose	liste	ed al	bov	e) wł	no r	eceived more than \$100	0,000 of reportable				_
compensation from the organization												Yes	No
3 Did the organization list any former office	director truet	ا موا	kov i	amn	love	a 0	r hic	sheet compensated emr	Novee on	Γ		163	140
line 1a? If "Yes," complete Schedule J for											3		Х
4 For any individual listed on line 1a, is the s													
and related organizations greater than \$1	50,000? <i>If</i> "Yes,	," co	mpl	ete S	Sche	edule	e J t	for such individual		[	4	X	
5 Did any person listed on line 1a receive or							elat	ted organization or indivi	idual for services				
rendered to the organization? If "Yes," con	nplete Schedul	e J t	for s	uch	pers	son .					5		X
Section B. Independent Contractors		-1					4	No. 1	Φ100 000 of σ		-4! /		
<ol> <li>Complete this table for your five highest c the organization. Report compensation fo</li> </ol>										ensa	ation i	rom	
(A)	tile calcildal y	Cai	Cridi	ng v	VILII	OI W		(B)	ycar.		(0	<u> </u>	
Name and busines	s address	N	INC	Ξ				Description of s	ervices	Co		nsatio	n
							_						
							$\dashv$						
	<i>"</i>						$\perp$						
2 Total number of independent contractors		ıot li	mite	d to		se li: 0	stec	a above) who received m	nore than				
\$100,000 of compensation from the organ	N A CON'	TII	NUZ	AT:		<u> </u>	SH:	EETS			Form	<b>990</b> (	2019)

932008 01-20-20

Form 990 UNITED R	EDTGTON'								68-036	7402
Part VII Section A. Officers, Directors, Tro	ustees, Key Eı	mple	oyee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)		_		C)			(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
riams and init	hours	(cl			that		ly)	compensation	compensation	amount of
	per	(					,,, 	from	from related	other
	week					ee/		the	organizations	compensation
	(list any	ctor				old m		organization	(W-2/1099-MISC)	from the
	hours for	r dire				ted e		(W-2/1099-MISC)		organization
	related	stee c	ruste			ensa				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	ividu	titutic	Officer	emp/	hest	Former			
	line)	lnd	sul	ЩO	, Ke	Hig	For			
(27) C.N.N. RAJU	3.00							_	_	_
TRUSTEE		Х						0.	0.	0
(28) ELANA ROZENMAN	3.00									
TRUSTEE		Х						0.	0.	0
(29) SWAMINI ADITYANANDA SARASWATI	3.00									
TRUSTEE		Х						0.	0.	0
(30) SOK SIDON	3.00									
TRUSTEE		Х						0.	0.	0
(31) VALERIA VERGANI	3.00									
TRUSTEE		Х						0.	0.	0
(32) STEPHEN L VILLAESTER	3.00									
TRUSTEE		Х						0.	0.	0
(33) AMEENAH EZZAT YAQOOB	3.00							-	-	
TRUSTEE		х						0.	0.	0
(34) ELISHA BUBA YERO	3.00									
TRUSTEE		х						0.	0.	0
1105122									•	
		1								
		1								
		1								
		-								
		L				L				
		L	L_	L	L	L_	L			
		L					ĺ			

Form 990 (2019) UNITED I

		Check if Schedule O contains a response or	r note to any lir	ne in this Part VIII			
		·		(A)	(B)	(C)	_ (D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
σω							000110110 012 011
		Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	0.5.000				
Ą,ţ	С	Fundraising events1c	85,039.				
a git	d	Related organizations 11d 2,1	.68,792.				
B,	е	Government grants (contributions) 1e					
iο̈́Ω	f	All other contributions, gifts, grants, and					
la gr			82,712.				
들진		Noncash contributions included in lines 1a-1f	13,186.				
호텔	_			3,336,543.			
<u> </u>		Total. Add lines 1a-1f	Business Code	3,330,343.			
		<u> </u>	Business Code				
<u>i</u>	2 a						
e ⊆	b						
S al	С						
ev	d						
Program Service Revenue	е						
<u>r</u>	f	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes					
	3	• •		28,210.			28,210.
	_	other similar amounts)		20,210.			20,210.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
			(ii) Personal				
	6 a	Gross rents 6a 27,653.					
	b	Less: rental expenses 6b 0 •					
	С	Rental income or (loss) 6c 27,653.					
		Net rental income or (loss)	<b>•</b>	27,653.			27,653.
		Gross amount from sales of (i) Securities	(ii) Other				,
	<i>.</i> u	assets other than inventory 7a 112,574.					
	<b>L</b>	Less: cost or other basis					
ø	D						
Ĭ		and sales expenses 76 114,370.  Gain or (loss) 7c -1,796.					
ther Revenue				1 706			1 706
ě		Net gain or (loss)		-1,796.			-1,796.
he	8 a	Gross income from fundraising events (not					
გ ∣		including \$ 85,039. of					
		contributions reported on line 1c). See					
		Part IV, line 188a 2	205,362.				
	b	Less: direct expenses 8b 1	00,866.				
		Net income or (loss) from fundraising events		104,496.			104,496.
		Gross income from gaming activities. See					
	<i>3</i> a						
		Part IV, line 19 9a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities	<b></b>				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
	с	Net income or (loss) from sales of inventory	<b></b>				
<u>"</u>			Business Code				
ار ق	11 a	MISCELLANEOUS INCOME	900099	7,662.	7,662.		
ne	b			,	,		
Miscellaneous Revenue							
Re	C	All other variables					
Ξ		All other revenue		7 660			
		Total. Add lines 11a-11d		7,662.	7 (()	^	150 562
	12	Total revenue. See instructions	<b>&gt;</b>	3,502,768.	7,662.	0.	158,563.

