

November 15, 2021

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

Dear Pamela.

Enclosed please find a copy of your 2020 federal and state income tax returns as follows:

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

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

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

RINA will electronically file your 2020 federal and California income tax returns.

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

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

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

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

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

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

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

Very truly yours,

Edward myskey

Ed Fahey, CPA

Partner

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 as soon as possible.
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, 2020

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 qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 15, 2021.

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.

INTTEDR 20200001

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Part I Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)									
Owner last name or entity's legal name UNITED RELIGIONS	2	2. Owner first name	3. Owner M.I.						
4. Spouse last name (if jointly filing FBAR - see instructions be	elow) 5	5. Spouse first 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 YYY	9. Owner or entity TI 680369482	N 10. TIN						
11. Spouse signature	12. Date MM DD YYY	13. Spouse TIN	14. TIN	N a EIN					
Part II Individual or Entity Authorized to File FBAR on I	ehalf of Persons	who have an obligation to	file.	Ţ.					
15. Preparer last name	16. Preparer first	name	17. Preparer M	1.I. 18. Preparer PTIN					
FAHEY	EDWARD		M	P00194561					
19. Address	20. City		21. State	22. ZIP/postal code					
150 POST STREET, STE 200	SAN FRANC	ISCO	CA	94108					
23. Country code 24. Preparer's (item 15) employer's (En	•	25. Employer EIN	26. Preparer's						
US RINA ACCOUNTANCY LLP				OUNTANCY LLP					
Instructions for completing the FBAR Signature Authorization Record									

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

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

. 2020, and ending	. 20

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form8879EO fo			
Name of exempt organization			Taxpayer	identification number
UNITED RELIGI	ONS		**_*	**9482
Name and title of officer or pe				
BAILEY BARNAR	·			
ACTING EXEC D	IRECTOR			
Part I Type of	Return and Return Information (Whole Dollars	Only)		
check the box on line 1a, blank, then leave line 1b, 2 return, then enter -0- on the	rn for which you are using this Form 8879-EO and enter to 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that lies 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (or applicable line below. Do not complete more than one	ne for the return being filed wi	th this form v	was he
1a Form 990 check here				
2a Form 990-EZ check h				
3a Form 1120-POL chec	,	2)	3b	
4a Form 990-PF check h	,			
5a Form 8868 check her	, , , , , , , , , , , , , , , , , , , ,			
6a Form 990-T check he	`````````			
7a Form 4720 check her				
	ion and Signature Authorization of Officer			
	, I declare that $\lfloor extbf{X} floor$ I am an officer of the above organiza	· · · · · · · · · · · · · · · · · · ·	=	· · · · · · · · · · · · · · · · · · ·
(name of organization)	ırn and accompanying schedules and statements, and, t			that I have examined a cop
(settlement) date. I also au confidential information ne identification number (PIN PIN: check one box only	the U.S. Treasury Financial Agent at 1-888-353-4537 no athorize the financial institutions involved in the processire accessary to answer inquiries and resolve issues related to as my signature for the electronic return and, if applicate	ng of the electronic payment on the payment. I have selected	f taxes to red a personal	eive awal.
X I authorize RI	NA ACCOUNTANCY LLP		to enter my	·
	ERO firm name			Enter five numbers, bu do not enter all zeros
a state agency(i PIN on the retur As an officer or electronically file	on the tax year 2020 electronically filed return. If I have it es) regulating charities as part of the IRS Fed/State progin's disclosure consent screen. person subject to tax with respect to the organization, I was return. If I have indicated within this return that a copyities as part of the IRS Fed/State program, I will enter my	ram, I also authorize the afore will enter my PIN as my signatu of the return is being filed wit	mentioned Elure on the tax	RO to enter my x year 2020 ency(ies)
			Б.,	_
Signature of officer or person subject Part III Certification	ct to tax ▶ Ition and Authentication		Date	≠
	pur six-digit electronic filing identification			
· · · · · · · · · · · · · · · · · · ·	your five-digit self-selected PIN.	9406267624 Do not enter all zero		
•	meric entry is my PIN, which is my signature on the 2020 eturn in accordance with the requirements of Pub. 4163 , siness Returns.	electronically filed return indic	cated above.	
ERO's signature ► RINA	ACCOUNTANCY LLP	Date ▶11	/15/21	
	ERO Must Retain This Form Do Not Submit This Form to the IRS U		o So	
LHA For Paperwork Red	luction Act Notice, see instructions.			Form 8879-EO (2020)

FINANCIAL CRIMES ENFORCEMENT NETWORK

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

FinCEN Form 114

UNITEDR20200001

	Filing Name UNITED RELIGIONS
	Submission Type NEW
	PIN NOT REQUIRED
eport.	here X if this report is submitted by an authorized third party, and complete the 3rd party preparer section on page one of the E-file system will auto complete item 46. The FBAR must be received by the Department of the Treasury on or before April 15, 2021. An automatic extension to October 15, 202ble.
Γhis rep a.	ort filed late for the following reason (Check only one): Forgot to file
b.	Did not know that I had to file
C.	Thought account balance was below reporting threshold
d.	Did not know that my account qualified as foreign
e.	Account statement not received in time
f.	Account statement lost (Replacement requested)
g.	Late receiving missing required account information
h.	Unable to obtain joint spouse signature in time
	Unable to access BSA E-filing system
i.	0 ,

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

2020

Amended

Part I F	iler information		UNI	redr	2020	0001					
2 Type of filer	•										
a Individ	dual b Partnershi	p c X Corp	oration (d 🔲	Consolid	dated e	Fidu	uciary or o	other - Ente	er type	
3 U.S. Taxpay	er Identification Number	3a TIN type	4 Fore	ign ider	ntification	n (Comp	lete only if it	tem 3 is no	t applicable	′ I	s date of birth
*****	**	SSN/ITIN	I a Type	e: 🔲	Passpor	t 🔲	Foreign TI	N \square	Other	MM/I	DD/YYYY
	U.S. Identification complete item 4	X EIN	h Num	hor		o Cour	atny of locu	10			
	or organization name		b Num	Dei			ntry of Issurst name	16		8 Middle init	ial 8a Suffix
UNITED	RELIGIONS										
9 Mailing add	ress (number, street, and	l apt. or suite n	o.)								
	X 29242										
10 City	A 23242	-	11 State	12 ZI	P/Postal	Code	13 Count	try			
SAN FRA	NCTSCO		CA	9/1	2902	12	USA				
	e filer have a financial int	erest in 25 or m				74	ODA				
Yes	Enter number of acco	ounts		Do not	complet	te Part I	l or Part III	, but mai	ntain recor	ds of the informati	on.
No X	⊾ le filer have signature aut	harity avar but	no financi	ial intar	oot in 25	or mor	a financial	aaaaunta	2		
Yes	Enter number of acco	•								ose behalf the filer ha	s sign. authority.
No X											
	nformation on finar										
15 Maximum v	alue of account during ca	alendar year	15a Amo unknow		Type of	accoun	t a∟⊥ B	ank b∟	Securit	ies cLl Other -	Enter type below
17 Name of fina	ancial institution in which	account is hel	d								
18 Account nu	mber or other designatio	n 19 Mailing	address ((numbe	r, street,	apt. or	suite no.)	of financi	al institutio	on in which accour	it is held
		24.24.4						laa			
20 City		21 State, i	t known		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 o	complete	the third p	arty preparer sect	ion.
	ure 45 File vill be electronically d when filed	er title, if not rep	orting a p	ersona	l accoun	t				46 Date (MM/DD/ This date will au FBAR is electron	YYYY) Ito-fill when the prically signed
	47 Preparer's last name				1	50 Che		51 TIN	1.661	51a TIN type	X PTIN
Third Party	FAHEY	EDWARI		omo	M	self	-employed			SSN/ITIN 54a TIN type	X EIN
Preparer	52 Contact phone no. (415)777-448		INA A		NTAN	CY L	LP	54 Firm	**0623	34а пій туре	Foreign
Use Only	55 Mailing address (nu	ımber, street, a	pt. or suite	e no.) 5	6 City		5	7 State		Postal Code	59 Country
	150 POST STR	EET, STI	<u>. 700</u>	۵	AIN L	KANC	ISCO	CA	94108)	US

	tion on financ y but no finan				filer has signature or othe count(s)	er		FinCEN Form 114
Complete a separa	ate block for	each acc	ount					
Add an additional Part I	V page as many ti	mes as nece	ssary in o	der to	provide information on all accou	nts		
1 Filing for calendar year	3-4 Check approp	riate identifica	tion number	f (6 Last name or organization nam	e		
	X Taxpayer Ic	dentification	Number		UNITED RELIGIONS			
2020		ntification No						
	Enter identi * * * * * * *	fication num	ber here:					
15 Maximum value of	account during ca	alendar year	15a Amo	ount	16 Type of account a X Bank	b Sec	curities c	Other - Enter type below
	24,165.		unknov	wn				
17 Name of financial in HOUSING BAN								
18 Account number of *******			g address BOX		ber, street, apt. or suite no.) of fin	ancial instit	tution in whic	h account is held
20 City AMMAN		21 State	, if known		22 Foreign postal code, if knows 11118	JORDA		
34 Last name or organization name of account owner				35 T	ax identification number of accou	nt owner	35a TIN typ	
UNITED RELIG	IONS INIT	TIATIVE	MEN				Fo	reign
36 First name	;	37 Middle ini	tial 37a	Suffix	38 Mailing address (number, str WADI SAQRAH STRE		t. or suite no	.)
39 City AMMAN		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 designation	n 19 Mailin	g address	(num	ber, street, apt. or suite no.) of fin	ancial instit	tution in whic	h account is held
20 City		21 State	, if known		22 Foreign postal code, if know	23 Cour	ntry	
34 Last name or organ	nization name of a	ccount own	er	35 T	ax identification number of accou	nt owner	35a TIN typ	
36 First name		37 Middle ini	tial 37a	Suffix	38 Mailing address (number, str	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	-						

ggn

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection and ending A For the 2020 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change UNITED RELIGIONS Name change UNITED RELIGIONS INITIATIVE **-***9482 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ P.O. BOX 29242 415-561-2300 termin-ated 3,058,652. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return SAN FRANCISCO, CA 94129-0242 H(a) Is this a group return Applica-F Name and address of principal officer: BAILEY BARNARD Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3)) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.URI.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Trust Association Other > L Year of formation: 1995 M State of legal domicile: CA Part I Summary Briefly describe the organization's mission or most significant activities: SINCE INCEPTION, URI'S NETWORK Activities & Governance HAS GROWN TO OVER 1,000-MEMBER GROUPS IN 112 COUNTRIES. EACH GROUP, Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 34 Number of voting members of the governing body (Part VI, line 1a) <u>32</u> Number of independent voting members of the governing body (Part VI, line 1b) <u>16</u> 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Current Year** 3,336,543. 2,987,535**.** Contributions and grants (Part VIII, line 1h) Revenue 0. Program service revenue (Part VIII, line 2g) 26,414. 10,269. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 139,811. 8,254. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,502,768. 3,006,058. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 699,044. 640,840. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 1,717,718. 1,669,630. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,142,351. 805,845. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,116,315. -110,257. 3,559,113. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -56,345. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 17,568,947. 18,484,247. 20 Total assets (Part X, line 16) 566,565. 485,554. 21 Total liabilities (Part X, line 26) 17,002,382.998,693. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign BAILEY BARNARD, ACTING EXEC. DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature EDWARD M. FAHEY EDWARD M. FAHEY 11/15/21 P00194561 Paid self-employed RINA ACCOUNTANCY LLP Firm's EIN Preparer Firm's name Firm's address 150 POST STREET, STE 200 Use Only