### Part IX | Statement of Functional Expenses

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

Dο	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	140 474	140 474		
	and domestic governments. See Part IV, line 21	148,474.	148,474.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	550,570.	550 570		
	individuals. See Part IV, lines 15 and 16	330,370.	550,570.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	253,088.	226,970.	11,425.	14,693
_	trustees, and key employees	233,000.	440,970.	11,423.	14,033
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,102,204.	745,385.	55,663.	301,156
7	Other salaries and wages	1,102,204.	745,305.	33,003.	301,130
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	277,551.	188,027.	23,351.	66,173
9	Other employee benefits	84,875.	56,321.	7,273.	21,281
10	Payroll taxes	04,073.	30,321.	1,413.	21,201
11	Fees for services (nonemployees):				
	Management	5,111.		5,111.	
b	Legal	28,000.	22,960.	2,240.	2,800
C	5 · · · · · · · · · · · · · · · · · · ·	20,000.	22,900.	2,240.	2,000
	Lobbying				
е	, <u> </u>				
f	Investment management fees				
g	, ,	157 556	146 001	4 107	7 260
	column (A) amount, list line 11g expenses on Sch O.)	157,556.	146,091.	4,197.	7,268
12	Advertising and promotion	47,887.	20 020	9 002	10 057
13	Office expenses	4/,00/•	29,028.	8,002.	10,857
14	Information technology				
15	Royalties	190,801.	156 157	15 264	10 000
16	Occupancy	52,336.	156,457. 51,783.	15,264.	19,080 553
17	Travel	34,330.	31,703.		333
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	111 262	111 262		
19	Conferences, conventions, and meetings	411,362.	411,362.		
20	Interest				
21	Payments to affiliates	99,691.		99,691.	
22	Depreciation, depletion, and amortization	18,244.	12,123.	1,248.	4,873
23	Insurance	10,244.	14,143.	1,440.	4,0/3
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	76,776.	54,018.	11,003.	11,755
b	PRINTING & COPYING	21,571.	20,019.	1,324.	228
С	WORKSHOPS, TRAINING	18,198.	15,453.	1,617.	1,128
d	BANK FEES	14,818.		14,818.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,559,113.	2,835,041.	262,227.	461,845
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

# Form 990 (2019) Part X Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to a	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			933,880.	1	939,571.
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net			320,371.	3	560,196.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of t	hese per	sons		5	
	6	Loans and other receivables from other disqu	ualified p	ersons (as defined			
		under section 4958(f)(1)), and persons descri	bed in se	ection 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			51,845.	9	47,824.
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	10a	170,271.			
	b	Less: accumulated depreciation	10b	169,632.	16,961.	10c	639.
	11	Investments - publicly traded securities			198,534.	11	23,524.
	12	Investments - other securities. See Part IV, lin	ne 11			12	
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets		120,865.	14	167,066.	
	15	Other assets. See Part IV, line 11	15,447,187.	15	15,830,127.		
	16	Total assets. Add lines 1 through 15 (must e	17,089,643.	16	17,568,947.		
	17	Accounts payable and accrued expenses	110,807.	17	164,654.		
	18	Grants payable	<b>5</b> 000	18	4 044		
	19	Deferred revenue			5,000.	19	1,911.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
<u>ia</u>		controlled entity or family member of any of t	-			22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin			0		400 000
		of Schedule D			0. 115,807.	25	400,000. 566,565.
	26	Total liabilities. Add lines 17 through 25			113,007.	26	300,303.
es		Organizations that follow FASB ASC 958, o	:песк пе	ere 🚩 🔼			
anc anc	07	and complete lines 27, 28, 32, and 33.			10,411,798.	27	11,497,226.
3al	27 28	Net assets without donor restrictions  Net assets with donor restrictions			6,562,038.	28	5,505,156.
Ja I	20	Organizations that do not follow FASB ASC			0,302,030.	20	3,303,130.
Ξ		and complete lines 29 through 33.	<i>3</i> 330, Ci	leck fiele			
ō	20	Capital stock or trust principal, or current fun	de			29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
et,	32	Total net assets or fund balances			16,973,836.	32	17,002,382.
2	33	Total liabilities and net assets/fund balances			17,089,643.	33	17,568,947.
	100	Total habilities and het assets/fully balafices			,000,010	00	Farm <b>990</b> (2010)

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		3,50		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	3,55		
3	Revenue less expenses. Subtract line 2 from line 1	3		-56,345		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16	6,973,836		
5	Net unrealized gains (losses) on investments	5			1	72.
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		8	4,7	19.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	17	7,00	2,3	82.
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 in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,			
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	.,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			
	Act and OMB Circular A-133?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b		

Form **990** (2019)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

1 01111 990 01 990-L2

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization UNITED RELIGIONS 68-0369482 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,972,934.	2,339,641.	1,736,634.	3,233,481.	3,336,543.	13,619,233.
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	2,972,934.	2,339,641.	1,736,634.	3,233,481.	3,336,543.	13,619,233.
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)						2,843,366.
6	Public support. Subtract line 5 from line 4.						10,775,867.
	ction B. Total Support						, , , ,
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	2,972,934.	2,339,641.	1,736,634.	3,233,481.	3,336,543.	13,619,233.
	Gross income from interest,	, ,	, ,	, ,	, ,	, ,	<u>, , ,                                </u>
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	492.	983.	924.	1,286.	28,210.	31,895.
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.)	80.450.	152.238.	154.295.	166.205.	240,677.	793.865.
11	Total support. Add lines 7 through 10	007=001					14,444,993.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First five years. If the Form 990 is for			d fourth or fifth ta			
	organization, check this box and <b>stop</b>	. la au a					
Sec	ction C. Computation of Publ						
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	74.60 %
15	Public support percentage from 2018					15	67.99 %
16a	33 1/3% support test - 2019. If the c					nore, check this bo	x and
	stop here. The organization qualifies						$\triangleright$ X
b	33 1/3% support test - 2018. If the c						is box
	and <b>stop here.</b> The organization qual	•		•		•	ightharpoons
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the "fac	•					•
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
~	more, and if the organization meets the						
	organization meets the "facts-and-circ		•				ightharpoonup
18	Private foundation. If the organization		•	•			
<u></u>		a.aa. onoon a	~ 2.7. 3.1 10 10, 100	., ,	, 1110011 11110 DOX 0	555	

Schedule A (Form 990 or 990-EZ) 2019

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

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

Se	ction A. Public Support	clow, picase com	piete r art ii.j				
Cale	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	, ,	, ,	, ,	``
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
4	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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6  a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
_	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publ						
	Public support percentage for 2019 (I			column (f))			%
	Public support percentage from 2018					16	%
Se.	ction D. Computation of Inves					<del> </del>	
17	. •						%
18	1 3					•	%
19	a 33 1/3% support tests - 2019. If the	-					17 is not
	more than 33 1/3%, check this box a						▶□
ŀ	o 33 1/3% support tests - 2018. If the	•			•	•	
	line 18 is not more than 33 1/3%, che						<b>&gt;</b>
20	Private foundation. If the organization	n did not check a	nox on line 14 19	ia or 19h check t	nis hox and see ir	nstructions	

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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.)

	Yes	No
1		
2		
За		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
6.		
9b		
9c		
10a		
10b		

Par	art IV   Supporting Organizations (continued)			
	(continuos)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
_	below, the governing body of a supported organization?	11a		
b	<b>b</b> A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ection B. Type I Supporting Organizations			I
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2				
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ection C. Type II Supporting Organizations			l .
000	Solidir G. Type in Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ection D. All Type III Supporting Organizations			<u> </u>
<del>000</del>	Scient 5. 7th Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	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	lax		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		•		
2	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				
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	2		
Sec	ection E. Type III Functionally Integrated Supporting Organizations	3		<u> </u>
1		instructions)		
' a		man denomaj.		
b				
C		entity (see instruction	s)	
2		straty (600 mondour	Yes	No
a			100	110
ŭ	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b		24		
	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.	2b		
3		20		
а		20		
h	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI. b.</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
b	<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If</i> "Yes," <i>describe in</i> <b>Part VI</b> <i>the role played by the organization in this regard.</i>	3b		
	or ito supported organizations: it ros, describe in Fait VI the role played by the organization in this regard.			

11341116 769114 0639700

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ıg Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	llv integrate	ed Type III supporting ord	anization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	rt V   Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations (continued)	
Secti	ion D - Distributions		, ,	Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organization	าร	
4	Amounts paid to acquire exempt-use assets	· · · · · ·		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	e	
	(provide details in <b>Part VI</b> ). See instructions.	3		
9	Distributable amount for 2019 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
	Enter a arriada a y interes arriadas	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

#### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

UNITED RELIGIONS 68-0369482 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

# Special Rules

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, 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 <b>General Rule</b> applies to this organization because it received nonexclusively

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from

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

religious, charitable, etc., contributions totaling \$5,000 or more during the year

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

68-0369482 UNITED RELIGIONS Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 MR. AND MRS. BRADLEY FREITAG | X | Person Payroll 20,000. 255 UPLANDS DR. Noncash (Complete Part II for HILLSBOROUGH, CA 94010 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 THE HON. AND MRS. GEORGE P. SHULTZ Person HOOVER INSTITUTION, 434 GALVEZ MALL, **Payroll** ROOM 239 10,000. Noncash (Complete Part II for STANFORD, CA 94305-6010 noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. MR. WILLIAM P. FULLER AND MS. 3 BECKETT Person Payroll 2076 VALLEJO STREET 6,976. Noncash (Complete Part II for SAN FRANCISCO, CA 94123 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution COMMUNITY FOUNDATION OF GREATER 4 MEMPHIS Person Payroll 1900 UNION AVENUE 125,000. Noncash (Complete Part II for MEMPHIS, TN 38104 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 THE HON. JAMES C. HORMEL X Person Payroll 101 MISSION STREET, SUITE 1750 12,000. Noncash (Complete Part II for SAN FRANCISCO, CA 94105-1727 noncash contributions.) (c) (d) (a) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 MR. AND MRS. PATRICK W. GROSS X Person Pavroll 7401 GLENBROOK ROAD 5,000. Noncash (Complete Part II for

BETHESDA, MD 20814-1327

noncash contributions.)

68-0369482 UNITED RELIGIONS Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 S. D. BECHTEL, JR. FOUNDATION | X | Person Payroll 100,000. P. O. BOX 193809 Noncash (Complete Part II for SAN FRANCISCO, CA 94119-3809 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution JOHN AND MARCIA GOLDMAN PHILANTHROPIC 8 FUND Person Payroll 101 SECOND STREET, STE 1625 5,000. Noncash (Complete Part II for SAN FRANCISCO, CA 94105 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X MR. AND MRS. RUPERT H. JOHNSON Person Payroll 37 NEW PLACE ROAD 105,000. Noncash (Complete Part II for HILLSBOROUGH, CA 94010 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 MR. AND MRS. J. ROBERT COLEMAN, JR. Person THE J. ROBERT COLEMAN, JR. AND DIANE Payroll SANDERS COLEMAN FAMILY TRUST, 220 BOOK 50,000. Noncash (Complete Part II for WOODSIDE, CA 94062 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution MS. GWINNETH BEREXA AND MR. STEVEN 11 X BEREXA Person Payroll 2355 THOMAS AVE., #1602 15,000. Noncash (Complete Part II for DALLAS, TX 75201 noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 12 MR. AND MRS. PAUL JOHN TAGLIABUE | X | Person Pavroll 5630 WISCONSIN AVENUE, APT. 503 5,000. Noncash (Complete Part II for

noncash contributions.)

CHEVY CHASE, MD 20815

UNITED RELIGIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
13	MRS. DIANE WILSEY  2590 JACKSON STREET  SAN FRANCISCO, CA 94115	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
14	MRS. ROSELYNE C. SWIG  3710 WASHINGTON STREET  SAN FRANCISCO, CA 94118	\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
15	MR. AND MRS. JAMES DAVIDSON  1832 FLORIBUNDA AVENUE  HILLSBOROUGH, CA 94010	\$\$	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	
16	MR. FRANK GARD JAMESON P.O. BOX 60250 BOULDER CITY, NV 89006-0250	\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
17	NICHOLAS J. WEISER FOUNDATION FOR CHILDREN  23 SPRING ROAD  KENTFIELD, CA 94904	\$ 6,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
18	THE STEPHEN AND MARGARET GILL FAMILY FOUNDATION  32 FLOOD CIRCLE  ATHERTON, CA 94027	\$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

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UNITED RELIGIONS

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

	, , , , , , , , , , , , , , , , , , , ,		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	ANONYMOUS (COMM FDN OF SONOMA COUNTY)  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	MARY CRANSTON  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$12,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	TULLY FRIEDMAN  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	STEVEN GREINETZ  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$1,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	ADEL M HAYUTIN  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	JOHN HENNESSY  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$5,000.	Person X Payroll

UNITED RELIGIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	ROBERT JAUNICH P.O. BOX 29242 SAN FRANCISCO, CA 94129	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	MAJA KRISTIN  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	CONNIE LURIE  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	SANDY OTELLINI  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	ROBERT PECK P.O. BOX 29242 SAN FRANCISCO, CA 94129	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	BILL R. POLAND  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

UNITED RELIGIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	TONI R ROCK P.O. BOX 29242 SAN FRANCISCO, CA 94129	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	SUZANNE SISKEL  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	MARY SWIG P.O. BOX 29242 SAN FRANCISCO, CA 94129	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	TAUBE FAMILY FOUNDATION  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	ESTATE OF DEXTER & ELIZABETH TIGHT  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$\$	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
36	JOHN WEISER (DONOR)  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

UNITED RELIGIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
37	MICHAEL WILSEY P.O. BOX 29242 SAN FRANCISCO, CA 94129	\$\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
38	EDWARDS FOUNDATION  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$5,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
39	ENSEMBLE CAPITAL MGMT  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
40	JOHN AND MARCIA GOLDMAN  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
41	JOHN GOLDMAN FOUNDATION  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$5,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
42	SEPIO CAPITAL (DONOR)  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$5,000.	Person X Payroll	