SAN FRANCISCO, CA 94108

May the IRS discuss this return with the preparer shown above? See instructions

X Yes No

Phone no. (415)777-4488

Par	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? Yes X No
_	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	J J J J J J J J J J J J J J J J J J J
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.
 4а	(Code:) (Expenses \$ 1,555,529 • including grants of \$ 640,840 •) (Revenue \$)
··u	GLOBAL NETWORK DEVELOPMENT: IN 20 YEARS, URI HAS GROWN FROM 83 FOUNDING
	MEMBER ORGANIZATIONS, CALLED COOPERATION CIRCLES (CCS), TO SOME 1,050
	MEMBER GROUPS IN OVER 110 COUNTRIES. COLLECTIVELY, CCS HAVE MORE THAN
	600,000 MEMBERS AND TOUCH THE LIVES OF MILLIONS OF PEOPLE AROUND THE
	WORLD. URI'S UNIQUE GLOBAL NETWORK OF GRASSROOTS CCS CALLS FORTH
	LOCALLY-INITIATED ACTIONS BY SELF-SUPPORTING GROUPS AND ORGANIZATIONS.
	CCS CAN BE SMALL GROUPS ORGANIZING FOR THE FIRST TIME, OR
	WELL-ESTABLISHED ORGANIZATIONS. EVERY CC MUST HAVE AT LEAST SEVEN
	MEMBERS, AND MUST REPRESENT AT LEAST THREE DIFFERENT RELIGIONS,
	SPIRITUAL EXPRESSIONS OR INDIGENOUS TRADITIONS.
	URI'S ORGANIZATIONAL STRUCTURE INCLUDES EIGHT REGIONS WHICH ARE STAFFED
4b	(Code:) (Expenses \$ 128,459 · including grants of \$) (Revenue \$)
	GLOBAL COUNCIL: THE GLOBAL COUNCIL IS URI'S GOVERNING BOARD OF
	TRUSTEES. THREE GLOBAL COUNCIL TRUSTEES ARE ELECTED BY URI'S MEMBER CCS FROM EACH OF EIGHT REGIONS OF THE WORLD. THE GLOBAL COUNCIL CAN APPOINT
	AT-LARGE TRUSTEES TO ENSURE GENDER, FAITH AND EXPERIENCE DIVERSITY. THE
	GLOBAL COUNCIL'S PRIMARY RESPONSIBILITIES INCLUDE BEING THE GOVERNING
	BODY OF URI; CARRYING OUT URI'S MISSION AND PURPOSE; SELECTING,
	SUPPORTING AND EVALUATING THE EXECUTIVE DIRECTOR; ENSURING EFFECTIVE
	PLANNING AND ADEQUATE FINANCIAL RESOURCES; PROTECTING THE
	ORGANIZATION'S ASSETS AND PROVIDING FINANCIAL OVERSIGHT; AND ENSURING
	LEGAL AND ETHICAL INTEGRITY. WITH TRUSTEES FROM 22 COUNTRIES
	REPRESENTING DIVERSE RELIGIOUS AND INDIGENOUS TRADITIONS, THE GLOBAL
	COUNCIL BRINGS ITS GRASSROOTS EXPERIENCE TO URI'S ONGOING STRATEGIC
4c	(Code:) (Expenses \$366, 706 •including grants of \$) (Revenue \$)
	COMMUNICATIONS: URI'S INTERNATIONAL NETWORK RELIES ON A ROBUST
	COMMUNICATION SYSTEM. URI'S GLOBAL WEBSITE, URI.ORG, IS DESIGNED TO
	MAGNIFY URI'S IMPACT, HIGHLIGHT CC SUCCESSES, CONNECT CCS, PROVIDE
	RESOURCE INFORMATION TO CCS, AND ENCOURAGE GLOBAL CAMPAIGNS FOR
	COLLECTIVE GLOBAL ACTION AND MORE. ADDITIONALLY, URI PRODUCES AN ANNUAL
	IMPACT REPORT, AS WELL AS OTHER PRINT, ONLINE AND MULTIMEDIA COLLATERAL
	FOR THE NETWORK. IN THE DIGITAL MEDIA DOMAIN, URI IS ENHANCED BY
	ENGAGING AUDIENCES ON FACEBOOK, TWITTER, INSTAGRAM, LINKEDIN, AND
	YOUTUBE. RECENTLY, URI WAS ALSO AWARDED A MONTHLY GOOGLE AD GRANT TO GALVANIZE ITS ONLINE CAMPAIGNS. GIVEN FAST-PACED TECHNOLOGICAL CHANGE,
	URI'S COMMUNICATIONS TEAM STUDIES NEW SYSTEMS, MAKES RECOMMENDATIONS TO
	URI, AND RECENTLY LAUNCHED A NEW WEBSITE AND INTEGRATED CONSTITUENT
44	Other program services (Describe on Schedule O.)
⊣u	(Expenses \$ 271,558 • including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 2,322,252.
	Form 990 (2020)

Part IV Checklist of Required Schedules

1 Is the organization described in section S01(c)(S) or 4447((x)1) (other than a private foundation)? If "Yes," complete Schedule D, Schedule B, Schedule of Contributions* 2 Is the organization required to complete Schedule D, Schedule of Contributions* 3				Yes	No
2 Is the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 4 Section 501(c)(3) organizations. Did the organization engage in obbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part I 5 Is the organization as extens of 51(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 88179 If "Yes," complete Schedule C, Part II 6 Did the organization an artist an any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part I 7 Did the organization enceive or hold a conservation easement, including easements to preserve open space, the environment, historic land mass, or historic structure? If "Yes," complete Schedule D, Part II 8 Did the organization report an amount in Part X, line 21, for escrov or custodial account liability, serve as a custodian for amounts in old lated in Part X, or provide under contact counseling, debt management, recit repair, or debt inegotiation services? If "Yes," complete Schedule D, Part II 9 Did the organization inclination and part in a contact counseling, debt management, recit repair, or debt inegotiation services? If "Yes," complete Schedule D, Part V 10 Did the organization oriectly or through a related organization, hold assets in donor-restricted endowments? If "Yes," complete Schedule D, Part V 11 Did the organization report an amount for investments - other securities in Part X, line 197 If "Yes," complete Schedule D, Part V II 12 Did the organization report an amount for investments - other securities in Part X, line 197 If "Yes," complete Schedule D, Part V III 2 Did the organization report an amount for investments - other securities in Part X, line 197 If "Yes," complete Schedule D, Part V III 2 Did the organization report an amount for investme	1			y	
3	0	In the expenientian required to complete Schedule B. Schedule of Contributors	_		
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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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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 11th X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X I and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 14b Did the organization maintain an office, employees, or agents outside of the United States? 15 Did the organization maintain an office, employees, or agents outside of the United States? 16 Did the organization have aggregate revenues or expenses of more than \$1,0,000 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 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 18 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 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 G, Part II 19 Did the organization report more than \$1	С				
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21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					
			21	X	

Form 990 (2020) UNITED RELIGIONS

Part IV | Checklist of Required Schedules (continued)

. u.	entertained or required contained portained			
00	Did the appropriation was at the off 000 of small and the original and the		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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	23	х	
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		
	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		
	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		Х
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,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			X
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		x
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in 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			l
	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		- v	
	Part V, line 1	34	X	<u> </u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	_^	├
D	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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	
Pai	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			$\perp \perp \perp$
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4-		
	(gambling) winnings to prize winners?	1c		

Form 990 (2020) UNITED RELIGIONS Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Earth the number of employees reported on Form W.S, Transmittal of Wage and Tax Statements, field for the calendar year anding with or within the year covered by this return b If at least one is reported on line 2a, did the organization list all nequired federal employment tax returns? Note: If the sum of lines 1a and 2 is greated that never required to e-five eign instructions) 3a Did the organization have unvolated business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 890 IT or this year? If "No" to line 30, provide an explanation on Schedule O 3c United the organization have unvolated business gross income of \$1,000 or more during the year? 3c If "Yes," has it filed a Form 890 IT or this year? If "No" to line 30, provide an explanation on Schedule O 3c United Statements of the International Statements In, or a signature or other authority over, a financial account in a foreign country. By URDADAN 5c If "Yes to line the name of the foreign country." BY URDADAN 5c If "Yes to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles or the solicitation and the solicitation and party for goods and services provided to the payor? 5c Did the organization shall with every solicitation an express statement that such contributions or gifts were not tax deductibles or ta					Yes	No
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If "Yes," complete Form 4720, Schedule O.	16	Is the organization an educational institution subject to the section 4968 excise tax on net investment in	ncome?	16		Х
		If "Yes," complete Form 4720, Schedule O.				

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			
	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		X
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		X
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	X	
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				
	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	X	
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	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	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	X	
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	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	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			
	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			
	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 only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	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, an	d finaı	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			

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			((Pos	C) ition	1		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	not c , unle cer an	ss pe	rson i	is bot	h an	compensation from	compensation from related	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. VICTOR H. KAZANJIAN, JR. EXECUTIVE DIRECTOR	39.00	x		Х				133,438.	0.	137,588.
(2) REV. WILLIAM E. SWING	39.00	 								
PRESIDENT	1.00	x		x				139,674.	0.	11,737.
(3) KIRAN BALI	10.00									, -
CHAIRPERSON		х		x				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) SALETTE AQUINO	3.00									
TRUSTEE		Х						0.	0.	0.
(7) POTRE DIRAMPTAN-DIAMPUAN	3.00									
TRUSTEE		Х						0.	0.	0.
(8) NAOUFAL EL HAMMOUMI	3.00									
TRUSTEE		Х						0.	0.	0.
(9) DANIEL EROR	3.00									
TRUSTEE		Х						0.	0.	0.
(10) FRED FIELDING	3.00							_	_	_
TRUSTEE		Х						0.	0.	0.
(11) PETAR GRAMATIKOV	3.00									
TRUSTEE		Х						0.	0.	0.
(12) MARIANNE HORLING	3.00	١							•	
TRUSTEE	2 00	Х						0.	0.	0.
(13) KALYAN KUMAR KISKU	3.00								•	
TRUSTEE	2 00	Х						0.	0.	0.
(14) CHIEF PHILIP LANE	3.00	.							•	•
TRUSTEE	2 00	Х						0.	0.	0.
(15) PETER MOUSAFERIADIS	3.00	X						0.	0.	0.
TRUSTEE (16) WAMBUI NGIGE	3.00	^		_	_			0.	0.	0.
TRUSTEE	3.00	X						0.	0.	0.
(17) JOHN NG'OMA	3.00	^						0.	0.	0.
TRUSTEE	— 3.00	X						0.	0.	0.
032007 12-23-20	1	72			l			<u> </u>	0.	Form 990 (2020)

Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	a Hi	ıgne	st C	ompensated Employe	es (continuea)				
(A)	(B)			-	C)	_		(D)	(E)			(F)	
Name and title	Average hours per				more	than		Reportable	Reportable		l	timate	
	week					is bot or/trus		compensation from	compensatior from related	1	an	nount other	Oī
	(list any	ctor						the	organizations	;	com	pensa	ation
	hours for	or dire	gg.			ated		organization	(W-2/1099-MIS	C)		om th	
	related organizations	ustee	truste		9	npens		(W-2/1099-MISC)			·	anizat d relat	
	below	Individual trustee or director	Institutional trustee	_	Key employee	st con						a reiat anizati	
	line)	Indivi	Institu	Officer	Key er	Highest compensated employee	Forme						
(18) MACLEORD BAKER OCHOLA II	3.00							_					
TRUSTEE		Х						0.		0.			0.
(19) C.N.N. RAJU	3.00	١,,						0		^			0
TRUSTEE	3.00	Х				-	-	0.		0.			0.
(20) SWAMINI ADITYANANDA SARASWATI TRUSTEE	3.00	x						0.		0.			0.
(21) SOK SIDON	3.00	^						0.		0.			0.
TRUSTEE	3.00	x						0.		0.			0.
(22) VALERIA VERGANI	3.00	 								-			
TRUSTEE		Х						0.		0.			0.
(23) STEPHEN L VILLAESTER	3.00												
TRUSTEE		Х						0.		0.			0.
(24) ELISHA BUBA YERO	3.00												
TRUSTEE	2 22	Х						0.		0.			0.
(25) GENEVA BLACKMER	3.00	ļ ,,						0		^			0
TRUSTEE	3.00	Х	_				-	0.		0.			0.
(26) ANWAR DAHAK TRUSTEE	3.00	X						0.		0.			0.
			<u> </u>				\vdash	273,112.		0.	14	9,3	
c Total from continuation sheets to Part V								0.		0.		, , ,	0.
d Total (add lines 1b and 1c)								273,112.		0.	14	9,3	
2 Total number of individuals (including but r							ho r		0,000 of reportable	 e			
compensation from the organization									•				2
												Yes	No
3 Did the organization list any former officer,			key (emp	loye	e, o	r hig	hest compensated emp	oloyee on				37
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$15	•							•	the organization		4	Х	
5 Did any person listed on line 1a receive or a									idual for services		4	21	
rendered to the organization? If "Yes," com							Clai	ca organization of marv	iddai for 3ct vices		5		х
Section B. Independent Contractors	1				,								
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	pens	ation	rom	
the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	/ithi	n the organization's tax	year.				
(A)		37/	~~	_				(B)		_)	;)	_
Name and business	address	N	INC	Ľ			\dashv	Description of s	services		ompe	nsatio	n
							\dashv						
2 Total number of independent contractors (-	ot li	mite	d to		se li ()	stec	a above) who received m	nore than				
\$100,000 of compensation from the organi	A CON	ידי	VIII	<u> </u>		<u> </u>	SH	EETS			Form	990 <i>i</i>	2020)
vii, buciio					1)		~			OIIII	(_U_U)

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	ELIGIONS								**_**	7402
Part VII Section A. Officers, Directors, Tr	ustees, Key Eı	nplo	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A) (B) (C)								(D)	(E)	(F)
Name and title	Average				ition	1		Reportable	Reportable	Estimated
	hours	(cl				арр	ly)	compensation	compensation	amount of
	per						Ė	from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				em pl		organization	(W-2/1099-MISC)	from the
	hours for	or di	8			sated		(W-2/1099-MISC)		organization
	related organizations	ustee	trust		99	ubeus				and related organizations
	below	dual tr	tional	١.	nploy	st con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ROSA DELIA MACAS	3.00	_	 	F	 	 	_			
TRUSTEE	3,00	х						0.	0.	0.
(28) P.K. MCCARY	3.00							0.	0.	0.
TRUSTEE	3.00	Х						0.	0.	0.
(29) FRANCISCO MORALES	3.00							•	0.	0.
TRUSTEE	3.00	х						0.	0.	0.
	3.00	Δ						0.	0.	0.
(30) MORGANA SYTHOVE	3.00	х						0.	0.	0.
TRUSTEE	3.00	Λ						0.	0.	0.
(31) OMAR TAYEH	3.00	٦,						_	0	0
TRUSTEE	2 00	Х						0.	0.	0.
(32) ISSAC THOMAS	3.00	,,							0	0
TRUSTEE		Х						0.	0.	0.
	1									
	1					t				
		1								
	1									
	1									
		1		1						
	1									

Form 990 (2020	UNITED	RELIGIONS			**-***9	482	Page 9
Part VIII	Statement of Revenue						
	Check if Schedule O contains	s a response or note to any line in this Part \	/III				
		(A)		/B)	(C)	<u> </u>	

		Official in Schedule O Contains a response of floto	to arry iii i	7.5	/D\	(0)	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Sifts, Grants ar Amounts	b c	Federated campaigns Membership dues Fundraising events Related organizations 1a 1b 1c 130 1d 1,444	,550.				
Contributions, Gifts, Grants and Other Similar Amounts	e f g	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f 1g \$ 36	,857. ,085.	0 000 505			
<u>a</u> 0	h	Total. Add lines 1a-1f		2,987,535.			
		Busin	ness Code				
e l	2 a						
ا م جَ	b						
S à	С						
E Š	d						
Reg	۵						
Program Service Revenue	•	All other program service revenue					
	'						
\dashv	<u>9</u> 3	Total. Add lines 2a-2f					
	3			9,641.			9,641.
		other similar amounts) Income from investment of tax-exempt bond proceed		3,041.			7,041.
	4						
	5	Royalties	Personal				
	٥.		CISOIIAI				
		E000: Torrital experieses					
		` '		52,393.			52,393.
		Net rental income or (loss)		54,393.			54,393.
	7 a) Other				
		assets other than inventory 7a 9,078.					
	b	Less: cost or other basis	- 1				
מַ		and sales expenses 7b 8,450. Gain or (loss) 7c 628.					
e e		()		600			600
Other Revenue		Net gain or (loss)	🕨	628.			628.
ihe	8 a	Gross income from fundraising events (not	I				
δ		including \$130 , 550 . of	- 1				
		contributions reported on line 1c). See					
		Part IV, line 18	0.				
	b	Less: direct expenses 8b 44	,144.				
	С	Net income or (loss) from fundraising events		-44,144.			-44,144.
	9 a	Gross income from gaming activities. See	- 1				
		Part IV, line 199a					
	b	Less: direct expenses9b					
	С	Net income or (loss) from gaming activities	▶				
	10 a	Gross sales of inventory, less returns	- 1				
		and allowances10a					
	b	Less: cost of goods sold10b					
	С	Net income or (loss) from sales of inventory	🕨				
S			ness Code				
on e	11 a	MISCELLANEOUS INCOME 90	0099	5.	5.		
an(b						
Miscellaneous Revenue	С						
Ajs	d	All other revenue					
_		Total. Add lines 11a-11d		5.			
	12	Total revenue. See instructions		3,006,058.	5.	0.	18,518.

032009 12-23-20

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).

Do n	Check if Schedule O contains a response of include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 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	205 611	207 611		
	and domestic governments. See Part IV, line 21	307,611.	307,611.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	222 000	222 000		
	individuals. See Part IV, lines 15 and 16	333,229.	333,229.		
	Benefits paid to or for members				
5	Compensation of current officers, directors,	400 425	266 105	07 102	00 145
	trustees, and key employees	422,437.	366,187.	27,103.	29,147
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 005 010	686 108	155 020	0.41 0.01
7	Other salaries and wages	1,075,217.	676,197.	157,239.	241,781
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	00 005	20 001	12 110	40 004
9	Other employee benefits	92,265.	38,281.	13,110.	40,874
10	Payroll taxes	79,711.	54,301.	7,826.	17,584
1	Fees for services (nonemployees):				
а	Management	4 000		4 000	
b	Legal	4,000.	25 244	4,000.	
С	Accounting	33,000.	26,244.	2,912.	3,844
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	203,758.	162,282.	29,745.	11,731
12	Advertising and promotion				
13	Office expenses	48,076.	27,617.	11,575.	8,884
14	Information technology				
15	Royalties				
16	Occupancy	204,902.	167,746.	16,700.	20,456
17	Travel	42,660.	40,960.	1,650.	50
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,000.	10,000.		3,000
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	96,669.		96,669.	
23	Insurance	12,782.	8,771.	1,379.	2,632
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	MISCELLANEOUS	104,583.	78,714.	12,257.	13,612
b	PRINTING & COPYING	25,443.	22,175.	252.	3,016
С	BANK FEES	14,486.	0.	14,319.	167
d	WORKSHOPS, TRAINING	2,486.	1,935.	447.	104
е	All other expenses		2.		-2
25	Total functional expenses. Add lines 1 through 24e	3,116,315.	2,322,252.	397,183.	396,880
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)

Part X | Balance Sheet

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this Part X				
			(A) Beginning of year		(B) End of year	
	1	Cash - non-interest-bearing	939,571.	1	782,948.	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	560,196.	3	280,839.	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or former officer, director,				
		trustee, key employee, creator or founder, substantial contributor, or 35%				
		controlled entity or family member of any of these persons	(A) Beginning of year 939,571. 1 782, 2 560,196. 3 280, 4 5 6 7 8 47,824. 9 73, 639. 10c 7, 23,524. 11 542, 12 13 167,066. 14 17,568,947. 16 18,484, 164,654. 17 18 1,911. 19 12, 20 21 22 23 24 400,000. 25 275, 566,565. 26 485, 11,497,226. 27 12,135, 5,505,156. 28 5,862, 29 30 31			
	6	Loans and other receivables from other disqualified persons (as defined				
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
ţ	7	Notes and loans receivable, net	(A) Beginning of year 939,571. 1 78 2 560,196. 3 28 4 47,824. 9 7 8 47,824. 9 7 8 47,824. 11 54 12 13 167,066. 14 15,830,127. 15 16,69 17,568,947. 16 18,48 164,654. 17 18 1,911. 19 1 20 21 22 23 24 400,000. 25 27 566,565. 26 48 11,497,226. 27 12,13			
Assets	8	Inventories for sale or use		8		
Ř	9	Prepaid expenses and deferred charges	47,824.	9	73,147.	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a 177, 994. Less: accumulated depreciation 10b 170, 807.				
	b	Less: accumulated depreciation 10b 170,807.	639.	10c	7,187. 542,680.	
	11	Investments - publicly traded securities	23,524.	11	542,680.	
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets	167,066.		102,803.	
	15	Other assets. See Part IV, line 11	15,830,127.	15	16,694,643.	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	18,484,247.	
	17	Accounts payable and accrued expenses	164,654.	17	196,942.	
	18	Grants payable		18		
	19	Deferred revenue	1,911.	19	12,877.	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
es	22	Loans and other payables to any current or former officer, director,				
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%				
ja de		controlled entity or family member of any of these persons				
_	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part X	400 000		275 725	
		of Schedule D			405 554	
	26	Total liabilities. Add lines 17 through 25	500,505.	26	485,554.	
S		Organizations that follow FASB ASC 958, check here ▶ X				
nce		and complete lines 27, 28, 32, and 33.	11 407 226		12 125 005	
ala	27	Net assets without donor restrictions			E 062 600	
βB	28	Net assets with donor restrictions	5,505,150.	28	3,002,090.	
Ë		Organizations that do not follow FASB ASC 958, check here				
ō		and complete lines 29 through 33.				
əts	29	Capital stock or trust principal, or current funds				
1886	30	Paid-in or capital surplus, or land, building, or equipment fund				
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	17,002,382.		17 000 602	
ž	32	Total net assets or fund balances	17,002,382.	32	17,998,693.	
	33	Total liabilities and net assets/fund balances	11,300,34/	33	18,484,247.	

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,00		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,11		
3	Revenue less expenses. Subtract line 2 from line 1	3		-11		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	17	,00		
5	Net unrealized gains (losses) on investments	5		4	1,0	46.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1	,06	5,5	22.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	<u> 17</u>	,99	8,6	93.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			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		ļ			
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					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc	lit			_
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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 **-***9482

UNITED RELIGIONS

Pa	rt I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.	
he	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	check only	one box.)		
1		A church, convention of ch						
2		A school described in secti	•					
3		A hospital or a cooperative					ii).	
4		A medical research organiz						the hospital's name
		city, and state:	a operated	.,,				and mospital o maine,
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in
J		section 170(b)(1)(A)(iv). (C		liege of difficulty owner	а ог орога	iou by u g	overnmental and accord	500 II 1
6		A federal, state, or local gov	•	nontal unit described in	coetion 17	70/6//4//4/	(v)	
6	X	, ,	· ·				• •	nublic described in
′	21	An organization that norma	-	iniai part of its support i	rom a gov	emmentai	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (Co	· ·	(4)(4)(4)(4)	.			
8	Н	A community trust describe						
9		An agricultural research org				-		-
		or university or a non-land-g	rant college of agric	ulture (see instructions).	. Enter the	name, city	, and state of the colleg	je or
		university:						
10	ш	An organization that norma	•	-	-		· · · · · · · · · · · · · · · · · · ·	
		activities related to its exen						
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	. ,					
11	Н	An organization organized a	-	•	-			_
12		An organization organized a	=	•	-		· · · · · · · · · · · · · · · · · · ·	
		more publicly supported or	-					Check the box in
		lines 12a through 12d that	• •			-	· · · · · ·	
а			· · · · · · · · · · · · · · · · · · ·	•	•	•		
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must c						
b			· ·					-
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С							•	ed with,
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.	
d							• • • •	
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.	
е		☐ Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated support	ing organiz	zation.		
f		er the number of supported o	-					
g		vide the following information			(iv) Is the orga	nization listed	(a) Amount of monotons	(vi) Amazunt af atlasu
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	Support (See Instructions)	Support (See Instructions)
- Ota	<u> </u>							

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	2,339,641.	1,736,634.	3,233,481.	3,336,543.	2,987,535.	13,633,834.					
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	2,339,641.	1,736,634.	3,233,481.	3,336,543.	2,987,535.	13,633,834.					
	The portion of total contributions		, ,	, ,		, ,	·_·					
•	by each person (other than a											
	governmental unit or publicly											
	supported organization) included											
	on line 1 that exceeds 2% of the											
	amount shown on line 11,											
	column (f)						2,844,596.					
6	Public support. Subtract line 5 from line 4.						10,789,238.					
	etion B. Total Support											
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total					
	Amounts from line 4	2,339,641.	1,736,634.	3,233,481.	3,336,543.	2,987,535.	13,633,834.					
	Gross income from interest,		_ , ,	7 - 1 - 1 - 1	7 7 7 7 7 7	_ / * * * / * * * *						
Ū	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources	983.	924.	1,286.	28,210.	9,641.	41,044.					
a	Net income from unrelated business					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
•	activities, whether or not the											
	business is regularly carried on											
10	Other income. Do not include gain											
10	or loss from the sale of capital											
	assets (Explain in Part VI.)	152.238.	154,295.	166.205.	240.677.	52.397	765,812.					
11		132/2301	131/2330	100/2031	210/0777	3273376	14,440,690.					
12	Gross receipts from related activities,	etc (see instruction	one)			12						
13	'		,	fourth or fifth tax								
10	organization, check this box and stor						ightharpoonup					
Sec	etion C. Computation of Publ											
	Public support percentage for 2020 (column (fl)		14	74.71 %					
15	Public support percentage from 2019					15	74.60 %					
	33 1/3% support test - 2020. If the o											
	stop here. The organization qualifies											
b	33 1/3% support test - 2019. If the											
	and stop here. The organization qualifies as a publicly supported organization											
17a	17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,											
	and if the organization meets the fact											
	meets the facts-and-circumstances to			=	•							
b	10% -facts-and-circumstances tes	•	·									
	more, and if the organization meets the	ū				•						
	organization meets the facts-and-circ		•		•							
18	Private foundation. If the organization						s >					
_			,	, ,,	,							

Schedule A (Form 990 or 990-EZ) 2020

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						
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513						
4							
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
/ 6	Amounts included on lines 1, 2, and						
,	3 received from disqualified persons 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.)						
	ction B. Total Support		1				<u> </u>
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
IUa	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ie organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
	check this box and stop here	<u></u>					<u></u> ▶□
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2020 (ine 8, column (f), o	divided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
<u>Se</u>	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	20 (line 10c, colur	mn (f), divided by li	ine 13, column (f))		17	%
18	Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2020. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2019. If the						and
	line 18 is not more than 33 1/3%, che						
20							

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
30		
6		
7		
8		
9a		
0.		
9b		
9с		
20		
10a		
10b		

Pai	t IV Supporting Organizations (continued)			<u> </u>
	The second secon		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	L		
		-	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in 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 governmental entity (see in	structio	_	
2	Activities Test. Answer lines 2a and 2b 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 line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	۵.		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2-		
L	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .	3a		
D	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.