OMILE	D REDIGIONS	00	0307402
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	JULIA DAVIDSON  P.O. BOX 29242  SAN FRANCISCO, CA 94129	\$100,201.	Person X Payroll
(a) No.	(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 (Complete Part II for noncash contributions.)
(a) No.	(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 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

UNITED RELIGIONS

68-0369482

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	COMMON STOCK			
3				
		\$ 6,976.	11/27/19	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
43	COMMON STOCK			
#3		\$ \$\$	10/18/19	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		

Name of organization **Employer identification number** 68-0369482 UNITED RELIGIONS Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, 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 (e) Transfer of gift Transferee's name, address, 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 (e) Transfer of gift Transferee's name, address, 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNITED RELIGIONS

Employer identification number 68-0369482

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Sim	ilar Funds or <i>P</i>	Accounts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.			
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	-			
	are the organization's property, subject to the organization's				
6	Did the organization inform all grantees, donors, and donor a			•	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any of	ther purpose confe		
Da					
Par		-	n Form 990, Part IV	, line 7.	
1	Purpose(s) of conservation easements held by the organizat	· —			
	Preservation of land for public use (for example, recrea			orically important land area	
	Protection of natural habitat	L Pre	eservation of a cert	ified historic structure	
_	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution	n in the form of a co		
	day of the tax year.			Held at the End of the Tax Year	
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
	Number of conservation easements on a certified historic str			2c	
d	Number of conservation easements included in (c) acquired				
_	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or term	ninated by the orgai	nization during the tax	
	year •				
4	Number of states where property subject to conservation ea				
5	Does the organization have a written policy regarding the pe			□ Vaa □ Na	
	violations, and enforcement of the conservation easements i				
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and e	enforcing conservati	ion easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year				
′	\$\\$\$ \$\$	alling of violations, and emore	ing conservation ea	asements during the year	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements o	f section 170(h)(4)(f	3)(i)	
Ū					
9					
Ŭ	-		· ·		
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.				
Par	t III Organizations Maintaining Collections o	f Art, Historical Treas	ures, or Other	Similar Assets.	
	Complete if the organization answered "Yes" on Form	•	ŕ		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue	e statement and ba	llance sheet works	
	of art, historical treasures, or other similar assets held for pul	•			
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.				
b	If the organization elected, as permitted under FASB ASC 95			ce sheet works of	
	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			. ▶ \$	
				<b>L</b> A	
2	If the organization received or held works of art, historical tre				
	the following amounts required to be reported under FASB A			•	
а	Revenue included on Form 990, Part VIII, line 1			. • \$	
b	Assets included in Form 990, Part X				

Schedule D (Form 990) 2019

Pai	rt III Organizations Maintaining C	collections of A	rt, Historical T	reasures, c	r Othe	r Similar <i>A</i>	sset	<b>S</b> (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that	t make si	ignificant use	of its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	change progra	m				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further	the organization	on's exer	npt purpose i	n Part	XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, historical tre	asures, or othe	er similar	assets			
	to be sold to raise funds rather than to be ma							Yes	☐ No
Pai	t IV Escrow and Custodial Arran		ete if the organizati	on answered "	Yes" on	Form 990, Pa	rt IV, li	ne 9, or	
	reported an amount on Form 990, Par		liano, fano a anakniko ukia			ام ماد دها ما			
ıa	Is the organization an agent, trustee, custodi							Yes	☐ No
<b>h</b>	on Form 990, Part X?	and complete the fo					–	res	□ NO
b	ii fes, explain the arrangement in Part XIII	and complete the lo	llowing table.					Amount	,
_	Deginning belongs					10		Amount	
	Beginning balance								
	Additions during the year								
	Distributions during the year								
f	Ending balance							Yes	□ No
	If "Yes," explain the arrangement in Part XIII.					ty?	–	res	
	t V   Endowment Funds. Complete in					<u></u>			
· u	Endownient Fands. Somplete i	(a) Current year	(b) Prior year	(c) Two year		<b>d)</b> Three years	hack	(a) Four	years back
10	Beginning of year balance	2,716,054.	1,861,056	+ · · ·	671.	422,			435,142.
		13,251,068.	986,445	+	.,071.	±22,	007.		455,142.
b	Contributions	439,528.	-129,676		385	70	004.		-12,475.
	Net investment earnings, gains, and losses	437,320.	125,070	. 1,300	7,303.	70,	004.		12,475.
	Grants or scholarships			+					
е	Other expenditures for facilities								
	and programs	290,959.	1,771	+					
	Administrative expenses	16,115,691.	2,716,054		.,056.	492,	671		422,667.
_	End of year balance			•	,030.	432,	0 / 1 •		422,007.
2	Provide the estimated percentage of the curr	65.84		a)) neid as:					
	Board designated or quasi-endowment ►  Permanent endowment ► 17.58		_%						
b	· <del>- 16 - 5</del>	%							
С	-								
0-	The percentages on lines 2a, 2b, and 2c sho	•	-4: 4b4 bl-l				_		
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are neid	and administe	rea for tr	ie organizatio	n	г	V N-
	by:								Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations		Cabadula Di					3a(ii)	X
				·				3b	Λ
Pai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment tunas.						
I al	Complete if the organization answere		Dart IV line 11a	Soo Form 990	Dort V	lino 10			
	Description of property	(a) Cost or o		t or other		cumulated	1	(d) Book	( ) (alua
	Description of property	basis (investr		(other)		reciation	'	( <b>u)</b> 600r	value
1a	Land	<del>-   ` ` </del>	-		<u>'</u>				
b	Buildings								
С	Leasehold improvements			1,747.		11,747			0.
d	Equipment		15	8,524.	1	.57,885	•		639.
е	Other								
	I. Add lines 1a through 1e. (Column (d) must e		X, column (B), line	10c.)		<b>&gt;</b>			639.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 UNITED RELI	GIONS	68	-0369482 Page 3
Part VII Investments - Other Securities.			
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 end	1-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			_
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
. ,	Description		(b) Book value
(1) DEPOSITS			17,094.
(2) OTHER RECEIVABLES			1,574.
(3) INTEREST IN NET ASSETS OF	URI FOUNDATI	ON	15,811,459.

(a) Description	(b) Book value
(1) DEPOSITS	17,094.
(2) OTHER RECEIVABLES	1,574.
(3) INTEREST IN NET ASSETS OF URI FOUNDATION	15,811,459.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	15,830,127.

# Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO FOUNDATION	400,000
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>→</b> 400,000.