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.				
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 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ılly integra	ated Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2020

Sche	edule A (Form 990 or 990-EZ) 2020 UNITED RELIGI	ONS		*	*-***9482 Page 7	
	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	Section D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1		
2	Amounts paid to perform activity that directly furthers exemple	ot purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns	3		
4	Amounts paid to acquire exempt-use assets			4		
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
_7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which t	he organization is responsive	Э			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2020 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020	
1	Distributable amount for 2020 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2020 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2020					
а	a From 2015					
b	From 2016					
c	From 2017					
d	From 2018					
е	From 2019					
f	Total of lines 3a through 3e					

Schedule A (Form 990 or 990-EZ) 2020

g Applied to underdistributions of prior yearsh Applied to 2020 distributable amount

a Applied to underdistributions of prior yearsb Applied to 2020 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions.

6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2021. Add lines 3j

4 Distributions for 2020 from Section D,

Part VI. See instructions.

line 7:

and 4c.

8 Breakdown of line 7:
 a Excess from 2016
 b Excess from 2017
 c Excess from 2018
 d Excess from 2019
 e Excess from 2020

i Carryover from 2015 not applied (see instructions)j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

Part VI	Supplemental Information Devide the evaluations required by Dart II line 10: Dart II line 17: or 17b; Dart III line 19:			
i dit 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,			
	ine 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 **-***9482

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2020

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
STORM CASTLE FOUNDATION	310,000.	21,186.
KRAMER FAMILY FOUNDATION	755,000.	466,186.
RUPERT H. JOHNSON, JR. FOUNDATION	723,666.	434,852.
S. D. BECHTEL, JR. FOUNDATION	1,500,000.	1,211,186.
GEORGE MARCUS	1,000,000.	711,186.
Total Excess Contributions to Schedule A, Part II, Line 5		2,844,596.

Schedule B

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

Department of the Treasury Internal Revenue Service

Organization type (check one):

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

2020

Name of the organization

UNITED RELIGIONS

-*9482

Filers of	:	Section:				
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special l	Rules					
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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; line 1. Complete Parts I and II.				
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.				
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year				
but it mu	st answer "No" on I	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

UNITED RELIGIONS **-**9482

I alti	Continuators (see instructions). Ose duplicate copies of Fart in additional	a space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MR. WILLIAM P. FULLER AND MS. JENNIFER BECKETT 2076 VALLEJO STREET SAN FRANCISCO, CA 94123	\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	COMMUNITY FOUNDATION OF GREATER MEMPHIS 1900 UNION AVENUE MEMPHIS, TN 38104	\$ 266,676.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	S. D. BECHTEL, JR. FOUNDATION P. O. BOX 193809 SAN FRANCISCO, CA 94119-3809	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	JOHN AND MARCIA GOLDMAN PHILANTHROPIC FUND 101 SECOND STREET, STE 1625 SAN FRANCISCO, CA 94105	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MS. GWINNETH BEREXA AND MR. STEVEN BEREXA 2355 THOMAS AVE., #1602 DALLAS, TX 75201	\$ 11,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	MRS. ROSELYNE C. SWIG 3710 WASHINGTON STREET SAN FRANCISCO, CA 94118	\$ 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 addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE STEPHEN AND MARGARET GILL FAMILY FOUNDATION 32 FLOOD CIRCLE ATHERTON, CA 94027	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	MARY CRANSTON P.O. BOX 29242 SAN FRANCISCO, CA 94129	\$9,000.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 SUZANNE SISKEL P.O. BOX 29242 SAN FRANCISCO, CA 94129	\$ 11,050.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	JOHN WEISER 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
11	ENSEMBLE CAPITAL MGMT P.O. BOX 29242 SAN FRANCISCO, CA 94129	\$8,100.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	LAURETTE VERBINSKI P.O. BOX 29242	\$	Person X Payroll Noncash
000450 11 0	SAN FRANCISCO, CA 94129	Cohedula P. (Favor	(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	
13	GEORGE MARCUS P.O. BOX 29242 SAN FRANCISCO, CA 94129	\$1,000,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
14	HERBST 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	
15	J.R. COLEMAN P.O. BOX 29242 SAN FRANCISCO, CA 94129	\$\$	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	
16	KRAMER FAMILY FOUNDATION P.O. BOX 29242 SAN FRANCISCO, CA 94129	\$1,000,000.	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	
17	THE STIFTUNG AUXILIUM FOUNDATION P.O. BOX 29242 SAN FRANCISCO, CA 94129	\$ 22,300.	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	
18	BOS INVEST P.O. BOX 29242 SAN FRANCISCO, CA 94129	\$5,000.	Person X Payroll	
000450 11.0		Cala dula D (Farra	000 000 F7 av 000 PE) (0000)	

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	NEIL JUBALI 1990 N. CALIFORNIA BLVD., 8TH FLOOR WALNUT CREEK, CA 94596	\$5,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
20	PATRICK AND SHEILA GROSS 7401 GLENBROOK ROAD BETHESDA, MD 20814	\$5,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
21	RICHARD LIVERMORE P.O. BOX 7583 MENLO PARK, CA 94026	\$5,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
22	WILLIAM AND MARY SWING 601 LAUREL AVENUE, APT. 802 SAN MATEO, CA 94401	\$9,300.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
23	JUDITH GADALDI 61 SHORE VIEW AVENUE SAN FRANCISCO, CA 94121	\$8,500.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
24	PETER AND JANE CARPENTER 140 FOREST LANE MENLO PARK, CA 94025	\$10,000.	Person X Payroll	
000450 11 0		Cabadula B (Farm	000 000 F 7 at 000 PF) (0000)	

UNITED RELIGIONS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	JAMES HORMEL 101 MISSION STREET, SUITE 1750 SAN FRANCISCO, CA 94105	\$12,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	CHANDLER AND PAUL TAGLIABUE 5630 WISCONSIN AVENUE, APT. 503 CHEVY CHASE, MD 20815	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	JOHN AND LESLIE MCQUOWN 19320 CARRIGER ROAD SONOMA, CA 95476	\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	ANONYMOUS 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
		\$	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

Employer identification number

-9482

UNITED RELIGIONS Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I COMMON STOCK 1 7,041. 11/25/20 (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I COMMON STOCK 15 02/28/20 27,007. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

Employer identification number Name of organization **-***9482 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 **-***9482

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	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	writing that the assets held in donor advised f	unds
	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	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		•
	Number of conservation easements on a certified historic str		. 2c
a	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 terminated by the org	ganization during the tax
4	year	coment is leasted	
4 5	Number of states where property subject to conservation ea		
3	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Transming of Violations, and emoreting conserve	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
-	\$		caseee adming and year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	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 footi	-	
	organization's accounting for conservation easements.		
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and I	balance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheral	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		·
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	in, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

Sche	edule D (Form 990) 2020 UNITED I	RELIGIONS					**_**	*9482	2 p;	age 2
Pai	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, d	or Othe	r Simil	ar Asse	ts (contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following tha	t make si	ignificant	use of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or exc	hange progra	am					
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 t	he organizati	on's exer	npt purp	ose in Par	XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, historical trea	sures, or oth	er similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?				Yes		No
Pai	rt IV Escrow and Custodial Arrang	gements. Comple	ete if the organizatio	n answered '	"Yes" on	Form 990	0, Part IV,	line 9, or		
	reported an amount on Form 990, Par	·								
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for contribution	s or other as	sets not	included		-	_	_
	on Form 990, Part X?						L	Yes	L	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing table:							
								Amount	i	
С	Beginning balance					. 1c				
d	Additions during the year					. 1d				
е	Distributions during the year					. 1e				
f	Ending balance					. 1f		-		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or co	ustodial acco	unt liabili	ity?	L	Yes	Ļ	_ No
	If "Yes," explain the arrangement in Part XIII.									<u></u>
Pai	rt V Endowment Funds. Complete if	f the organization an	swered "Yes" on Fo	orm 990, Part	: IV, line 1	0.				
		(a) Current year	(b) Prior year	(c) Two year		(d) Three <u>y</u>	ears back	(e) Four		
1a	Beginning of year balance	13,218,802.	2,716,054.		1,056.	4	192,671.		422,	,667.
b	Contributions	2,371,353.	10,354,179.		6,445.					
С	Net investment earnings, gains, and losses	2,023,128.	439,528.	-129	9,676.	1,3	368,385.		70,	,004.
d	Grants or scholarships	1,650,460.								
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	107,239.	290,959.		1,771.					
g	End of year balance	15,855,584.	13,218,802.		6,054.	1,8	861,056.		492,	,671.
2	Provide the estimated percentage of the curr		e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment	75.0000	_%							
b		%								
С	Term endowment ► 5.0000 9									
	The percentages on lines 2a, 2b, and 2c show									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administe	ered for th	ne organi	zation	г		
	by:								Yes	No
	(i) Unrelated organizations									Х
	(ii) Related organizations							3a(ii)	X	<u> </u>
b	If "Yes" on line 3a(ii), are the related organizar							3b	X	Щ_
Do:	Describe in Part XIII the intended uses of the		wment funds.							
Pai	rt VI Land, Buildings, and Equipm) David IV line dde C	Saa Farra 000) D-4 V	line 10				
	Complete if the organization answered									
	Description of property	(a) Cost or of basis (investm	` '	or other		cumulate reciation		(d) Bool	(value	е
. .	l and	<u> </u>	Dasis	(other)	uep	n c ciation				
	Land									
	Buildings		1	1,747.		11,7	47			0.
	Leasehold improvements		1 6	$\frac{1,747.}{6,247.}$	1	59,0	- / •		7,1	
d	Equipment		10	0,44/•			00.		, <u>, </u>	<u> </u>

Schedule D (Form 990) 2020

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

7,187.

Schedule D (Form 990) 2020 UNITED RELI	GIONS	**-***9482 Page 3
Part VII Investments - Other Securities.		, and the second
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		

Part IX Other Assets.

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

(6)(7) (8)

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

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

Part X Other Liabilities.

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

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

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

Schedule D (Form 990) 2020

Part XIII Supplemental Information.

c Add lines 4a and 4b

b Other (Describe in Part XIII.)

5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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

PART V, LINE 4:

THE ENDOWMENT FUND IS HELD BY THE RELATED ORGANIZATION, UNITED RELIGIONS INITIATIVE FOUNDATION, INC. FUNDS ARE USED FOR VARIOUS STRATEGIC INITIATIVES AND IN ACCORDANCE WITH DONOR RESTRICTIONS.

PART X, LINE 2:

UNITED RELIGIONS IS RECOGNIZED AS A PUBLIC CHARITY EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND RECOGNIZED AS A PUBLIC CHARITY EXEMPT FROM STATE INCOME TAXES UNDER SECTION 23701 OF THE CALIFORNIA REVENUE AND TAXATION CODE. ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR SUCH TAXES IN THE ACCOMPANYING FINANCIAL

Schedule D (Form 990) 2020

3,116,315.

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.

2020
Open to Public Inspection

Name of the organization

Employer identification number

3						
JNITED RELIGION	S				**-***948	32
		ctivities Ou	tside the United States. Compl	ete if the organ	ization answered "\	es" on
Form 990, Part IV						
			ds to substantiate the amount of its gr			v N.
the grantees eligibility to	or the grants or a	issistance, and	the selection criteria used to award the	e grants or ass	Istance? A	Yes No
2 For grantmakers. Desc	rihe in Part V the	organization's	procedures for monitoring the use of it	s grants and o	ther assistance out	side the
United States.		organization o	procedures for mornioring the dec of it	e grante and e	aror accionarios can	ordo trio
3 Activities per Region. (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is	needed.)		
(a) Region			(d) Activities conducted in the region	1	vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to recipients located in the region)		specific type (s) in the region	investments
		in the region	resipionis lecated in the region)	01 301 1100	(a) in the region	in the region
				TNIMEDEXTMU	COODEDAMION	
			PROGRAM SERVICES, GRANTS TO	COMMUNICATI	COOPERATION,	
ASIA SOUTH	6		RECIPIENTS.		ORDINATION.	147,850.
			indeff filmis.	REGIONNE CO	onbinii ion.	117,030.
				INTERFAITH	COOPERATION,	
			PROGRAM SERVICES, GRANTS TO	COMMUNICATI		
AST ASIA & PACIFIC	3		RECIPIENTS.	REGIONAL CO	OORDINATION.	36,367.
CENTRAL					COOPERATION,	
MERICA/SOUTH			PROGRAM SERVICES, GRANTS TO	COMMUNICATI	ON, AND	
MERICA/CARRIBEAN	2		RECIPIENTS.	REGIONAL CO	ORDINATION.	50,797.
					G00DED1ET01	
ALDDIE EN OM MODMII			DROGRAM GERVITGEG GRANEG EO		COOPERATION,	
MIDDLE EAST, NORTH	1		PROGRAM SERVICES, GRANTS TO RECIPIENTS.	COMMUNICATI	ORDINATION.	53,837.
TRICA			RECTIENTS:	REGIONAL CO	ORDINATION.	33,037.
				INTERFAITH	COOPERATION,	
			PROGRAM SERVICES, GRANTS TO	COMMUNICATI		
AFRICA	6		RECIPIENTS.		ORDINATION.	214,731.
				INTERFAITH	COOPERATION,	
			PROGRAM SERVICES, GRANTS TO	COMMUNICATI	ON, AND	
EUROPE	1		RECIPIENTS.	REGIONAL CO	ORDINATION.	193,573.
3 a Subtotal	19	0				697,155.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a		_				607.157
and 3b)	19	0	1			697,155.

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

Schedule F (Form 990) 2020

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			INTERFAITH					
		AFRICA	COOPERATION	117,741.	WIRE TRANSFERS	96,590.		
			INTERFAITH					
			COOPERATION	10,200.	WIRE TRANSFERS	26,167.		
						·		
		EUROPE	INTERFAITH COOPERATION	53 385	WIRE TRANSFERS	140,187.		
		LOKOT L	COOTEMITION	33,303.	WIKE INTROFFICE	140,107.		
			INTERFAITH					
		MIDDLE EAST	COOPERATION	34,083.	WIRE TRANSFERS	19,754.		
			INTERFAITH					
		SOUTH ASIA	COOPERATION	90,164.	WIRE TRANSFERS	57,686.		
		CENTRAL						
			INTERFAITH					
			COOPERATION	27,656.	WIRE TRANSFERS	23,141.		
2 Enter total number of		<u> </u>	<u> </u>	1	<u> </u>			

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

3 Enter total number of other organizations or entities

Part 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) 2020

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.

OMB No. 1545-0047

Open to Public

Name of the organization

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

Inspection **Employer identification number**

UNITED	RELIGIONS				**-***9	482
Part I Fundraising Activities required to complete this par	• Complete if the organization answet.	ered "Y	'es" o	n Form 990, Part IV,	line 17. Form 990-E2	Ifilers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed to the solicitation of the solicitations 	sed funds through any of the following set of the following set of the solicitate of	tion of tion of fundra I (inclue profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, orYes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		-				
		_				
		_				
Total			<u> </u>			
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrik	outions	s or has been notified	d it is exempt from re	egistration
-						
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	Schedule G (Form 9	90 or 990-EZ) 2020

Pa	art	of fundraising events. Complete if the of fundraising event contributions and gr	-		· · · · · · · · · · · · · · · · · · ·	
		ŭ j	(a) Event #1 CIRCLES OF LIGHT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	001. (0))
Revenue	1	Gross receipts	130,550.			130,550.
	2	Less: Contributions	130,550.			130,550.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
õ	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	44,144.			44,144.
	10	, ,			_	44,144.
Ds	11 art					-44,144.
	41 6	\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1990, Fait IV, iiile 19, Oi	reported more triair	
		ψ10,000 011 0111 000 <u>22</u> , iiile σα.	() 5:	(b) Pull tabs/instant		(d) Total gaming (add
ue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	⁷ from line 1, column (d)		>	
_		ter the state(s) in which the organization cond				
a	ı İs t	the organization licensed to conduct gaming a No," explain:	ctivities in each of these			Yes No
10a		ere any of the organization's gaming licenses re	evoked, suspended, or t	erminated during the tax	year?	Yes No
b	If "	Yes," explain:				
	_					
		1-25-20			Schedule G (Fo	rm 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 UNITED RELIGIONS	9404	Page 3
11 Does the organization conduct gaming activities with nonmembers?	. Yes	└─ No
12 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:	. —	
	13a	0.4
a The organization's facility		<u>%</u>
b An outside facility	13b	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name N		
Name		
Address ▶		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	└── No
b 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 ▶		
Address		
16 Gaming manager information:		
Name		
Gaming manager compensation > \$		
Description of services provided		
	,	
Director/officer Employee Independent contractor		
Employee Employee		
17 Mandatory distributions:		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	Yes	□ Na
retain the state gaming license?	L	└── No
b 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 ▶ \$		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	art III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G (Form 990 or 990-E	z) UNITED RELIGIONS	**-***9482 Page 4
Schedule G (Form 990 or 990-E Part IV Supplemental	Information (continued)	, and the second
	(**************************************	

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

Open to Public Inspection

Name of the organization								Employer identification number
Part I General Inform	UNITED RE							**-***9482
			e amount of the grants	or againtanes, the	arantoos' oligibili	ty for the grants or on	sistance, and the soles	ation
2 Describe in Part IV th	ne organization's pr	ocedures for mon	itoring the use of grant	funds in the Unite	d States.			165
			izations and Domesti			anization answered "	es" on Form 990, Par	t IV, line 21, for any
recipient that r	received more than	\$5,000. Part II car	n be duplicated if addit	ional space is need	ded.			
1 (a) Name and addres or govern		(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
URI MULTI-REGION								
P.O. BOX 29242								
SAN FRANCISCO, CA 94	129		170(B)(1(A)(VI)	31,523.	0.			INTERFAITH COOPERATION
2 Enter total number o	of section 501(c)(3) a	and government o	rganizations listed in th	ne line 1 table	ı	ı	ı	<u> </u>
3 Enter total number o								

-*9482 UNITED RELIGIONS Schedule I (Form 990) 2020 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(f) Description of noncash assistance recipients cash assistance cash grant Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: REPORTS OF EXPENSES AND SUPPORTING DOCUMENTS ARE REQUIRED AS A CONDITION OF ORGANIZATION REVIEWS REPORTS AND DOCUMENTS. GRANT.

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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

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

Employer identification number **-***9482 UNITED RELIGIONS

	·		Yes	No
1 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	Х	
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			
	X 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
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	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		Х
	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		Х
	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		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) 2020

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

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

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

		(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)-(D)	reported as deferred on prior Form 990
(1) REV. VICTOR H. KAZANJIAN, JR.	(i)	133,438.	0.	0.	38,338.	99,250.	271,026.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) REV. WILLIAM E. SWING	(i)	139,674.	0.	0.	0.	11,737.		0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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)

Department of the Treasury Internal Revenue Service Noncash Contributions

OMB No. 1545-0047

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

Attach to Form 990.

UNITED RELIGIONS

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

Open to Public Inspection

Name of the organization

Employer identification number **-***9482

Pai	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		-	_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ition a	mount	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	4	36,085.	FMV			
10	Securities - Closely held stock		_	30,000				
11	Securities - Closely field stock Securities - Partnership, LLC, or							
''	• • • •							
10	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		-					
	for which the organization completed Form 82	83, Part V, [Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive b	y contribution	on any property rep	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date		•	•				
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contrib	utions?	31		X
32a	Does the organization hire or use third parties	or related or	rganizations to soli	icit, process, or sell noncash				
	contributions?					32a		X
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.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule M	1 (For	n 990)	2020

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 **-***9482

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CALLED COOPERATION CIRCLES (CCS), IS COMPRISED OF PEOPLE REPRESENTING AT LEAST THREE DIFFERENT RELIGIONS, TRADITIONS OR BELIEFS WILLING TO ENGAGE IN INTERFAITH DIALOGUE AND COLLABORATE ON HUMANITARIAN EFFORTS IN THEIR COMMUNITY. UTILIZING THIS DUAL STRATEGY APPROACH, 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: BY 18 REGIONAL COORDINATORS WHO SERVE CCS THROUGH PROGRAMMATIC APPROACHES, SUPERVISE REGIONAL TEAM MEMBERS, COORDINATE REGIONAL LEADERSHIP TEAMS AND MORE. THE PRIMARY WORK OF THE REGIONAL BASES IS TO PROVIDE DIRECT COMMUNICATION WITH AND NETWORK SUPPORT FOR CCS. NETWORK HELPING CCS BUILD CAPACITY, RAISING VISIBILITY FOR BENEFITS INCLUDE: LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020 Name of the organization

Employer identification number

-*9482 UNITED RELIGIONS CC WORK, ASSISTING CCS IN CREATING PARTNERSHIPS, CONNECTING WITH LOCAL OFFICIALS, ORGANIZING LOCAL AND REGIONAL GATHERINGS AND TRAININGS, AND INSPIRING THE DEVELOPMENT OF NEW CCS. CCS ARE INSPIRED AND SUSTAINED IN THEIR WORK BY ACTIVE PARTICIPATION IN URI'S VITAL NETWORK WITH OTHER CCS WITH WHOM THEY GENERATE CONNECTION, COMMUNICATION, CO-MENTORING AND SHARED LEARNING. URI'S GLOBAL SUPPORT OFFICE, WHICH IS BASED IN SAN FRANCISCO, PROVIDES ACCOUNTABILITY, TRAINING AND CONSULTATION FOR REGIONAL COORDINATORS, AND REGIONAL TEAM MEMBERS. URI'S GLOBAL SUPPORT OFFICE OVERSEES THE OPERATIONS OF THE URI NETWORK, ENERGIZING THE NETWORK BY SUPPORTING REGIONAL LEADERSHIP TEAMS, CREATING A FLOW OF QUALITY INFORMATION, MAINTAINING A CC MEMBER DATABASE, MANAGING FINANCE, PUBLICIZING CC IMPACT WORLDWIDE, ENGAGING IN FUNDRAISING, AND PROVIDING FOCUSED RESOURCE SUPPORT AND TRAINING IN AREAS SUCH AS CONFLICT TRANSFORMATION, THE ENVIRONMENT, WOMEN'S EMPOWERMENT, AND YOUTH LEADERSHIP. THE EXECUTIVE DIRECTOR, CHAIR OF THE URI GLOBAL COUNCIL AND URI'S PRESIDENT, WORKING ON BEHALF OF AN ELECTED 30 MEMBER GLOBAL COUNCIL, LEAD THE URI NETWORK AND ARE SUPPORTED BY 15

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

PLANNING, NETWORK DEVELOPMENT AND GLOBAL ENGAGEMENT AND SERVES TO

INCREASE URI'S PRESENCE ALL OVER THE WORLD. THE GLOBAL COUNCIL

TYPICALLY MEETS ONCE A YEAR IN PERSON, AND THREE TIMES A YEAR BY VIDEO

CONFERENCE CALL. IN BETWEEN THESE MEETINGS, THE GLOBAL COUNCIL OPERATES

THROUGH WORKING COMMITTEES THAT ACTIVELY PARTICIPATE VIA EMAIL AND ZOOM

MEETINGS. MEMBERS OF THE GLOBAL COUNCIL ALSO REPRESENT REGIONS, AND SIT

ON REGIONAL LEADERSHIP TEAMS THAT PLAN AND IMPLEMENT REGIONAL

STRATEGIES TO BUILD NETWORK BENEFITS TO MEMBER CCS AND DEVELOP

GLOBAL SUPPORT STAFF.