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) 2019

Pai	TXI Reconciliation of Revenue per Audited Financial Stateme		th Revenue per F	leturr	1.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.  Total revenue, gains, and other support per audited financial statements			1	3,618,378
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				3,010,370
z a	Net unrealized gains (losses) on investments	2a	172.		
b	Donated services and use of facilities			-	
	Recoveries of prior year grants			-	
c d	Other (Describe in Part XIII.)		2,284,230.	-	
e	Add lines 2a through 2d	. —		2e	2,284,402
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,333,976
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.)		2,168,792.	-	
	Add lines 4a and 4b	•		4c	2,168,792
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	3,502,768
	t XII Reconciliation of Expenses per Audited Financial Statem				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	3,589,832
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)		30,719.		
е	Add lines 2a through 2d			2e	30,719
3	Subtract line 2e from line 1			3	3,559,113
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 <b>4a</b> and <b>4b</b>			4c	0
_5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,559,113
Pai	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			4; Part	X, line 2; Part XI,
PAI	RT V, LINE 4:				
THE	E ENDOWMENT FUND IS HELD BY THE RELATED OR	GANIZ	ZATION, UNIT	ED I	RELIGIONS
IN	TITIATIVE FOUNDATION, INC. FUNDS ARE USED F	OR V	ARIOUS STRAT	EGI	С
IN	ITIATIVES AND IN ACCORDANCE WITH DONOR RES	TRICT	TIONS.		
PAI	RT X, LINE 2:				
	ITED RELIGIONS IS RECOGNIZED AS A PUBLIC C			OM :	FEDERAL
INC	COME TAXES UNDER SECTION 501(C)(3) OF THE	INTER	RNAL REVENUE	CO	DE AND
	COGNIZED AS A PUBLIC CHARITY EXEMPT FROM S				
	CTION 23701 OF THE CALIFORNIA REVENUE AND				
	OVISION HAS BEEN MADE FOR SUCH TAXES IN TH				

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

# **Statement of Activities Outside the United States**

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

➤ Attach to Form 990.

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

2019
Open to Public Inspection

Name of the organization

Employer identification number

UNITED RELIGIONS 68-0369482

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, Yes X No the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (f) Total émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region INTERFAITH COOPERATION, COMMUNICATION, AND PROGRAM SERVICES, GRANTS TO ASIA SOUTH 0 RECIPIENTS. REGIONAL COORDINATION. 186,230. INTERFAITH COOPERATION, COMMUNICATION, AND PROGRAM SERVICES, GRANTS TO 30,039. EAST ASIA & PACIFIC 0 RECIPIENTS. REGIONAL COORDINATION. CENTRAL INTERFAITH COOPERATION, AMERICA/SOUTH PROGRAM SERVICES, GRANTS TO COMMUNICATION, AND RECIPIENTS. REGIONAL COORDINATION. AMERICA/CARRIBEAN 0 50,123. INTERFAITH COOPERATION, MIDDLE EAST, NORTH PROGRAM SERVICES, GRANTS TO COMMUNICATION, AND RECIPIENTS. REGIONAL COORDINATION. 0 AFRICA 50,548. INTERFAITH COOPERATION, PROGRAM SERVICES, GRANTS TO COMMUNICATION, AND REGIONAL COORDINATION. SUB SAHARA 0 RECIPIENTS. 157,586. INTERFAITH COOPERATION, PROGRAM SERVICES, GRANTS TO COMMUNICATION, AND EUROPE 0 RECIPIENTS. REGIONAL COORDINATION. 76,045. 3 a Subtotal 19 0 550,571. **b** Total from continuation 0 0. sheets to Part I ........ c Totals (add lines 3a 0 550,571. and 3b)

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

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 UNITED RELIGIONS 68-0369482 Page 2

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			INTERFAITH					
			COOPERATION	120,356.	WIRE TRANSFERS	37,230.		
			INTERFAITH					
		EAST ASIA/PACIFIC	COOPERATION	10,799.	WIRE TRANSFERS	19,240.		
			INTERFAITH	22 560	WIDE EDWIGHER	42 477		
		EUROPE	COOPERATION	32,568.	WIRE TRANSFERS	43,477.		
			INTERFAITH COOPERATION	34,583.	WIRE TRANSFERS	15,965.		
				,		,		
			INTERFAITH					
		SOUTH ASIA	COOPERATION	131,134.	WIRE TRANSFERS	55,096.		
		CENTRAL						
		AMERICA/SOUTH	INTERFAITH					
		AMERICA/CARRIBEAN	COOPERATION	27,656.	WIRE TRANSFERS	22,467.		

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2019 UNITED RELIGIONS 68-0369482 Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (e) Manner of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

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

Schedule F (Form 990) 2019

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number Name of the organization UNITED RELIGIONS 68-0369482 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2019

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events CIRCLES OF NONE (add col. (a) through LIGHT col. (c)) (event type) (total number) (event type) Revenue 290,401. 1 Gross receipts 290,401. 85,039 85,039. 2 Less: Contributions 205,362 205,362. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 100,866. 9 Other direct expenses 100,866. 100,866. 10 Direct expense summary. Add lines 4 through 9 in column (d) 104,496. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

932082 09-11-19 Schedule G (Form 990 or 990-EZ) 2019

Sch	nedule G (Form 990 or 990-EZ) 2019 UNITED RELIGIONS 68-0369								
	Does the organization conduct gaming activities with nonmembers?	Yes	Page 3						
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed								
	to administer charitable gaming?	Yes	☐ No						
13	Indicate the percentage of gaming activity conducted in:								
	The organization's facility	13a	%						
	An outside facility		%						
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:								
	Name ▶								
	Address								
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No						
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount								
	of gaming revenue retained by the third party > \$								
c	: If "Yes," enter name and address of the third party:								
	Name								
	Address								
16	Gaming manager information:								
	Name								
	Gaming manager compensation  \$								
	Description of convices provided								
	Description of services provided								
	Director/officer Employee Independent contractor								
17	Mandatory distributions:								
	Is the organization required under state law to make charitable distributions from the gaming proceeds to								
	retain the state gaming license?	Yes	☐ No						
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the								
	organization's own exempt activities during the tax year ▶ \$								
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lines 9,	9b, 10b,						
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.								

Schedule G	i (Form 990 or 990-EZ) $\mathbf{UNI'}$	red Religions	68-036948	32 Page 4
Part IV	(Form 990 or 990-EZ) UNIC Supplemental Information	(continued)		

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047 **2019** 

Open to Public Inspection

Employer identification number

UNITED RE	LIGIONS						68-0369482
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records	to substantiate t	he amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	
criteria used to award the grants or assi	stance?						No
2 Describe in Part IV the organization's pr	ocedures for mor	nitoring the use of grant	funds in the Unite	d States.			
Part II Grants and Other Assistance to	Domestic Organ	nizations and Domesti	ic Governments. C	complete if the org	anization answered "\	Yes" on Form 990, Part	: IV, line 21, for any
recipient that received more than	\$5,000. Part II ca		tional space is need		(6) 14 (1)	_	
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UDI MUMI DIGION							
URI MULTI-REGION P.O. BOX 29242							
SAN FRANCISCO, CA 94129		170(B)(1(A)(VI)	97,136.	46,200.			INTERFAITH COOPERATION
		270(27(21)(12)	27,200.	10,200.			
2 Enter total number of coation 501/5//0	and government	neganizationa liata di in th	l line 1 table				<u> </u>
<ul><li>2 Enter total number of section 501(c)(3) a</li><li>3 Enter total number of other organization</li></ul>							
• Linter total number of other organization	is iisteu iii tiie iille	ะ เฉมเษ					

Part III	Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV	Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	
PART :	I, LINE 2:					
REPOR'	IS OF EXPENSES AND SUPPORTING	DOCUMEN	TS ARE REQ	UIRED AS A	CONDITION OF	
GRANT	• ORGANIZATION REVIEWS REPOR	RTS AND D	OCUMENTS.			

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

**Compensation Information** 

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

UNITED RELIGIONS

Part I Questions Regarding Compensation

**Employer identification number** 68-0369482

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

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 UNITED RELIGIONS 68-0369482 Page 2

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(b)(i)-(U)	reported as deferred on prior Form 990
(1) REV. WILLIAM E. SWING	(i)	138,227.	0.	0.	0.	2,700.	140,927.	0.
	ii)	0.	0.	0.	0.	0.	0.	0.
(2) REV. VICTOR H. KAZANJIAN, JR.	(i)	114,861.	0.	0.	0.	82,216.		0.
EXECUTIVE DIRECTOR	ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
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	i)							
	ii)							
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	ii)							

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization UNITED RELIGIONS Employer identification number 68 - 0369482

Par	t I Types of Property				•		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of deter noncash contributio	•	ts
1	Art - Works of art		itemie centribatea	1 01111 000, 1 0111 1111, 11110 19			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	7	113,186.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution - Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other • ()						
27	Other • ()						
28	Other ( )						
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for o	contributions			
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29			
					_	Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I, lines 1 throu	gh 28, that it		
	must hold for at least three years from the dat			•			
	exempt purposes for the entire holding period	?			<u>3</u>	0a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance					31	X
32a	Does the organization hire or use third parties contributions?		•			2a	Х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	ecked,		
	describe in Part II.						
			=		Cobodulo M /		١ ٥٥٠٠

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

Schedule M (Form 990) 2019

# SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

UNITED RELIGIONS

**Employer identification number** 68-0369482

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: GROUP, CALLED COOPERATION CIRCLES (CCS), IS COMPRISED OF PEOPLE REPRESENTING AT LEAST THREE DIFFERENT RELIGIONS, TRADITIONS OR BELIEFS WILLING TO ENGAGE IN INTERFAITH DIALOGUE AND COLLABORATE ON HUMANITARIAN EFFORTS IN THEIR COMMUNITY. UTILIZING THIS DUAL STRATEGY APPROACH, THESE COOPERATION CIRCLES CARE FOR REFUGEES, EDUCATE CHILDREN, PREVENT VIOLENCE AGAINST WOMEN, CLEAN RIVERS, PROVIDE MEDICAL CARE, RESOLVE CONFLICTS, AND NEGOTIATE PEACE AMONG MANY OTHER LOCAL AND GLOBAL KEY ISSUE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: UNDERSTANDING ACROSS RELIGIOUS AND CULTURAL DIFFERENCES AND WORK TOGETHER FOR THE GOOD OF THEIR COMMUNITIES AND THE WORLD. WE IMPLEMENT OUR MISSION BY CREATING A VITAL TRANSFORMATIVE NETWORK THAT CONNECTS, TRAINS AND AMPLIFIES THE WORK OF LOCALLY BASED GROUPS. URI'S ENABLES, NETWORK ENABLES GRASSROOTS LEADERS TO SELF-ORGANIZE IN ACCORD WITH URI'S PURPOSE AND PRINCIPLES, IMPLEMENT LOCAL INITIATIVES, EXCHANGE INSPIRATION, IDEAS AND KNOWLEDGE, AND DEEPEN MUTUAL UNDERSTANDING AND RESPECT THROUGH STRONG INTERPE

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: REGIONAL LEADERSHIP TEAMS THAT INCLUDE TRUSTEES, AND COOPERATION CIRCLE MEMBERS. THE PRIMARY WORK OF THE REGIONAL BASES IS TO PROVIDE DIRECT COMMUNICATION WITH AND NETWORK SUPPORT FOR CCS. NETWORK BENEFITS HELPING CCS BUILD CAPACITY, RAISING VISIBILITY FOR CC WORK, ASSISTING CCS IN CREATING PARTNERSHIPS, CONNECTING WITH POLICY-MAKERS, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) Name of the organization **Employer identification number** UNITED RELIGIONS 68-0369482 ORGANIZING LOCAL AND REGIONAL GATHERINGS AND TRAININGS, AND SEEDING NEW CCS. CCS ARE INSPIRED AND SUSTAINED IN THEIR WORK BY ACTIVE PARTICIPATION IN URI'S VITAL NETWORK WITH OTHER CCS WITH WHOM THEY GENERATE CONNECTION, COMMUNICATION, CO-MENTORING AND SHARED LEARNING. URI'S GLOBAL SUPPORT OFFICE, WHICH IS BASED IN SAN FRANCISCO, PROVIDES ACCOUNTABILITY, TRAINING AND CONSULTATION FOR REGIONAL COORDINATORS, REGIONAL STAFF AND REGIONAL LEADERSHIP TEAMS. URI'S GLOBAL SUPPORT OFFICE OVERSEES THE OPERATIONS OF THE URI NETWORK, ENERGIZING THE NETWORK BY SUPPORTING REGIONAL LEADERSHIP TEAMS, CREATING A FLOW OF QUALITY INFORMATION, MAINTAINING A CC MEMBER DATABASE, MANAGING FINANCE, PUBLICIZING CC IMPACT WORLDWIDE, ENGAGING IN FUNDRAISING, AND PROVIDING FOCUSED RESOURCE SUPPORT AND TRAINING IN AREAS SUCH AS CONFLICT TRANSFORMATION, THE ENVIRONMENT, WOMEN'S EMPOWERMENT, AND YOUTH LEADERSHIP. THE EXECUTIVE DIRECTOR, CHAIR OF THE URI GLOBAL COUNCIL AND URI'S PRESIDENT, WORKING ON BEHALF OF AN ELECTED 29 MEMBER GLOBAL COUNCIL OF TRUSTEES, LEAD THE URI NETWORK AND ARE SUPPORTED BY 16 GLOBAL SUPPORT STAFF. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: COLLECTIVE GLOBAL CAMPAIGNS, SUCH AS MOBILIZING CCS AROUND THE WORLD TO PARTICIPATE IN THE INTERNATIONAL DAY OF PEACE ON SEPTEMBER 21. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: RELATIONSHIP MANAGEMENT PLATFORM IN 2017.