Name of the organization UNITED RELIGIONS

Employer identification number **-***9482

COLLECTIVE GLOBAL CAMPAIGNS, SUCH AS MOBILIZING CCS AROUND THE WORLD TO PARTICIPATE IN THE INTERNATIONAL DAY OF PEACE ON SEPTEMBER 21.

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

EDUCATION AND OUTREACH: TO STRENGTHEN THE EFFECTIVENESS OF CCS TO

ACCOMPLISH THEIR GOALS, EXCHANGES OF VARIOUS KINDS OF EXPERTISE TAKE

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

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

INTERVIEWS THAT DEEPEN UNDERSTANDING OF THEIR IMPACT AND POTENTIAL. URI

DESIGNS LOCAL, NATIONAL AND REGIONAL GATHERINGS FOR CCS TO MEET

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

MUTUAL SUPPORT. URI COLLABORATES WITH MEMBER GROUPS WORLDWIDE TO ASSESS

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

NETWORK AND RECEIVERS OF BENEFITS.

URI'S WEBSITE INCLUDES AN INTERFAITH TEACHERS' CURRICULUM FOR

ELEMENTARY AND MIDDLE SCHOOL STUDENTS, AS WELL AS AN EXTENSIVE RESOURCE

SECTION. IN ADDITION TO EDUCATIONAL SUPPORT, CC MEMBERS, STAFF AND THE

GLOBAL COUNCIL ENGAGE IN STRATEGIC NETWORKING, BOTH TO SHARE URI'S WORK

AND TO PROMOTE NEW PARTNERSHIPS TO SUPPORT THE DEVELOPMENT OF THAT

WORK. EXTENSIVE WORK IS UNDERWAY IN SEVERAL REGIONS TO INCREASE

PARTNERSHIPS BETWEEN CCS, OTHER NGOS, GOVERNMENT AND CIVIC GROUPS TO

STRENGTHEN NETWORK SUPPORT AND RESOURCE SHARING. URI ACTIVELY WORKS

WITH SEVERAL UNITED NATIONS AGENCIES AND OTHER LIKE-MINED NON-PROFITS

TO BUILD EFFECTIVE PARTNERSHIPS BETWEEN UN DEVELOPMENT GOALS AND THE

Name of the organization

Employer identification number

-*9482 UNITED RELIGIONS WORK OF CCS THROUGHOUT THE WORLD. URI NOW HAS FORMAL MOUS (MEMORANDUMS OF UNDERSTANDING) WITH THE OFFICE OF GENOCIDE PREVENTION AT THE UNITED NATIONS, UNFPA (THE UNITED NATIONS POPULATION FUND), WEA (WOMEN'S EARTH ALLIANCE), LAUNCHING LEADERS, THE WORLD TOLERANCE SUMMIT, AND UNITY EARTH. URI HOSTED AN ACCELERATE PEACE CONFERENCE HELD ON JUNE 26 AND 27, 2019 AT THE HOOVER INSTITUTION ON THE STANFORD UNIVERSITY CAMPUS IN CALIFORNIA, USA. IT BROUGHT TOGETHER PEACEBUILDERS FROM AROUND THE WORLD TO DISCUSS CHALLENGES TO PEACE, BOTH IN THEIR LOCAL COMMUNITIES AND ON AN INTERNATIONAL LEVEL, AND ALSO TO DISCUSS ACTION-ORIENTED SOLUTIONS TO BENEFIT ALL OF HUMANITY. A COMPLETE SET OF THE CONFERENCE VIDEOS ARE ON THE URI WEBSITE. EXPENSES \$ 230,656. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FOCUSED RESOURCE SUPPORT: URI PROVIDES TARGETED RESOURCES TO SUPPORT THE GLOBAL CC NETWORK IN THE AREAS OF: CONFLICT RESOLUTION, INDIGENOUS RIGHTS, WOMEN'S EMPOWERMENT, ENVIRONMENTAL ISSUES AND YOUTH LEADERSHIP. CCS, AS WELL AS INDIVIDUALS AND ORGANIZATIONS WITH SPECIFIC EXPERTISE AND RESOURCES IN THESE AREAS, PROVIDE AN EFFECTIVE CHANNEL OF COMMUNICATION, CREATIVE RESOURCING AND EDUCATION TO STRENGTHEN CC CAPACITY. URI PLANS TO EXPAND FOCUSED TRAINING AND SUPPORT IN THE AREAS OF CONFLICT RESOLUTION, ENVIRONMENT, ETC. URI HAS A YOUTH LEADERSHIP PROGRAM (YLP) THAT ATTRACTS, EDUCATES, AND DEVELOPS CAPACITIES OF YOUTH AND YOUNG ADULTS AS A NEXT GENERATION OF COMPASSIONATE AND EFFECTIVE INTERFAITH LEADERS. YLP FACILITATES LEADERSHIP TRAINING FOR YOUTH AND YOUNG ADULTS, INCLUDING SKILL BUILDING IN COMMUNITY MAPPING, PROJECT DESIGN, MANAGEMENT AND EVALUATION WITH A FOCUS ON SERVICE LEARNING. YLP ALSO ORGANIZES A YEAR-LONG YOUTH AMBASSADORS PROGRAM THAT PROVIDES IN-DEPTH,

Name of the organization UNITED RELIGIONS

Employer identification number **-**9482

EXPERIENTIAL LEADERSHIP OPPORTUNITIES CULMINATING IN A COLLABORATIVE

SERVICE PROJECT. YLP SEEKS TO DEVELOP DIVERSE AND STRONG REGIONAL

NETWORKS OF YOUNG LEADERS, OFFERING PLATFORMS FOR DIALOGUE, BEST

PRACTICE SHARING AND INFORMATION EXCHANGE, AS WELL AS A WAY TO BUILD

LOCALLY RELEVANT INTERFAITH PROGRAMMING THAT MEETS THE SPECIFIC NEEDS

OF YOUTH IN EACH REGION.

IN 2018, URI AND LAUNCHING LEADERS RAN YOUTH EMPOWERMENT AND
ENTREPRENEURSHIP PROGRAMS IN EAST AFRICA. AND URI AND WEA (WOMEN'S

EARTH ALLIANCE) TEAMED UP TO PILOT THE RIPPLE ACADEMY, A TRAINING

PROGRAM FOR GRASSROOTS WOMEN LEADERS IN ENVIRONMENTAL SUSTAINABILITY.

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

INDIA.

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

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

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

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

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

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

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

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

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

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

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

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

AVAILABLE TO ALL BOARD MEMBERS PRIOR TO FILING THE RETURN.

Schedule O (Form 990 or 990-EZ) 2020 Page 2 Name of the organization **Employer identification number** **-***9482 UNITED RELIGIONS

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

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

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

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

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

ANY DOCUMENTS, INCLUDING GOVERNING DOCUMENTS, THE CONFLICT OF INTEREST POLICY, AND PAST FINANCIAL STATEMENTS, ARE AVAILABLE UPON REQUEST TO ANY REVIEWER OR ON URI'S WEBSITE .

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

EQUITY IN EARNINGS OF FOUNDATION 1,075,522. TRANSFER OF ASSETS OF URI FOUNDATION -10,000.1,065,522. TOTAL TO FORM 990, PART XI, LINE 9

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

Name of the organization

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

2020

Employer identification number

Open to Public Inspection

OMB No. 1545-0047

UNITED RELIGIO	ONS					**-***94	182	
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "Yes	s" on Form 990, Part IV, line 3	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	(e) me End-of-yea		Direct o	(f) controlling ntity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	zations. Complete if the organization	n answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	e or more	e related tax-exe	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) (e) Exempt Code Public charity status (if section			(f) ct controlling entity	cont	g) 512(b)(13) rolled ity?
THE UNITED RELIGIONS INITIATIVE FOUNDATION, INC 20-8008593, P.O. BOX 29242, SAN FRANCISCO, CA 94129	SUPPORT UNITED RELIGIONS INITIATIVE	CALIFORNIA	501(C)(3)	501(c)(3)) LINE 12A, I	SELF		Yes	No

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	_	
(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	alloca	itions?	amount in box	partne	ownership
		foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	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) 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	(i Sec 512(k contr enti	tion o)(13) rolled ity?
		country)		J. 1.25.4		45515		Yes	No
									
									<u> </u>
									<u> </u>

Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
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?							
a 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				
c Gift, grant, or capital contribution from related organization(s)				1c	Х					
d Loans or loan guarantees to or for related organization(s)				1d		X				
e 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)				1g		X				
h Purchase of assets from related organization(s)				1h		X				
i Exchange of assets with related organization(s)				1i		X				
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X				
k Lease of facilities, equipment, or other assets from related organization(s)				1k		Х				
I Performance of services or membership or fundraising solicitations for related orga				11		Х				
m Performance of services or membership or fundraising solicitations by related organ				1m		Х				
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
o Sharing of paid employees with related organization(s)										
p Reimbursement paid to related organization(s) for expenses				1p		Х				
q Reimbursement paid by related organization(s) for expenses				1q		Х				
r Other transfer of cash or property to related organization(s)				1r		Х				
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										
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved/						
THE UNITED RELIGIONS INITIATIVE FOUNDATION	,									
(1) INC.	С	1,444,128.	FMV							
THE UNITED RELIGIONS INITIATIVE FOUNDATION	,									
(2) INC.	S	-10,000.	FMV							
(3)										
(4)										
(5)										
(6)										
200400 40 00 00	59		Cabadula	D /Ea:::	000°	2000				

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

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

(a)	(b)	(c)	(d)	(e Are)	(f)	(g)	(h)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partner	all s sec.	Share of	Share of	Disp	ropor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	l or Perc	entag
of entity		(state or foreign	lexcluded from tax under	partner 501(c	c)(3) s.?	total	end-of-year	alloca	nate ations?	of Schedule K-1	partn	own	ıershir
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes I	10	
	7												
	\dashv												
	\dashv												
				\vdash				+	-		++		
	4												
	_												
	7												
	7												
				\vdash				+	\vdash		++		
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Statement of Specified Foreign Financial Assets

► Go to www.irs.gov/Form8938 for instructions and the latest information. Attach to your tax return.

Attachment

OMB No. 1545-2195

Department of the Treasury Internal Revenue Service

For calendar year 2020 or tax year beginning

and ending

Sequence No. 938 If you have attached continuation statements, check here **Number of continuation statements** 2 Taxpayer identification number (TIN) Name(s) shown on return UNITED RELIGIONS **-***9482 Type of filer Partnership 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) 24,165. Maximum value of all deposit accounts 3 Number of custodial accounts (reported in Part V) 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 (a) Asset category (b) Tax item form or schedule (e) Schedule and line (d) Form and line 1 Foreign deposit and a Interest custodial accounts **b** Dividends \$ \$ c Royalties d Other income \$ \$ e Gains (losses) Deductions \$ \$ Credits \$ 2 Other foreign assets a Interest **b** Dividends \$ c Royalties \$ d Other income \$ e Gains (losses) \$ Deductions \$ \$ g Credits Part IV Excepted Specified Foreign Financial Assets (see instructions) If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year. 1. Number of Forms 3520 2. Number of Forms 3520-A 3. Number of Forms 5471 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 Account number or other designation **********1001 Check all that apply Account opened during tax year Account closed during tax year No tax item reported in Part III with respect to this asset Account jointly owned with spouse 24,165. 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. Treasury Department's Bureau of the Fiscal Service is maintained convert to U.S. dollars HTTPS://WWW.XE.COM/CURRENC JORDAN, DINAR

Form 8938 (2020) Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions) (continued) **b** Global Intermediary Identification Number (GIIN) (Optional) 7a Name of financial institution in which account is maintained 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 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

Form **8938** (2020)

Corporation

Foreign person

b Type of issuer or counterparty

(1) Individual

c Check if issuer or counterparty is a

□ Partnership

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)

U.S. person

Electronic Filing PDF Attachment

Statement of Specified Foreign Financial Assets

► Go to www.irs.gov/Form8938 for instructions and the latest information. Attach to your tax return.

OMB No. 1545-2195

Department of the Treasury Internal Revenue Service

Type of filer

3

Name(s) shown on return

a Specified individual

For calendar year 2020 or tax year beginning

If you have attached continuation statements, check here

b Partnership

UNITED RELIGIONS

Number of deposit accounts (reported in Part V)

Number of custodial accounts (reported in Part V)

Maximum value of all deposit accounts

Part I Foreign Deposit and Custodial Accounts Summary

Attachment Sequence No. 938 **Number of continuation statements** 2 Taxpayer identification number (TIN) 68-0369482 **c** Corporation 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.) X No Yes X 」Yes (e) Schedule and line

Maximum value of all custodial accounts Were any foreign deposit or custodial accounts closed during the tax year? Part II Other Foreign Assets Summary Number of foreign assets (reported in Part VI) Maximum value of all assets (reported in Part VI) Were any foreign assets acquired or sold during the tax year? Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions) (c) Amount reported on (a) Asset category (b) Tax item form or schedule (d) Form and line 1 Foreign deposit and a Interest custodial accounts **b** Dividends \$ \$ c Royalties d Other income \$ \$ e Gains (losses) Deductions \$ \$ Credits \$ 2 Other foreign assets a Interest **b** Dividends \$ \$ c Royalties d Other income \$ e Gains (losses) \$ Deductions \$ \$ g Credits Part IV Excepted Specified Foreign Financial Assets (see instructions) If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year. 1. Number of Forms 3520 2. Number of Forms 3520-A 3. Number of Forms 5471 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 No tax item reported in Part III with respect to this asset Account jointly owned with spouse 17,339. 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. Treasury Department's Bureau of the Fiscal Service is maintained convert to U.S. dollars HTTPS://WWW.XE.COM/CURRENC JORDAN, DINAR

For Paperwork Reduction Act Notice, see the separate instructions.

023021 11-02-20

Form 8938 (2020)

Form 8938 (2020) Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions) (continued) **b** Global Intermediary Identification Number (GIIN) (Optional) 7a Name of financial institution in which account is maintained 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 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

Form 8938 (2020)

Corporation

Foreign person

b Type of issuer or counterparty

(1) Individual

c Check if issuer or counterparty is a

□ Partnership

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)

U.S. person

2020 TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

December 31, 2020

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 \$ 0.00 Less: payments and credits \$ 0.00 Plus: other amount \$ 0.00 Plus: interest and penalties \$ 0.00 No pmt required \$
Overpayment	Credited to your estimated tax \$ 0.00 Other amount \$ 0.00 Refunded to you \$ 0.00
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	This return has qualified for electronic filing. Please review your return for completeness and accuracy. We will then transmit your return electronically 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	

TAXABLE YEAR

California Exempt Organization Annual Information Return

028941 12-22-20 FORM

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) Corporation/Organization name UNITED RELIGIONS Additional information. See instructions. Street address (suite or room) P.O. BOX 29242 City SAN FRANCISCO Foreign country name Foreign province/state/county Foreign province/state/county Foreign province/state/county A First return	
UNITED RELIGIONS Additional information. See instructions. FEIN **-***9482 Street address (suite or room) P.O. BOX 29242 City SAN FRANCISCO Foreign country name Foreign province/state/county A First return A First return A First return A Manage of the foreign province of the foreign province on the foreign province of the foreign province on the foreign province of the foreign province on the foreign province of the forei	
Additional information. See instructions. FEIN **-***9482 Street address (suite or room) P.O. BOX 29242 City SAN FRANCISCO Foreign country name Foreign province/state/county Foreign province/state/county A First return A First return A Mo I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes Yes	
Additional information. See instructions. FEIN **-***9482 Street address (suite or room) P.O. BOX 29242 City SAN FRANCISCO Foreign country name Foreign province/state/county Foreign province/state/county A First return A First return A Mo I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes Yes	
Street address (suite or room) P.O. BOX 29242 City SAN FRANCISCO Foreign country name Foreign province/state/county A First return A Mo I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes X No not reported to the FTB? See instructions	
Street address (suite or room) P.O. BOX 29242 City SAN FRANCISCO Foreign country name Foreign province/state/county	
P.O. BOX 29242 City State ZIP code CA 94129 – 0242 Foreign country name Foreign province/state/county Foreign postal code A First return Yes X No I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes	
SAN FRANCISCO Foreign country name Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign province/state/county Foreign postal code A First return Yes X No I Did the organization have any changes to its guidelines B Amended return Yes X No not reported to the FTB? See instructions Yes	
Foreign country name Foreign province/state/county Foreign postal code A First return Yes X No I Did the organization have any changes to its guidelines B Amended return Yes X No not reported to the FTB? See instructions Yes	
A First return Yes X No I Did the organization have any changes to its guidelines B Amended return Yes X No not reported to the FTB? See instructions Yes	
B Amended return • Yes X No not reported to the FTB? See instructions • Yes	
B Amended return • Yes X No not reported to the FTB? See instructions • Yes	
Amended return Yes RC Section 4947(a)(1) trust Yes Yes Yes Yes Yes Yes Yes Y	37
U INO Section 4947(a)(1) trust Tes A No J II exempt under R&10 Section 237010, has the organization	A No
	X No
	X No
Enter date: (mm/dd/yyyy) • If "Yes," enter the gross receipts from nonmember sources \$	
	X No
F Federal return filed? (1) ● 990T(2) ● 990PF (3) ● Sch H (990) M Did the organization file Form 100 or Form 109 to	
	X No
G Is this a group filing? See instructions Yes X No N Is the organization under audit by the IRS or has the	37
	X No
If "Yes," what is the parent's name? O Is federal Form 1023/1024 pending? Date filed with IRS	A INO
Date filed with into	
Part I Complete Part I unless not required to file this form. See General Information B and C.	
1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 1 71, 1	L17 ₀₀
Gross dues and assessments from members and affiliates	00
3 Gross contributions, gifts, grants, and similar amounts received STMT 1 • 3 2,987,5	35 00
Receipts 4 Total gross receipts for filing requirement test. Add line 1 through line 3. STMT 2 This line must be completed. If the result is less than \$50,000, see General Information B 4 3,058,6	EOL
	J Z 00
Revenues 5 Cost of goods sold 6 Cost or other basis, and sales expenses of assets sold 7 Total costs. Add line 5 and line 6 5 00 6 8 , 450 00 7 8 , 4	
7 Total costs. Add line 5 and line 6 7 8 , 4	150 ₀₀
8 Total gross income. Subtract line 7 from line 4 8 3,050,2	202 00
9 Total expenses and disbursements. From Side 2, Part II, line 18 9 3, 160, 4	159 ₀₀
Expenses 10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 • 10 -110, 2	257 ₀₀
11 Total payments • 11	00
12 Use tax. See General Information K 12	00
Filing Fee 14 Use tax balance. If line 11 is more than line 12, subtract line 12 from line 11 • 13 Filing Fee 14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12 • 14	00
15 Penalties and Interest. See General Information J 15	00
16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result	00
Under penalties of perjury, I declare that I have examined this return, incliding accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge.	, , , ,
Olyli Title Date ↑ Telephone	
Signature of officer ► ACTING EXEC. D (415) 561-	-2300
Check if	
Preparer's EDWARD M. FAHEY 11/15/21 self-employed ▶ P00194561	
Fall Firm's name	۱
Preparer's Use Only U	,
and address SAN FRANCISCO, CA 94108 (415)777-4	
May the FTB discuss this return with the preparer shown above? See instructions	1488 I

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.

028951 12-22-20

		1	Gross sales or receipts from all b	ousiness activities. See instruc	ctions	•	1		00
		2	Interest			•	2		344 00
		3	Dividends				3		9,297 00
Rece	eipts	4	0			_	4		52,393 ₀₀
from		5	Gross royalties			•	5		00
Othe		6	Gross amount received from sale	e of assets (See Instructions)	STA	TEMENT $3 \bullet$	6		9,078 00
Sour	ces	7	Other income		SEE STA	TEMENT 4 ●	7		5 00
		8	Total gross sales or receipts from		=		8		71,117 ₀₀
		9	Contributions, gifts, grants, and	similar amounts paid		•	9		640,840 ₀₀
		10	Disbursements to or for member	rs	~~~ ~~~	•	10		00
		11	Compensation of officers, direct	ors, and trustees	SEE STA	TEMENT 5 •	11		422,437 00
_		12	•				12		$1,075,217_{00}$
-	nses	13					13		70 711
and			Taxes				14		79,711 00
	urse-	15				•	15		204,902 00
men	ts	16	Depreciation and depletion (See	instructions)		——————————————————————————————————————	16		96,669 00
		17	Other expenses and disburseme	nts	SEE STA	TEMENT 6 •	17		640,683 00
0-1			Total expenses and disburseme				18		$3,160,459_{00}$
	nedu	ie L	Balance Sheet	Beginning of			d of tax	able :	
Asse				(a)	(b) 939,571	(c)		_	(d) 702 040
					939,371			•	782,948
			s receivable					•	
			ceivable					•	
			atata an unumanant ah limatin na					•	
			state government obligations					•	
			in other bonds		4,378			•	3,112
			in stock STMT 7		4,370			•	3,112
0	Nioriga Othar is	iye iva	ans ments STMT 8		19,146			•	539,568
10	Olliel II a Danr	aciah	le assets	170,271		177,9	9.4	•	337,300
10	а Бері	accii	mulated depreciation	(169,632	639				7,187
				100,004	033	170,00	, ,	•	7,107
12	Lanu Other a	ceate	STMT 9		16,605,213			•	17,151,432
13	Total a	ecete	· · · · · · · · · · · · · · · · · · ·		17,568,947				18,484,247
			et worth						
			yable		164,654			•	196,942
			s, gifts, or grants payable					•	
			otes payable					•	
								•	
18	Other li	abiliti	es STMT 10		401,911				288,612
			or principal fund					•	
			tal surplus. Attach reconciliation					•	
			nings or income fund		17,002,382			•	17,998,693
			ties and net worth		17,568,947				18,484,247
Scł	nedu	le N	1-1 Reconciliation of income Do not complete this sche		eturn e L, line 13, column (d), is les	s than \$50,000.			
1	Net inc	ome i	per books						
			me tax	_	not included in th		12	•	1,116,568
			pital losses over capital gains		8 Deductions in this		 .		=,==,,,,,,
			recorded on books this year			ome this year		•	
			corded on books this year not		9 Total. Add line 7 a				1,116,568
			this return STMT	11 • 10,	000 10 Net income per re				
			ne 1 through line 5	4 000					-110,257

CA 199	CASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 1
CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT AMOUNT
COMMUNITY FOUNDATION OF GREATER MEMPHIS	1900 UNION AVENUE MEMPHIS, TN 38104	266,676.
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	10,000.
MS. GWINNETH BEREXA AND MR. STEVEN BEREXA	2355 THOMAS AVE., #1602 DALLAS, TX 75201	11,100.
MRS. ROSELYNE C. SWIG	3710 WASHINGTON STREET SAN FRANCISCO, CA 94118	10,000.
THE STEPHEN AND MARGARET GILL FAMILY FOUNDATION	32 FLOOD CIRCLE ATHERTON, CA 94027	30,000.
MARY CRANSTON	P.O. BOX 29242 SAN FRANCISCO, CA 94129	9,000.
SUZANNE SISKEL	P.O. BOX 29242 SAN FRANCISCO, CA 94129	11,050.
JOHN WEISER	P.O. BOX 29242 SAN FRANCISCO, CA 94129	11,000.
ENSEMBLE CAPITAL MGMT	P.O. BOX 29242 SAN FRANCISCO, CA 94129	8,100.
LAURETTE VERBINSKI	P.O. BOX 29242 SAN FRANCISCO, CA 94129	10,000.
GEORGE MARCUS	P.O. BOX 29242 SAN FRANCISCO, CA 94129	1,000,000.
HERBST FOUNDATION	P.O. BOX 29242 SAN FRANCISCO, CA 94129	5,000.
KRAMER FAMILY FOUNDATION	P.O. BOX 29242 SAN FRANCISCO, CA 94129	1,000,000.
THE STIFTUNG AUXILIUM FOUNDATION	P.O. BOX 29242 SAN FRANCISCO, CA 94129	22,300.

UNITED RELIGIONS		**-***9482
BOS INVEST	P.O. BOX 29242 SAN FRANCISCO, CA 94129	5,000.
NEIL JUBALI	1990 N. CALIFORNIA BLVD., 8TH FLOOR WALNUT CREEK, CA 94596	5,000.
PATRICK AND SHEILA GROSS	7401 GLENBROOK ROAD BETHESDA, MD 20814	5,000.
RICHARD LIVERMORE	P.O. BOX 7583 MENLO PARK, CA 94026	5,000.
WILLIAM AND MARY SWING	601 LAUREL AVENUE, APT. 802 SAN MATEO, CA 94401	9,300.
JUDITH GADALDI	61 SHORE VIEW AVENUE SAN FRANCISCO, CA 94121	8,500.
PETER AND JANE CARPENTER	140 FOREST LANE MENLO PARK, CA 94025	10,000.
JAMES HORMEL	101 MISSION STREET, SUITE 1750 SAN FRANCISCO, CA 94105	12,000.
CHANDLER AND PAUL TAGLIABUE	5630 WISCONSIN AVENUE, APT. 503 CHEVY CHASE, MD 20815	25,000.
JOHN AND LESLIE MCQUOWN	19320 CARRIGER ROAD SONOMA, CA 95476	100,000.
ANONYMOUS	P.O. BOX 29242 SAN FRANCISCO, CA 94129	250,000.
TOTAL INCLUDED ON LINE 3		2,939,026.