Schedule O (Form 990 or 990-EZ) (2019)

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

EDUCATION AND OUTREACH: TO STRENGTHEN THE EFFECTIVENESS OF CCS TO

ACCOMPLISH THEIR GOALS, EXCHANGES OF VARIOUS KINDS OF EXPERTISE TAKE

Name of the organization
UNITED RELIGIONS
Employer identification number 68-0369482

PLACE AMONG CC MEMBERS. URI PROVIDES TRAINING TO HELP CCS EFFECTIVELY

TAKE PART IN A GLOBAL NETWORK OF SUPPORT AND PROVIDES CCS WITH IN-DEPTH

INTERVIEWS THAT DEEPEN UNDERSTANDING OF THEIR IMPACT AND POTENTIAL. URI

DESIGNS LOCAL, NATIONAL AND REGIONAL GATHERINGS FOR CCS TO MEET

FACE-TO-FACE TO SHARE RESOURCES, RECEIVE TRAINING, AND GIVE AND RECEIVE

MUTUAL SUPPORT. URI COLLABORATES WITH MEMBER GROUPS WORLDWIDE TO ASSESS

THE IMPACT OF BELONGING TO THE URI NETWORK AS BOTH CONTRIBUTORS TO THE

NETWORK AND RECEIVERS OF BENEFITS.

URI'S WEBSITE INCLUDES AN INTERFAITH TEACHERS' CURRICULUM FOR ELEMENTARY AND MIDDLE SCHOOL STUDENTS, AS WELL AS AN EXTENSIVE RESOURCE SECTION. IN ADDITION TO EDUCATIONAL SUPPORT, CC MEMBERS, STAFF AND THE GLOBAL COUNCIL ENGAGE IN STRATEGIC NETWORKING, BOTH TO SHARE URI'S WORK AND TO PROMOTE NEW PARTNERSHIPS TO SUPPORT THE DEVELOPMENT OF THAT WORK. EXTENSIVE WORK IS UNDERWAY IN SEVERAL REGIONS TO INCREASE PARTNERSHIPS BETWEEN CCS, OTHER NGOS, GOVERNMENT AND CIVIC GROUPS TO STRENGTHEN NETWORK SUPPORT AND RESOURCE SHARING. URI ACTIVELY WORKS WITH SEVERAL UNITED NATIONS AGENCIES AND OTHER LIKE-MINED NON-PROFITS TO BUILD EFFECTIVE PARTNERSHIPS BETWEEN UN DEVELOPMENT GOALS AND THE WORK OF CCS THROUGHOUT THE WORLD. URI NOW HAS FORMAL MOUS (MEMORANDUMS OF UNDERSTANDING) WITH THE OFFICE OF GENOCIDE PREVENTION AT THE UNITED NATIONS, UNFPA (THE UNITED NATIONS POPULATION FUND), WEA (WOMEN'S EARTH ALLIANCE), LAUNCHING LEADERS, THE WORLD TOLERANCE SUMMIT, AND UNITY EARTH. URI HOSTED AN ACCELERATE PEACE CONFERENCE HELD ON JUNE 26 AND 27, 2019 AT THE HOOVER INSTITUTION ON THE STANFORD UNIVERSITY CAMPUS IN CALIFORNIA, USA. IT BROUGHT TOGETHER PEACEBUILDERS FROM AROUND THE WORLD TO DISCUSS CHALLENGES TO PEACE, BOTH IN THEIR LOCAL COMMUNITIES AND ON AN INTERNATIONAL LEVEL, AND ALSO TO DISCUSS ACTION-ORIENTED

Name of the organization **Employer identification number** UNITED RELIGIONS 68-0369482 SOLUTIONS TO BENEFIT ALL OF HUMANITY. A COMPLETE SET OF THE CONFERENCE VIDEOS ARE ON THE URI WEBSITE. REVENUE \$ 0. INCLUDING GRANTS OF \$ 0. EXPENSES \$ 612,060. FOCUSED RESOURCE SUPPORT: URI PROVIDES TARGETED RESOURCES TO SUPPORT THE GLOBAL CC NETWORK IN THE AREAS OF: CONFLICT RESOLUTION, INDIGENOUS RIGHTS, WOMEN'S EMPOWERMENT, ENVIRONMENTAL ISSUES AND YOUTH LEADERSHIP. CCS, AS WELL AS INDIVIDUALS AND ORGANIZATIONS WITH SPECIFIC EXPERTISE AND RESOURCES IN THESE AREAS, PROVIDE AN EFFECTIVE CHANNEL OF COMMUNICATION, CREATIVE RESOURCING AND EDUCATION TO STRENGTHEN CC CAPACITY. URI PLANS TO EXPAND FOCUSED TRAINING AND SUPPORT IN THE AREAS OF CONFLICT RESOLUTION, ENVIRONMENT, ETC. URI HAS A YOUTH LEADERSHIP PROGRAM (YLP) THAT ATTRACTS, EDUCATES, AND DEVELOPS CAPACITIES OF YOUTH AND YOUNG ADULTS AS A NEXT GENERATION OF COMPASSIONATE AND EFFECTIVE INTERFAITH LEADERS. YLP FACILITATES LEADERSHIP TRAINING FOR YOUTH AND YOUNG ADULTS, INCLUDING SKILL BUILDING IN COMMUNITY MAPPING, PROJECT DESIGN, MANAGEMENT AND EVALUATION WITH A FOCUS ON SERVICE LEARNING. YLP ALSO ORGANIZES A YEAR-LONG YOUTH AMBASSADORS PROGRAM THAT PROVIDES IN-DEPTH, EXPERIENTIAL LEADERSHIP OPPORTUNITIES CULMINATING IN A COLLABORATIVE SERVICE PROJECT. YLP SEEKS TO DEVELOP DIVERSE AND STRONG REGIONAL NETWORKS OF YOUNG LEADERS, OFFERING PLATFORMS FOR DIALOGUE, BEST PRACTICE SHARING AND INFORMATION EXCHANGE, AS WELL AS A WAY TO BUILD LOCALLY RELEVANT INTERFAITH PROGRAMMING THAT MEETS THE SPECIFIC NEEDS OF YOUTH IN EACH REGION. IN 2018, URI AND LAUNCHING LEADERS RAN YOUTH EMPOWERMENT AND ENTREPRENEURSHIP PROGRAMS IN EAST AFRICA. AND URI AND WEA (WOMEN'S EARTH ALLIANCE) TEAMED UP TO PILOT THE RIPPLE ACADEMY, A TRAINING 932212 09-06-19 Schedule O (Form 990 or 990-EZ) (2019) Name of the organization UNITED RELIGIONS

Employer identification number 68-0369482

PROGRAM FOR GRASSROOTS WOMEN LEADERS IN ENVIRONMENTAL SUSTAINABILITY.

THE FIRST PILOT PROGRAM INVOLVED 40 PARTICIPANTS AND WAS HELD IN NORTH INDIA.

EXPENSES \$ 32,107. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

GROUPS CALLED "COOPERATION CIRCLES" ARE MEMBERS AND MUST BE APPROVED BY A

COMMITTEE OF THE BOARD. COOPERATION CIRCLES ARE THE ONLY CLASS OF MEMBERS

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

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

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

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

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

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

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

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

AVAILABLE TO ALL BOARD MEMBERS PRIOR TO FILING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY REQUIRES CONTEMPORANEOUS DISCLOSURE OF ANY
FINANCIAL TRANSACTIONS WHICH MAY GIVE RISE TO A CONFLICT. BOARD MEMBERS
AND OFFICERS ANNUALLY REVIEW THE POLICY AND SIGN AN AFFIDAVIT OF
INDEPENDENCE.

FORM 990, PART VI, SECTION B, LINE 15:

IN ORDER TO ENSURE EXECUTIVE COMPENSATION IS COMMENSURATE WITH SIMILAR

Name of the organization  UNITED RELIGIONS	Employer identification number 68-0369482
ORGANIZATIONS, A BOARD SUBCOMMITTEE RETAINS AN INDEPENDEN	T CONSULTING FIRM
TO ADVISE REGARDING EXECUTIVE COMPENSATION IN ORGANIZATIO	NS OF COMPARABLE
SIZE AND LOCATION. ADDITIONALLY, AVAILABLE SURVEY MATERI	ALS AND FORMS 990
ARE REVIEWED. THE FULL BOARD MUST APPROVE THE COMPENSATI	ON LEVEL OF THE
EXECUTIVE DIRECTOR.	
FORM 990, PART VI, SECTION C, LINE 19:	
ANY DOCUMENTS, INCLUDING GOVERNING DOCUMENTS, THE CONFLIC	T 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:	
EARNINGS FROM FOUNDATION	392,894.
TRANSFER OF ASSETS OF URI FOUNDATION	-308,175.
TOTAL TO FORM 990, PART XI, LINE 9	84,719.
FORM 990, PART XII, LINE 2C	
THERE IS NO CHANGE IN THE PROCESS FROM THE PRIOR YEAR.	

#### SCHEDULE R (Form 990)

**Related Organizations and Unrelated Partnerships** 

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

Attach to Form 990.

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

2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

UNITED RELIGIONS

Employer identification number 68-0369482

(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)				Direct o	controlling ntity	9
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	cations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	e or more	related tax-exe	empt	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) et controlling entity	contr	g) 512(b)(13) rolled ity?
MUE INTER DELICIONS INTERACTIVE ESTIMATON				301(0)(3))			Yes	No
THE UNITED RELIGIONS INITIATIVE FOUNDATION, INC 20-8008593, P.O. BOX 29242, SAN FRANCISCO, CA 94129	SUPPORT UNITED RELIGIONS INITIATIVE	CALIFORNIA	501(C)(3)	LINE 12A, I	SELF		x	
FRANCISCO, CA 94129		CALIFORNIA	501(0)(3)	DINE 12A, I	SEUF		24	

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

			1	1	1				1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Genera	or Percentage
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	1	itions?	amount in box	partne	ownership
		foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		assets		No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes	0
										$\sqcup$	
										+	+

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

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

Page 3

Yes No

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

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

1	During the tax year, did the organization engage in any of the following transactions	s with one or more r	elated organizations listed	in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	·				1a		Х	
b	Gift, grant, or capital contribution to related organization(s)					1b		X	
С	Gift, grant, or capital contribution from related organization(s)					1c	Х		
d	Loans or loan guarantees to or for related organization(s)					1d		X	
е	Loans or loan guarantees by related organization(s)					1e		Х	
f	Dividends from related organization(s)					1f		X	
g	Sale of assets to related organization(s)					1g		X	
h	Purchase of assets from related organization(s)					1h		X	
i Exchange of assets with related organization(s)									
j Lease of facilities, equipment, or other assets to related organization(s)									
	Lease of facilities, equipment, or other assets from related organization(s)					1k		X	
- 1	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)								
	Sharing of facilities, equipment, mailing lists, or other assets with related organization					1n		X	
o Sharing of paid employees with related organization(s)									
								X	
p Reimbursement paid to related organization(s) for expenses									
q	Reimbursement paid by related organization(s) for expenses					1q		X	
r	Other transfer of cash or property to related organization(s)					1r		<u>X</u>	
s	Other transfer of cash or property from related organization(s)					1s	Х		
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete t	this line, including covered	relationships and transaction threshold	ds.				
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	<b>(d)</b> Method of determining ar	mount invo	lved			
7	THE UNITED RELIGIONS INITIATIVE FOUNDATION	,							
1)	INC.	С	2,168,792.	FMV					
	THE UNITED RELIGIONS INITIATIVE FOUNDATION	,							
2) :	INC.	S	-308,175.	FMV					
3)									
4)									
5)									
6)									
3216	3 09-10-19			S	chedule R	(Forn	n 990)	2019	

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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.

Name, address, and EIN of entity  Primary activity  Legal domicile (state or foreign country)  Legal domicile (state or foreign country)  Predomination on State of total income sections 512-514)  Yes No  Share of total end-of-year assets  Wes No  (Form 1085)  Ves No  (Form 1085)  Ves No  (Form 1085)  Ves No	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h	)	(i)	(j)	(k	k)
of entity (state or foreign available and of the product of the pr	ame, address, and EIN	Primary activity	Legal domicile	Predominant income	partners se	Share of	Share of	Dispro	por- ate	Code V-UBI	Genera manao	l or Percei	ntage
Sections 5 12-3 (4) Yes No Income asserts Yes No (Form 1053) Yes No (Form 1054) Yes No (F	of entity		(state or foreign	excluded from tax under	orgs.?	total		allocati	ons?	of Schedule K-1	partne	r? owne	rship
			country)	sections 512-514)	Yes N	o income	asseis	Yes	No	(Form 1065)	Yes I	10	
					$\sqcup \bot$			$\sqcup$	_				
									$\neg$				
									$\neg$				
								П	$\neg$				