	ONCASH CONTRIBUT		STATEMENT 2
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
MR. WILLIAM P. FULLER AND MS. JENNIFER BECKETT	2076 VALLEJO S	TREET SAN FRANCI	ISCO, CA 94123
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
COMMON STOCK	11/25/20	7,041.	7,041.
CONTRIBUTOR'S NAME	CONTRIBUTOR'S	ADDRESS	
J.R. COLEMAN	P.O. BOX 29242	SAN FRANCISCO,	CA 94129
PROPERTY DESCRIPTION	DATE OF GIFT	FMV OF GIFT	TOTAL AMOUNT
COMMON STOCK	02/28/20	27,007.	27,007.
TOTAL INCLUDED ON LINE 3		34,048.	34,048.

UNITED RELIGIONS **-***9482

CA 199	GROSS AM	OUNT FR	OM SALI	E OF A	SSETS	s	TATEMENT	3
DESCRIPTION			DA' ACQU		DATE SOLD		THOD UIRED	
						PUR	CHASED	
		COST OTHER	OR BASIS	DEPR:		EXPENSE OF SALE	GROSS SALES PR	
		8	,450.		0.	0.	9,0	78.
TOTAL TO FORM 199,	PAGE 2, LN 6	8	,450.		0.	0.	9,0	78.
CA 199		OTHER	INCOM	 3		S	TATEMENT	4
DESCRIPTION							AMOUNT	
MISCELLANEOUS INCOM	3							5.
TOTAL TO FORM 199,	PART II, LINE	· 7						5.

P.O. BOX 29242

SAN FRANCISCO, CA 94129-0242

CA 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES 5 STATEMENT TITLE AND NAME AND ADDRESS AVERAGE HRS WORKED/WK COMPENSATION REV. VICTOR H. KAZANJIAN, JR. EXECUTIVE DIRECTOR 271,026. P.O. BOX 29242 39.00 SAN FRANCISCO, CA 94129-0242 REV. WILLIAM E. SWING PRESIDENT 151,411. P.O. BOX 29242 39.00 SAN FRANCISCO, CA 94129-0242 0. KIRAN BALI CHAIRPERSON P.O. BOX 29242 10.00 SAN FRANCISCO, CA 94129-0242 BECKY BURAD TREASURER 0. P.O. BOX 29242 3.00 SAN FRANCISCO, CA 94129-0242 RAVINDRA KANDAGE ASSISTANT TREASURER 0. P.O. BOX 29242 3.00 SAN FRANCISCO, CA 94129-0242 SALETTE AQUINO TRUSTEE 0. P.O. BOX 29242 3.00 SAN FRANCISCO, CA 94129-0242 POTRE DIRAMPTAN-DIAMPUAN 0. TRUSTEE P.O. BOX 29242 3.00 SAN FRANCISCO, CA 94129-0242 NAOUFAL EL HAMMOUMI TRUSTEE 0. P.O. BOX 29242 3.00 SAN FRANCISCO, CA 94129-0242 0. DANIEL EROR TRUSTEE P.O. BOX 29242 3.00 SAN FRANCISCO, CA 94129-0242 FRED FIELDING 0. TRUSTEE 3.00 P.O. BOX 29242 SAN FRANCISCO, CA 94129-0242 PETAR GRAMATIKOV TRUSTEE 0.

3.00

UNITED RELIGIONS			**-***9482
MARIANNE HORLING P.O. BOX 29242	TRUSTEE	3.00	0.
SAN FRANCISCO, CA 94129	-0242		
KALYAN KUMAR KISKU P.O. BOX 29242 SAN FRANCISCO, CA 94129	TRUSTEE	3.00	0.
CHIEF PHILIP LANE P.O. BOX 29242 SAN FRANCISCO, CA 94129	TRUSTEE	3.00	0.
PETER MOUSAFERIADIS P.O. BOX 29242 SAN FRANCISCO, CA 94129	TRUSTEE	3.00	0.
WAMBUI NGIGE P.O. BOX 29242 SAN FRANCISCO, CA 94129	TRUSTEE	3.00	0.
JOHN NG'OMA P.O. BOX 29242 SAN FRANCISCO, CA 94129	TRUSTEE	3.00	0.
MACLEORD BAKER OCHOLA II P.O. BOX 29242 SAN FRANCISCO, CA 94129	TRUSTEE	3.00	0.
C.N.N. RAJU P.O. BOX 29242 SAN FRANCISCO, CA 94129	TRUSTEE	3.00	0.
SWAMINI ADITYANANDA SARAS P.O. BOX 29242 SAN FRANCISCO, CA 94129		3.00	0.
SOK SIDON P.O. BOX 29242 SAN FRANCISCO, CA 94129	TRUSTEE	3.00	0.
VALERIA VERGANI P.O. BOX 29242 SAN FRANCISCO, CA 94129	TRUSTEE	3.00	0.
STEPHEN L VILLAESTER P.O. BOX 29242 SAN FRANCISCO, CA 94129	TRUSTEE	3.00	0.
ELISHA BUBA YERO P.O. BOX 29242 SAN FRANCISCO, CA 94129	TRUSTEE	3.00	0.

UNITED RELIGIONS				**-***9482
GENEVA BLACKMER P.O. BOX 29242 SAN FRANCISCO, CA 941	129-0242	TRUSTEE	3.00	0.
ANWAR DAHAK P.O. BOX 29242 SAN FRANCISCO, CA 941	129-0242	TRUSTEE	3.00	0.
ROSA DELIA MACAS P.O. BOX 29242 SAN FRANCISCO, CA 941	129-0242	TRUSTEE	3.00	0.
P.K. MCCARY P.O. BOX 29242 SAN FRANCISCO, CA 941	129-0242	TRUSTEE	3.00	0.
FRANCISCO MORALES P.O. BOX 29242 SAN FRANCISCO, CA 941	129-0242	TRUSTEE	3.00	0.
MORGANA SYTHOVE P.O. BOX 29242 SAN FRANCISCO, CA 941	129-0242	TRUSTEE	3.00	0.
OMAR TAYEH P.O. BOX 29242 SAN FRANCISCO, CA 941	129-0242	TRUSTEE	3.00	0.
ISSAC THOMAS P.O. BOX 29242 SAN FRANCISCO, CA 941	129-0242	TRUSTEE	3.00	0.
TOTAL TO FORM 199, PAR	RT II, LINE 11			422,437.
CA 199	OTHER	EXPENSES	 5	STATEMENT 6
DESCRIPTION				AMOUNT
MISCELLANEOUS PRINTING & COPYING BANK FEES WORKSHOPS, TRAINING DIRECT EXPENSES OF FUN OTHER EMPLOYEE BENEFIT LEGAL FEES ACCOUNTING FEES OTHER PROFESSIONAL FEE OFFICE EXPENSES TRAVEL CONFERENCES AND CONVEN	TS ES			104,583. 25,443. 14,486. 2,486. 44,144. 92,265. 4,000. 33,000. 203,758. 48,076. 42,660. 13,000.

UNITED RELIGIONS		**-***9482
INSURANCE		12,782.
TOTAL TO FORM 199, PART II, LINE 17		640,683.
CA 199 INVESTMENTS IN S	STOCK	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
MUTUAL FUNDS	4,378.	3,112.
TOTAL TO FORM 199, SCHEDULE L, LINE 7	4,378.	3,112.
CA 199 OTHER INVESTME	ENTS	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
ASSETS HELD BY URI FOUNDATION	19,146.	539,568.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	19,146.	539,568.
CA 199 OTHER ASSETS	3	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES INTANGIBLE ASSETS DEPOSITS OTHER RECEIVABLES INTEREST IN NET ASSETS OF URI FOUNDATION	560,196. 47,824. 167,066. 17,094. 1,574. 15,811,459.	280,839. 73,147. 102,803. 17,094. 0. 16,677,549.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	16,605,213.	17,151,432.
CA 199 OTHER LIABILIT	TIES	STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
DUE TO FOUNDATION CARES ACT PPP LOAN DEFERRED REVENUE	400,000. 0. 1,911.	0. 275,735. 12,877.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	401,911.	288,612.

UNITED RELIGIONS **-**9482

	_		
CA 199	EXPENSES RECORDED ON BOOKS THIS YEAR NOT DEDUCTED IN THIS RETURN	STATEMENT	11
DESCRIPTION		AMOUNT	
TRANSFER TO URI F	OUNDATION	10,0	00.
TOTAL TO FORM 199	, SCHEDULE M-1, LINE 5	10,0	00.
CA 199	INCOME RECORDED ON BOOKS THIS YEAR NOT INCLUDED IN THIS RETURN	STATEMENT	12
DESCRIPTION		AMOUNT	
UNREALIZED GAIN O EARNINGS OF URI F	N INVESTMENTS OUNDATION	41,0 1,075,5	
TOTAL TO FORM 199	, SCHEDULE M-1, LINE 7	1,116,5	68.

Sign Here

Date Accepted

TAXABLE YEAR California o-filo

California e-file Return Authorization for Exempt Organizations

FORM **8453-EO**

Exemp	pt Organization name	Identifying nui	mber
UN:	ITED RELIGIONS	**-**	*9482
Part	I Electronic Return Information (whole dollars only)		
1	Total gross receipts (Form 199, line 4)	1	3,058,652
2	Total gross income (Form 199, line 8)	2	3,050,202
3	Total expenses and disbursements (Form 199, line 9)		3,160,459
Part	II Settle Your Account Electronically for Taxable Year 2020		
4	Electronic funds withdrawal 4a Amount 4b Withdrawal date (mm/dd/y	уууу)	
Part	III Banking Information (Have you verified the exempt organization's banking information?)		
5 F	Routing number		
6 /	Account number 7 Type of account: Checking	g 🗌 Sa	avings
Part	IV Declaration of Officer		
l auth	norize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic fune 4a.	ınds withdrav	val for the amount listed
trans Califo a bala organ stater	er penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my elemitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the provided to the provided to the provided to the provided and belief, the exempt organization's return is true, correct, and complete. If ance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return an ments be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organized, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.	ne exempt org the exempt o nization's fee li nd accompany	anization's 2020 ' rganization is filing iability, the exempt ring schedules and

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 flile with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Date

ACTING EXEC. DIRECTOR

Check if

Check

| ERO's PTIN

ERO	signature RINA	ACCOUNTANCY LLP	also paid preparer	X employe					
Must	Firm's name (or yours if self-employed)	RINA ACCOUNTANCY LLP			Firm's FEIN **-***0623				
Sign	and address	150 POST STREET, STE 20 SAN FRANCISCO, CA	0		ZIP code 94108				
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	Paid preparer's PTIN				
Must	Firm's name (or yours if self-employed)								
Sign	and address								
					ZIP code				

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2020

ERO's-

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

December 31, 2020

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					
Return must be mailed on or before	November 15, 2021				
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

(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

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

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.

	Check if: Change of address								
UNITED RELIGIONS Name of Organization	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 99867								
SAN FRANCISCO, CA 94129-0242 City or Town, State, and ZIP Code	Corporation or Organization No. 1947803								
415-561-2300 Telephone Number PBANKS@URI.ORG E-mail Address	Federal Employer ID No. 68-0369482								
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				<u>e</u>					
Less than \$25,000 0 Between \$100,001 and \$250,000 Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million				25					
PART A - ACTIVITIES									
For your most recent full accounting period (beginning $01/01/2020$ ending $12/31/2020$) list:									
Gross Annual Revenue\$ 3,006,058 Noncash Contributions\$ 54,414 Total Assets \$ 18,484, Program Expenses \$ 2,322,252 Total Expenses \$ 3,116,315									
Program Expenses \$ 2,322,232	Total Expe	enses \$3,110,315							
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD O	OF THIS RE	PORT							
Note: All questions must be answered. If you answer "yes" to any of the questions providing an explanation and details for each "yes" response. Please re			Yes	No					
 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? 									
 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? 									
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? Output Description:									
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?									
5. During this reporting period, did the organization receive any governmental funding?									
6. During this reporting period, did the organization hold a raffle for charitable purposes?									
7. Does the organization conduct a vehicle donation program?									
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?									
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?									
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.									
BAILEY BARNARD		CTING EXEC. IRECTOR							
Signature of Authorized Agent Printed Name	Tit	le Date							